



PATIENT

Bella All Sato Rescue

SPECIES

Canine

BREED

Poodle mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ortiz

INVOICE

13414

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Presented for 3 month limited recheck exam of the left adrenal gland tumor. Pt has been doing well at home. Wanted to recheck and compare to the previous study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the liver, gallbladder, pancreas and adrenal glands. There is a potential for pathology in organs that were not visualized.

Adrenal Glands

The left adrenal gland is enlarged (1.28 cm at cranial pole) (0.52 cm at caudal pole) (2.25 cm in length) with an irregular shape. A 1.79 x 1.28 cm irregular hyperechoic to heterogeneous nodule/mass is observed in the cranial to mid-aspect. At the caudal pole, glandular echogenicity and detail are normal. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal size (0.39 cm at cranial pole) (0.45 cm at caudal pole) (1.50 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 (1.40 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.

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.

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

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Left adrenal nodule/mass. The lesion is similar-to-slightly larger compared to the previous study. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) or excessive nodular hyperplasia.

Secondary Findings:



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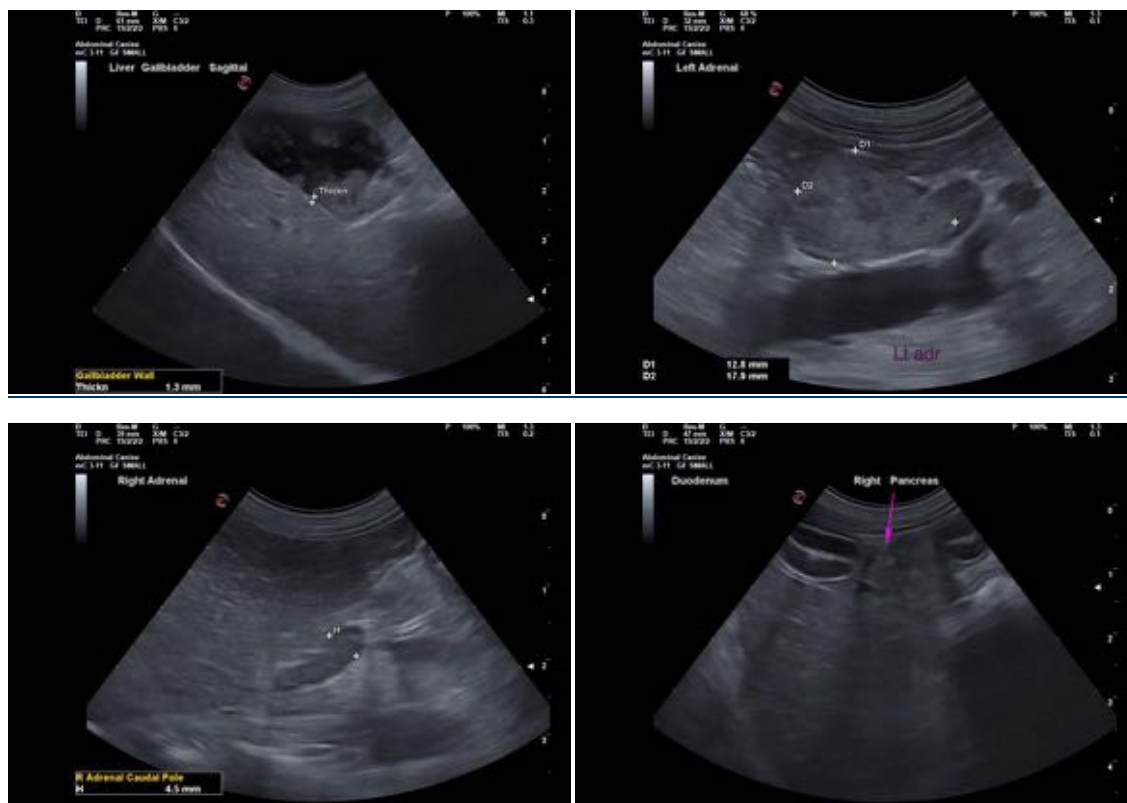
DATE

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- Benign diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling.
- The pancreatic changes are most consistent with age-related remodeling. Mild chronic pancreatitis is also possible, particularly if the patient exhibits pain on cranial abdominal palpation.

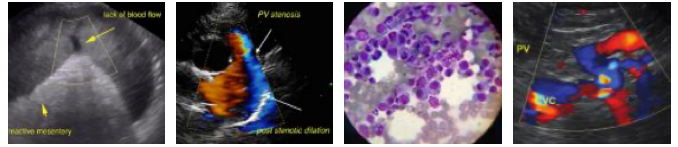
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the limitations in funds, continued conservative monitoring (i.e., every 3 months) of the left adrenal nodule/mass is recommended.
- Also consider a baseline blood pressure measurement to assess for systemic hypertension as well as thoracic radiographs to evaluate for pulmonary metastatic disease, if financially feasible.
- To further evaluate for a functional adrenal tumor, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels.



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.



PATIENT

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

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Andrea.nicastro@sonopath.com

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