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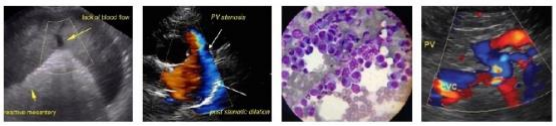


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Luca Woods

SPECIES

Canine

BREED

German Short Haired Pointer

SEX

Intact Male

AGE

9 years

WEIGHT

32 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Southside AC

REFERRING VET

Dr. Lucas

INVOICE

10441

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Suspect Hyperadrenocorticism. Potty belly with sparse haircoat. Given 1 Dexamethasone injection on Feb 10, 2022.

Abnormal PE/Chem/CBC/UA Results: Baseline Cortisol - 107(28-120) 4hr post dex cortisol 92, 8hr post dex cortisol 75. Low Eosinophils, Elevated Baso, Platelets, HCT, HGB, MCV. Elevated PCT. Low TT4, Elevated ALT, ALKP, GGT, Cholesterol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (3.97 cm in width), with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogenous in appearance. Small ill-defined cystic areas are observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.40 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.17 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (5.02 x 4.16 cm) with a mass effect. The parenchyma is heterogenous with a few small cavitated areas. There is loss of glandular detail. There is no obvious evidence of renal or vascular invasion.

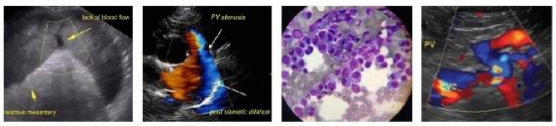
The right adrenal gland is small in size (0.60 cm at cranial pole) (0.44 cm at caudal pole) (1.87 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.61 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined hyperechoic nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.
The left testicle measures 3.70 x 1.99. The right testicle measures 3.33 x 2.53. The testicles are subjectively normal in size and symmetrical. The parenchyma is homogenous. No focal lesions are observed

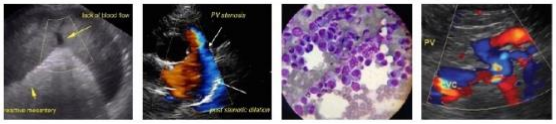
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass without renal or vascular invasion. Neoplasia (i.e., adenocarcinoma, adenoma, pheochromocytoma) is considered likely with a lower possibility nodular hyperplasia
- The small right adrenal size is likely secondary to atrophy, possibly resulting from a functional left adrenal tumor.

Secondary Findings

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas), with a lower possibility of emerging neoplasia.



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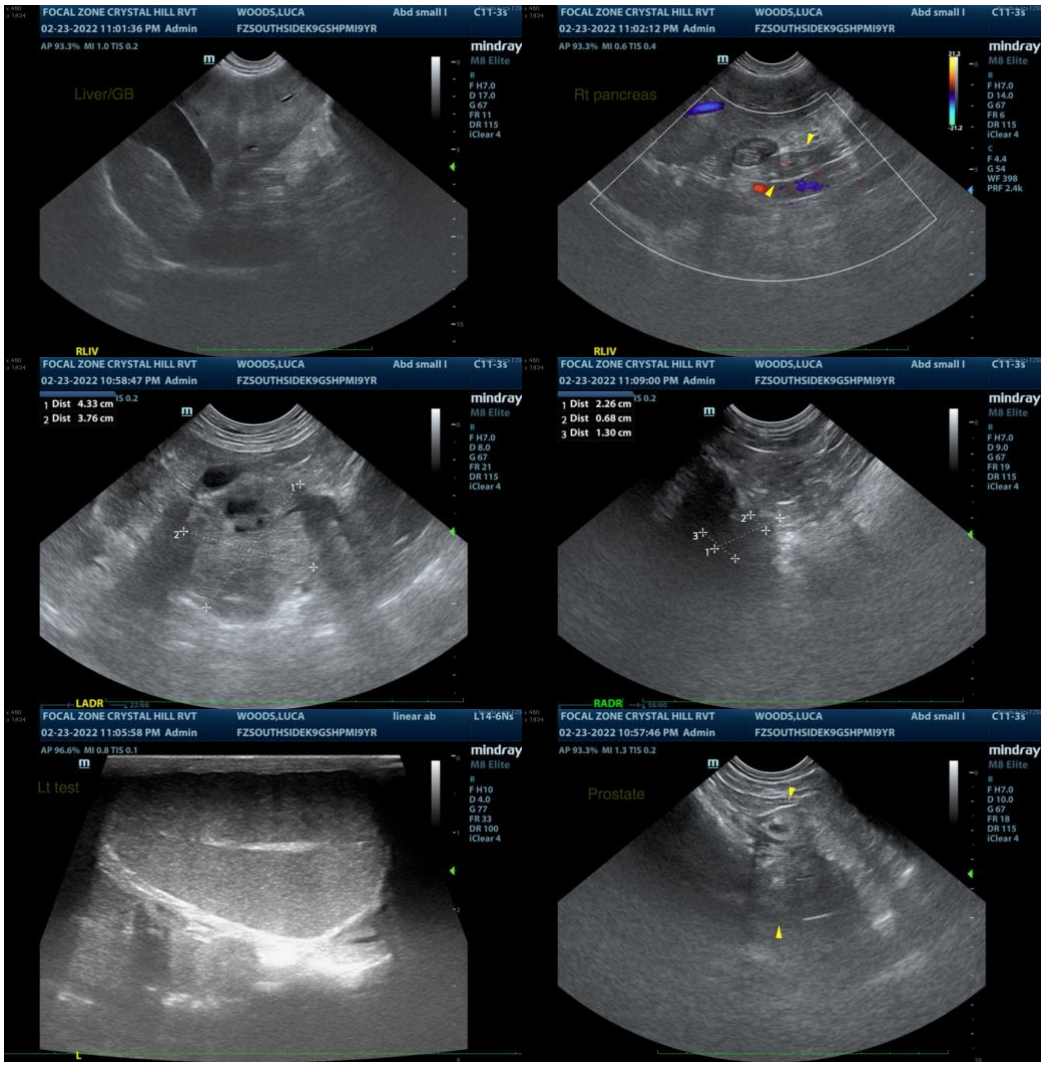
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the left adrenal mass, a baseline blood pressure measurement and further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) is recommended. If a left adrenalectomy is to be considered, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.



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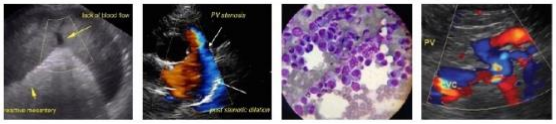

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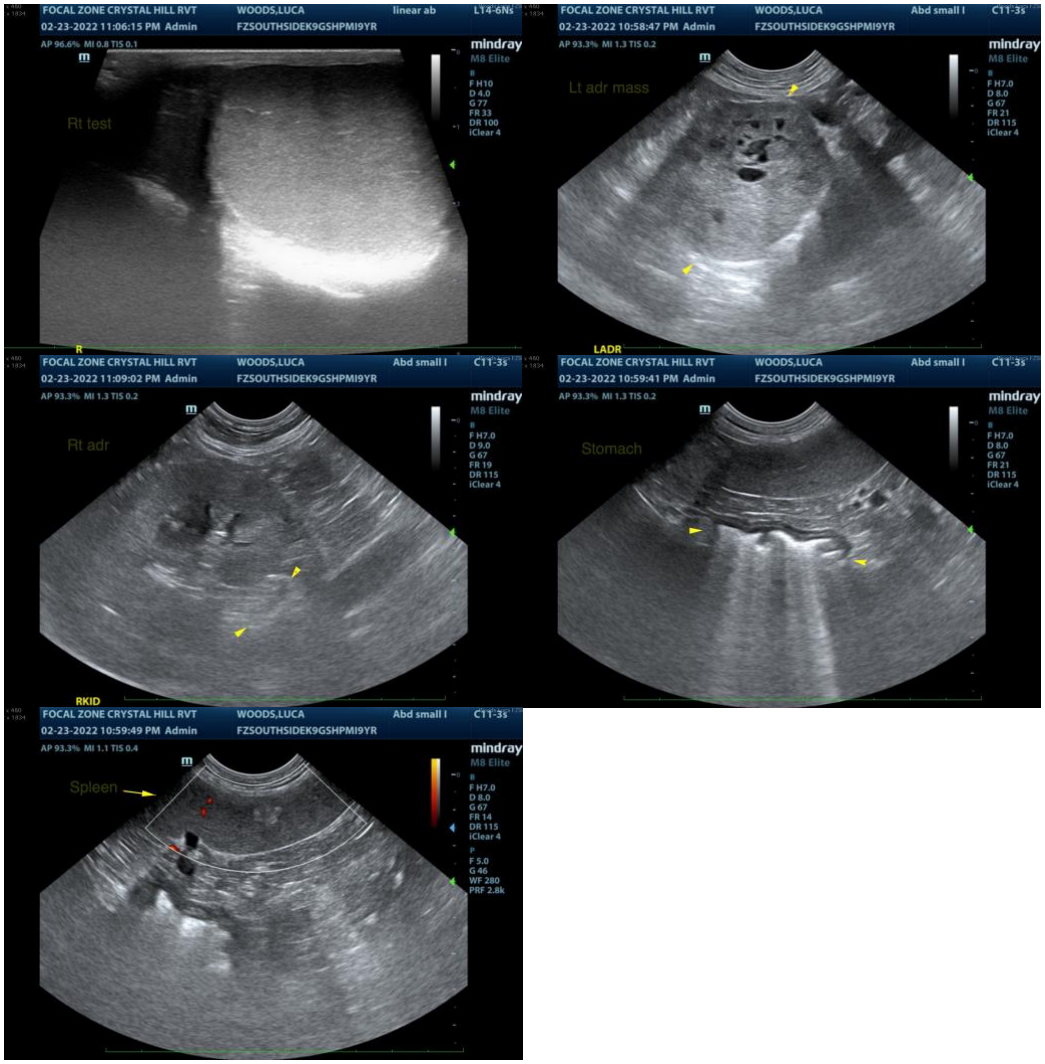

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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