



PATIENT PRESENTING CLINICAL SIGNS

Callie Phelps History: Increased ALP on bloodwork. Pet is otherwise asymptomatic.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Senior Profile blood work showed elevated ALP (1294) asymptomatic. USG 1.019 on mid-afternoon sample. Received blood work from previous vet from 2020, ALP was 908 so this appears to be chronic.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Shepherd Mix

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. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal in size (6.97 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years

The right kidney is normal in size (6.77 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

78 lbs

Adrenal Glands

The left adrenal gland is enlarged (1.36 cm at cranial pole) (2.22 cm at caudal pole) with irregular peripheral contours. At the cranial aspect, a 1.58 x 1.29 cm hyperechoic nodule is present. At the caudal aspect, a 2.69 x 2.21 cm hyperechoic-to-heterogenous nodule/mass is observed. This lesion contains hyperechoic-to-mineralized foci. The phrenicoabdominal vein and surrounding vasculature appear normal.

INTERPRETED BY

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

What is thought to be the caudal pole of the right adrenal gland is in normal size (0.73 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Sheldon

Spleen

The spleen is normal in size (1.57 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.

HOSPITAL NAME

Advanced PC
of Oakland

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.80 x 1.97 cm hypoechoic nodule/mass is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Sheldon

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12486

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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

3.23.23

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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes are nonspecific and are most likely associated with a benign hepatopathy (i.e., vacuolar hepatopathy). The hypoechoic hepatic nodule could be consistent with a benign tumor, granuloma or inflammatory focus.
- Left cranial adrenal nodule and caudal nodule/mass. Differentials include benign macronodular hyperplasia or emerging tumors.

Secondary Findings

- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the left adrenal changes, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Baseline blood pressure measurement
 3. +/- further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.





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.

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