



PATIENT

Sparkles Cherry

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

11/21/2010

WEIGHT

59.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Jaime Carroll

INVOICE

10555

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: HISTOPATHOLOGY: SINGLE SITE 5-7-21/4:56p

Site: A

Clinical Info: R adrenal mass found on U/S; Pt presented for vomiting.

Margin Eval Req: No

Specimen Gross: Received in formalin labeled "Sparkles, R adrenal gland" is a tan-pink, firm tissue specimen measuring 4.0 x 3.5 x 3.5 cm. The specimen is inked and sectioned to the a pink-purple, soft to necrotic cut surface. A complete transverse section is bisected and submitted in cassette 1. The opposing margins are submitted in cassettes 2. cs/5/4/2021/pgp

Microscopic: The specimen is adrenal gland with a relatively intact capsule and includes a small amount of peripheral adipose tissue. The typical corticomedullary organization of the gland is disrupted by numerous large lobules and anastomosing trabeculae of neoplastic cortical epithelial cells. The cells are polygonal with microvesicular eosinophilic cytoplasm and typically display a single nucleus with a small nucleolus and fine chromatin. Mitotic figures are rare. Necrosis is minimal. Chronic subcapsular hemorrhage is focally moderate, evidenced by fibrosis and hemosiderin pigment within the fibrous tissue. Capsular invasion is evident; however, tumor is not observed in the adventitia peripheral to the capsule. Lymphovascular invasion is not confirmed.

Diagnosis: Right Adrenal Gland: well differentiated adrenocortical carcinoma with mild hemorrhage and necrosis

Remarks: The growth pattern of this tumor favors classification as a carcinoma; however, the cells are well differentiated and mitotic figures are rare. The tumor does not invade surrounding adventitia and lymphovascular invasion is not confirmed. Correlation with clinical findings and other aspects of the patient's condition as well as results of intraoperative observations and staging procedures is necessary regarding prognosis. In the report cited below, the most significant factor affecting short-term survival was extent of invasion of the vena-cava and surrounding tissues, but that long term survival was possible for carcinomas with excision. Barrera JS, Bernard F, Ehrhart EJ, Withrow SJ, Monnet E. Evaluation of risk factors for outcome associated with adrenal gland tumors with or without invasion of the caudal vena cava and treated via adrenalectomy in dogs: 86 cases (1993-2009). J Am Vet Med Assoc. 2013 Jun 15;242(12):1715-21.

Notes from Dr Ludwig, 5/6/21: I told her the biopsy shows that the mass was an adrenocortical carcinoma but there was no lymphovascular invasion and the cells were well differentiated. I showed the biopsy to our oncologist, and she said she would offer chemotherapy (palladia) if the owners want to be aggressive, but without lymphovascular invasion it is hard to say it is necessary. The owner would like to avoid chemotherapy and I told her I think that is reasonable. We discussed monitoring for evidence of metastasis with an abdominal ultrasound in 3 to 6 months. We also discussed the ACTH stimulation test prior to discontinuing prednisone.

Abnormal labwork values from 7/6/21 : Endocrinology test result ref.range/units

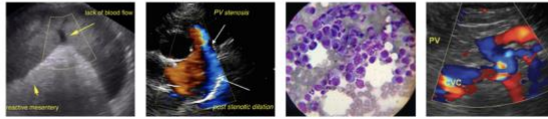
Cortisol - Pre ug/dL ACTH 4.1ug/dL

Cortisol - Post ug/dL ACTH 5.0ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. The mucosal surface is slightly irregular.



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Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

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The left kidney is normal in size (5.97 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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The right kidney is normal in size (6.33 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.58 cm at caudal pole) (3.21 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.

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Previous right adrenalectomy. In the region of the right adrenal gland, no obvious abnormalities are seen.

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Spleen

The spleen is normal in size (1.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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 lumen is moderately distended. The wall is thin and smooth. A 0.99 cm cholelith is observed within the lumen, with a small amount of mineralized sand. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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.

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

INVOICE

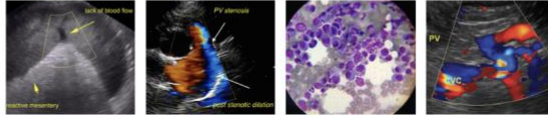
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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.



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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

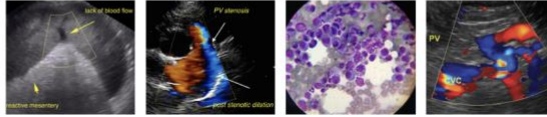
- There is no obvious evidence of metastatic disease in the abdomen.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for evidence of metastatic disease in the chest.
- Serial sonographic monitoring (i.e., every 6 months), is recommended to assess for evidence of tumor recurrence.



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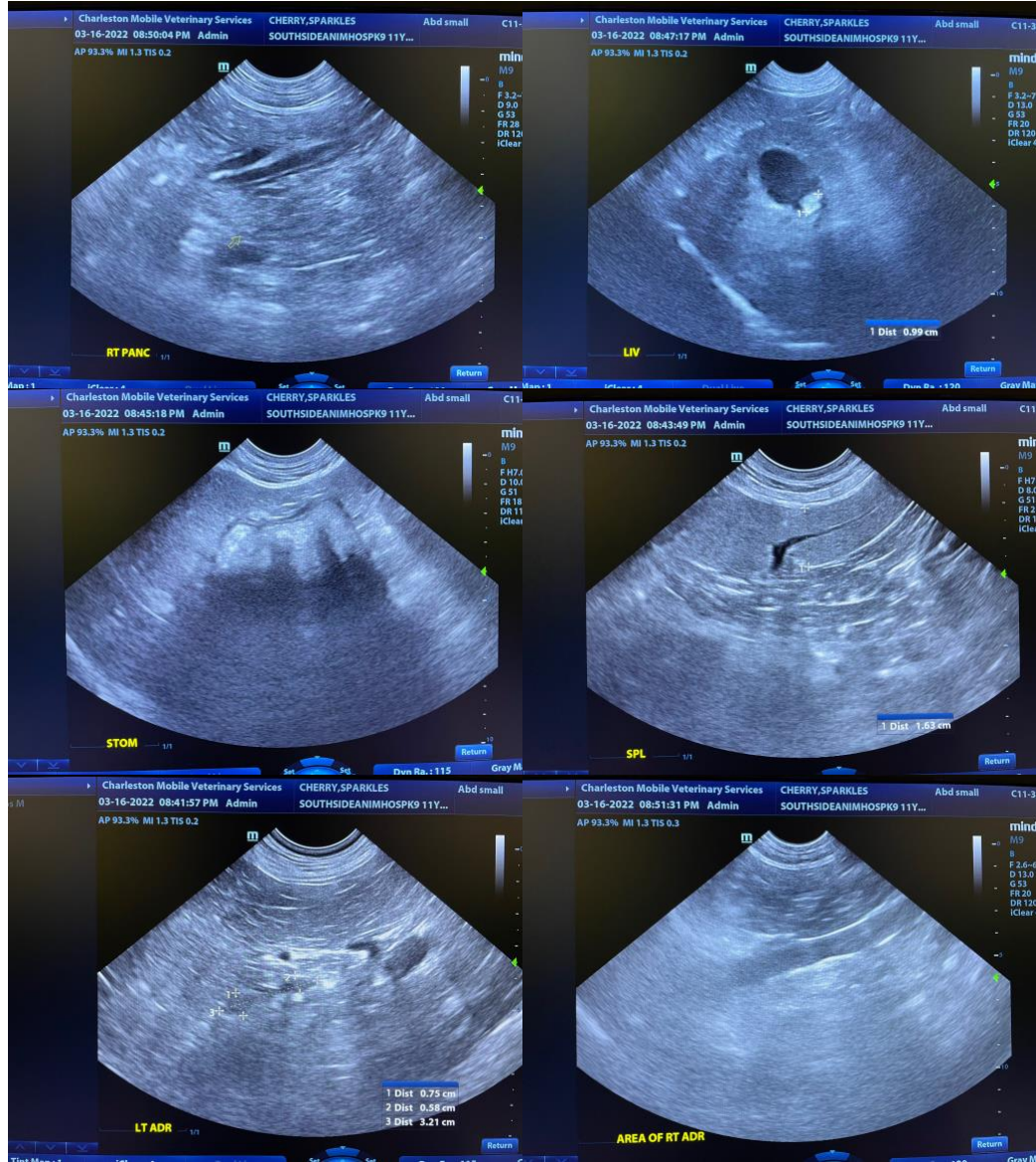
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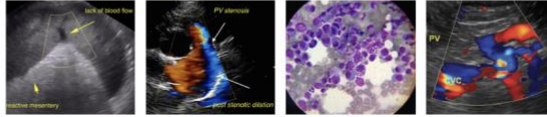
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com



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