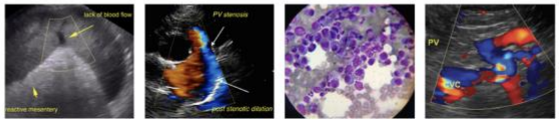

PATIENT

Kinzy Beanard

SPECIES

Canine

BREED

Westie

SEX

Spayed Female

AGE

09/08/08

WEIGHT

21.6 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

Brighton AH

REFERRING VET

Elizabeth Jalene Wetzel

INVOICE

10772

DATE

4/21/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes and drinking more water than usual
Abnormal lab-work values: ALT 218. ALKP: 477

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The mucosal surface in the region of the apex is mildly irregular. 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.

The left kidney is normal in size (5.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.59 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.79 cm at cranial pole) (2.21 cm at caudal pole) (2.90 cm in length); with an irregular shape. A 2.62 x 2.17 cm irregular, hyperechoic to slightly heterogenous mass is observed at the caudal aspect. The mass causes capsular expansion. Glandular echogenicity and detail at the cranial aspect are relatively normal. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (1.09 cm at cranial pole) (0.75 cm at caudal pole) (2.12 cm in length); with an irregular shape. A 1.52 x 1.21 cm hyperechoic nodule is observed in the cranial- to mid-aspect. The lesion causes capsular expansion. In the remainder of the gland, echogenicity and detail appear normal. Surrounding vasculature appears normal with no obvious evidence of vascular invasion.

Spleen

The spleen is prominent in size (0.88 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 2.74 x 1.49 cm hyperechoic swelling/mass is observed just distal to the hilus. The lesion causes capsular expansion. Several ill-defined myelolipomas are observed in the region of the hilus. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. A 2.39 x 2.34 cm hyperechoic to slightly heterogenous mass is observed on the right side, adjacent to the diaphragm. In addition, one to two hyperechoic nodules are observed. A 1.66 x 1.22 multi-septated, cystic lesion is also observed on the right side, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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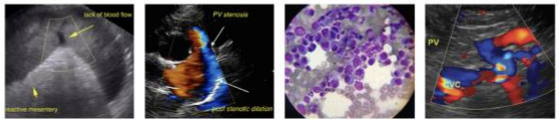

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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The gall bladder lumen is distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. 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 mildly 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 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 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 or obvious right atrial/auricular mass.

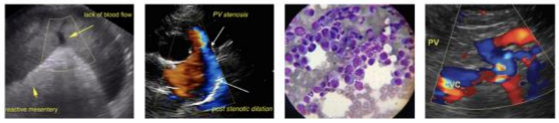
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass. Differentials include neoplasia, adenoma, adenocarcinoma, pheochromocytoma, or a benign regenerative nodular lesion. A neoplastic process is favored.
- Right adrenal nodule. Differentials include benign nodular hyperplasia or neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma).
- The splenic swelling/mass could be consistent with a benign process (i.e., an area of lymphoid hyperplasia, extramedullary hematopoiesis or splenitis). Alternatively, an emerging tumor may be present.
- The hyperechoic hepatiic nodules/masses trend toward the benign (i.e., regenerative nodules). However, emerging neoplasia, particularly the largest lesion adjacent to the diaphragm, is also possible. The septated, cystic, hepatic lesion trends toward the benign, with a lower possibility of an emerging tumor. The diffuse hepatic parenchymal changes are nonspecific, and could be secondary to benign regenerative nodular hyperplasia, vacuolar hepatopathy, age-related remodeling, or less likely, an inflammatory hepatopathy.
- Gall bladder/sludge, non-mucocele

Secondary Findings

- Bilateral, chronic, age-related renal changes with dystrophic mineralization



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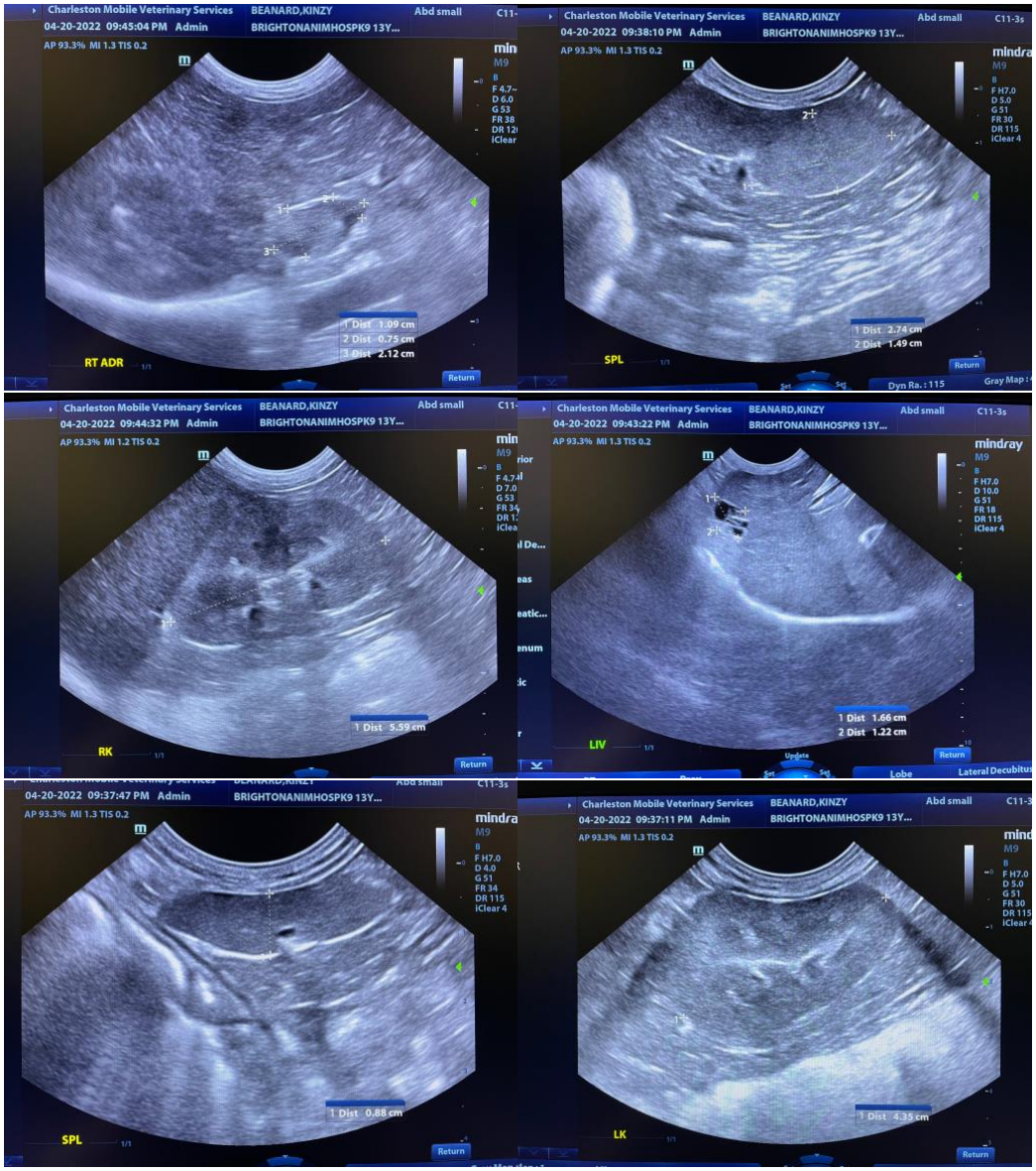
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the adrenal changes, three-view thoracic radiographs and a baseline blood pressure measurement are recommended. To further evaluate for functional adrenal tumors, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels.
- To further evaluate the hepatic and splenic lesions, tissue sampling (i.e., aspirates or surgical biopsies) would be necessary to get a definitive diagnosis.



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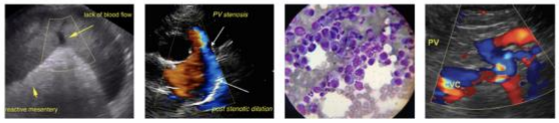

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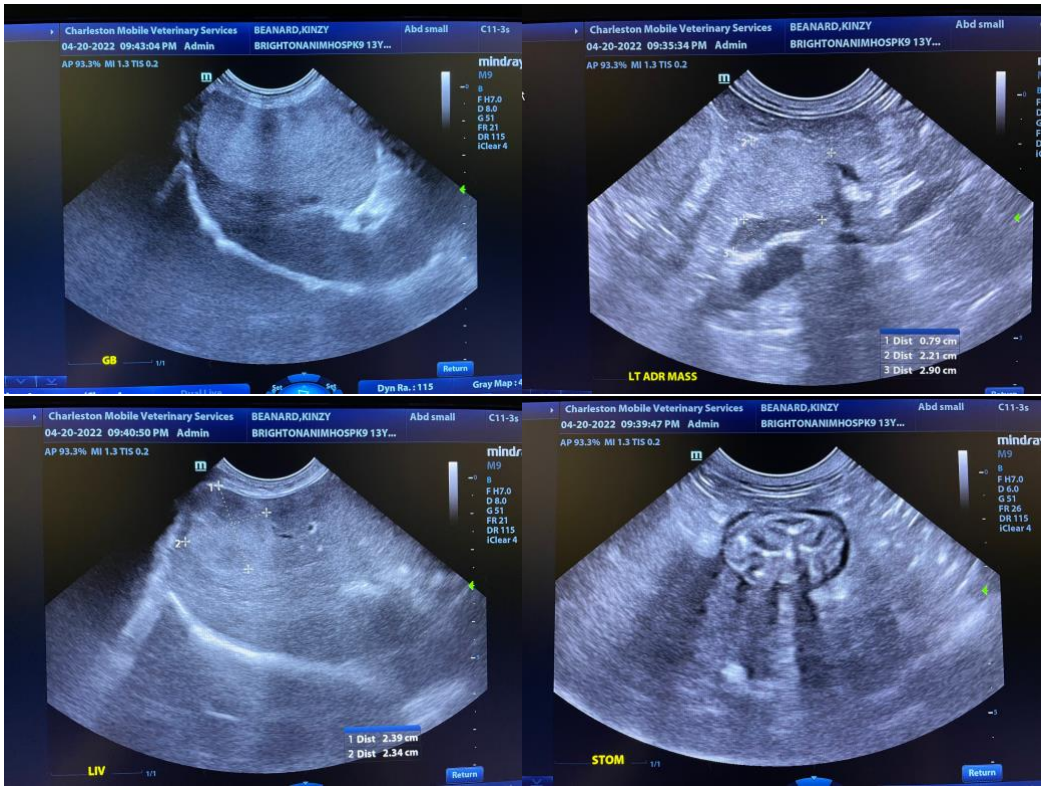

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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