

**DATE PRESENTING CLINICAL SIGNS**

3/4/2022 History: 2 week hx of PU/PD. No known changes in diet/other clinical signs. Labs- potential for pancreatitis.

PATIENT

Tito Sunderland-
Healey

Current Medications: Cerenia, MTDz for mild GI signs and possible pancreatitis. Panacur round d/t elevation in eosinophils.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine

BREED

Imaging Performed By: Andi Parkinson, RDMS.

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Neutered Male

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

AGE

2/15/2013

The prostate is not definitively visualized due to its pelvic location.

WEIGHT

85lbs

The left kidney is normal size (7.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

The right kidney is normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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

Adrenal Glands**HOSPITAL NAME**

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.63 cm at caudal pole) (2.54 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.

Timonium Animal
Hospital

REFERRING VET

The right adrenal gland is enlarged (4.00 x 3.08 cm); and irregular, with a mass effect. The parenchyma is heterogenous with loss of glandular detail. There is no obvious evidence of vascular invasion.

Dr. McMichael

Spleen

The spleen is normal in size (2.51 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.

INVOICE

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative

pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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

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

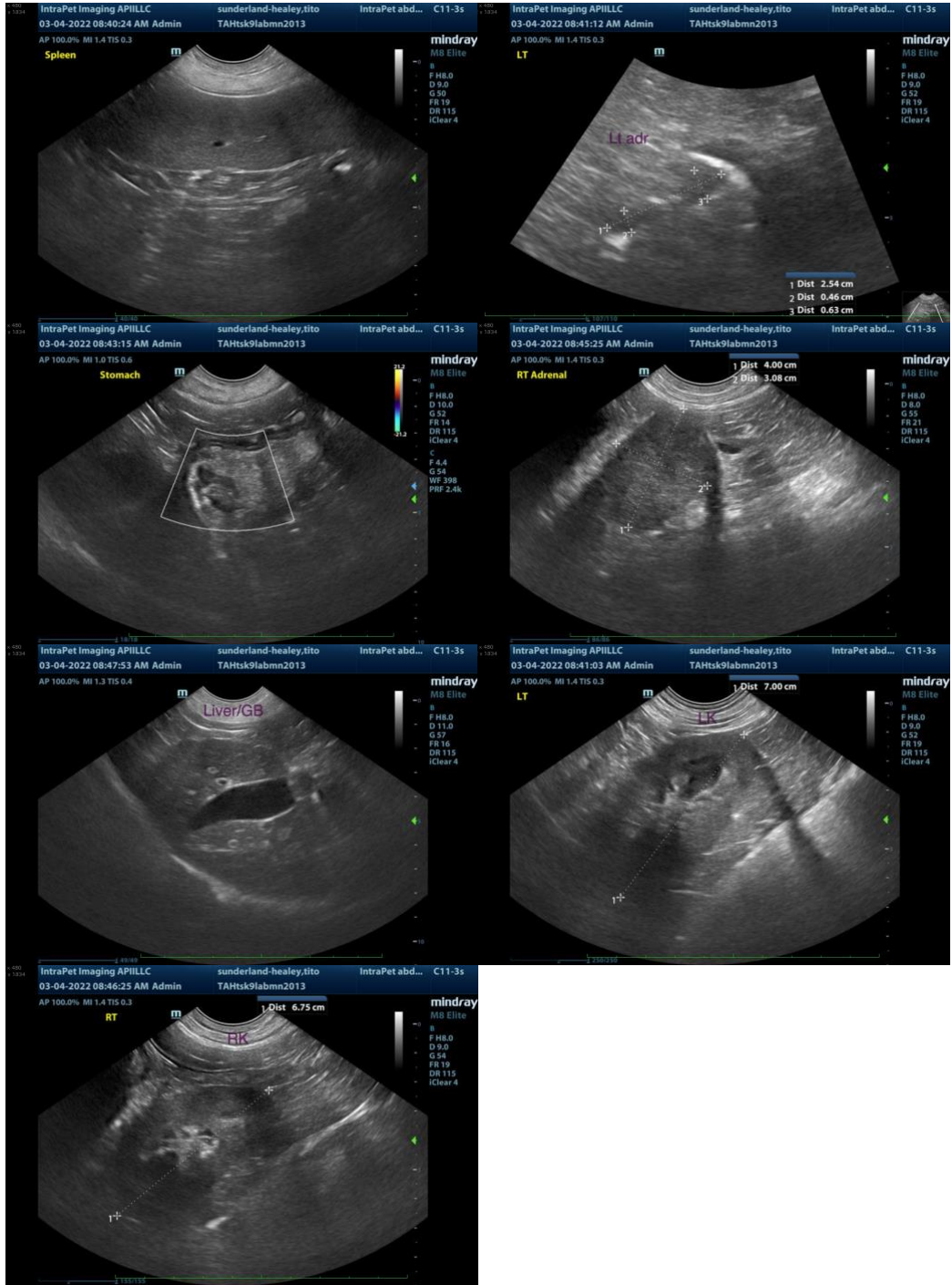
- Right adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma), is suspected. However, a benign process (i.e., nodular hyperplasia), cannot be completely excluded.

Secondary Findings

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Chest X-rays (three-view) are recommended to assess for pulmonary metastases.
- To further evaluate for a functional adrenal tumor, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels. A baseline blood pressure measurement is also recommended to assess for systemic hypertension. If a right adrenalectomy is to be considered, referral to a board-certified surgeon is recommended due to the high risk of perioperative complications. An abdominal CT scan would be useful in pre-surgical planning.



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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