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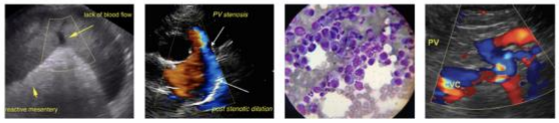


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Prissy Humbert

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

1/28/2007

WEIGHT

24 lb

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

Flowertown AH

REFERRING VET

Dr. Pignatello

INVOICE

10956

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History of vomiting and diarrhea and possible abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 size (4.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.50cm at cranial pole) (0.74 cm at caudal pole) (1.99 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.

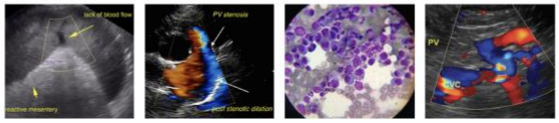
The right adrenal gland is enlarged (3.93 x 2.46) and irregular with a mass effect. The parenchyma is heterogenous. No distinct focal lesions are observed. There is no obvious evidence of vascular invasion.

Spleen

The spleen is subjectively prominent in size (1.61 cm in width at the level of the hilus) with swollen peripheral contours, particularly at the caudal aspect. There is appropriate echogenicity and echotexture. One to two smally myelolipomas are visualized. Splenic vasculature is normal.

Liver

The liver is subjectively prominent to enlarged, with a swollen right lateral lobe. The parenchyma is hypoechoic relative to the spleen and overall homogenous in appearance, with minor changes consistent with age-related remodeling. 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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The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. Luminal contents are anechoic. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

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

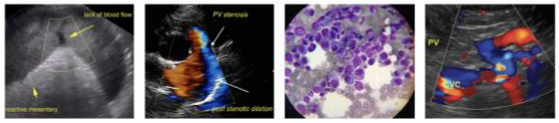
Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected, with a lower possibility of benign pathology (i.e., excessive nodular hyperplasia). The mild left adrenomegaly may be secondary to hyperplastic change or may be a normal variant for this patient.
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy, age-related pancreatic remodeling, and/or regenerative nodular hyperplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation, with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral, chronic renal changes with nonobstructive nephrolithiasis and right pyelectasia.



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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the right adrenal mass, consider the following:

  1. Thoracic radiographs to assess for pulmonary metastatic disease
  2. Baseline blood pressure measurement
  3. UPC (if proteinuria is present)
  4. Low-dose dexamethasone suppression test and urine/blood catecholamine levels (Marshfield Laboratory) to further assess for a functional tumor.
  5. If an aggressive approach (i.e., right adrenalectomy) is desired, consider consultation with a board-certified surgeon. An abdominal CT would be useful in presurgical planning. It should be noted that there is a high risk of complications with adrenalectomies.

- Regarding the gastrointestinal signs, consider the following:

  1. Fecal evaluation for ova and Giardia
  2. GI Panel (send to Texas A&M)
  3. 6-week Limited antigen diet trial
  4. +/- gastrointestinal biopsies (endoscopic or surgical)

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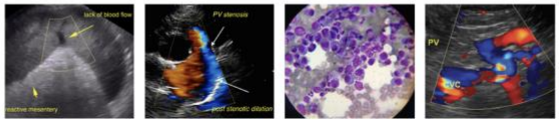

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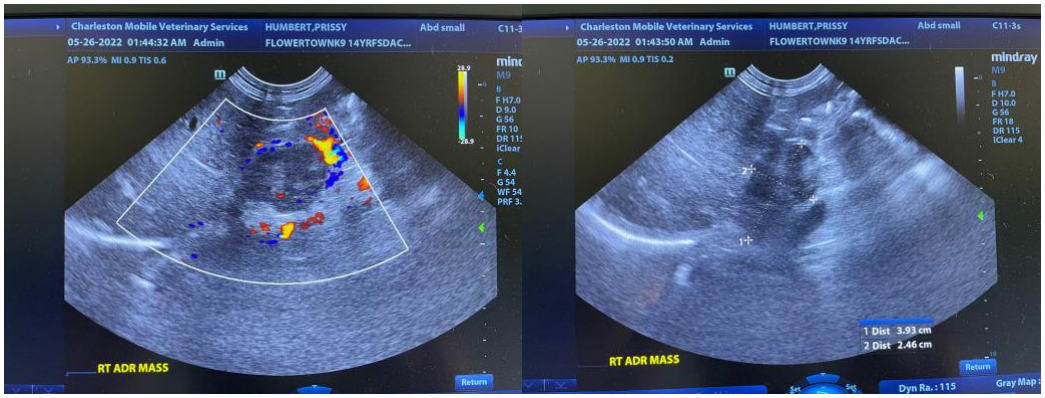

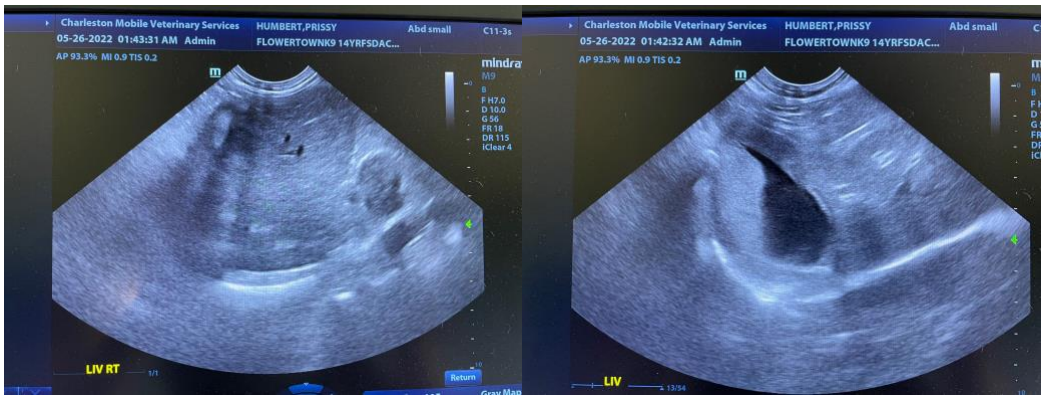

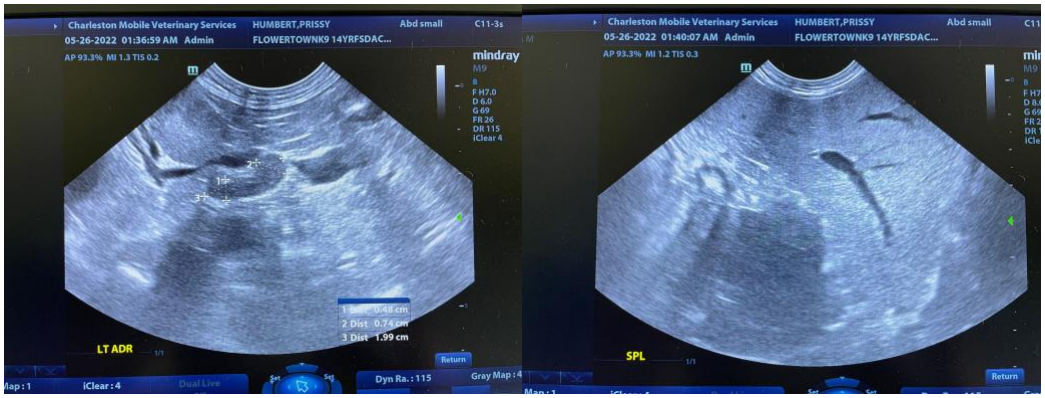

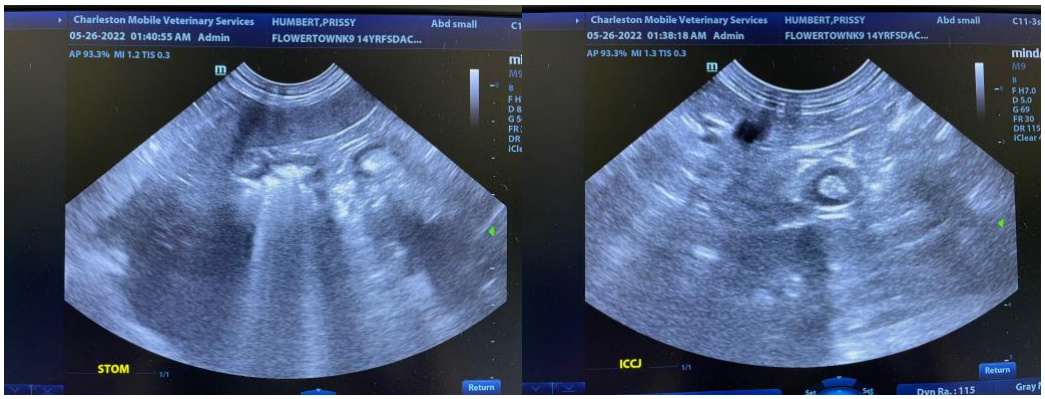

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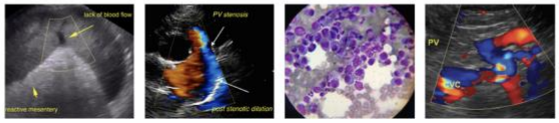

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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