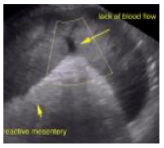
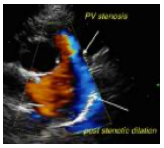
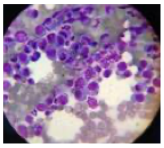
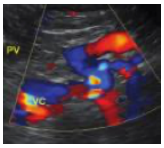

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PATIENT
Roxie Morcos

SPECIES
Canine

BREED
Labr Retriever

SEX
Spayed Female

AGE
14 years

WEIGHT
41.8 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Taylor McConnell

INVOICE
11192

DATE
6.29.22

PRESENTING CLINICAL SIGNS

History: Unresolved lethargy, diagnosed with pancreatitis 2 days ago, was discharged, now not walking; tense abdomen. Current meds: Cerenia, Pepcid, Gabapentin, Endurosyn.
Abnormal PE/Chem/CBC/UA Results: Bloods WNL, CPL slightly positive.

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 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 (6.05 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.60 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is enlarged (1.70 cm at cranial pole) (1.86 cm at caudal pole) (3.80 cm in length); with an irregular shape and a mass effect. The parenchyma is hypoechoic to slightly mottled in appearance. The mesentery effacing the serosal surface is hyperechoic. There is possible invasion of adrenal tissue into the phrenicoabdominal vein.

The **right adrenal gland** is normal size (1.94 cm at cranial pole) (0.57 cm at caudal pole) (1.23 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 subjectively normal in size with normal curvilinear peripheral contours. A light, micronodular pattern is visible throughout the parenchyma. A 1.03 cm irregular, hypoechoic nodule is also seen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with slightly rounded peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular 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 small to moderate amount of aggregated, echogenic, partially dependent 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 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 thickness is

normal 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.

Pancreas
The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.27 cm in diameter). Surrounding mesentery is hyperechoic. A small amount of peripancreatic is visible.

Free Abdomen
Trace free fluid is observed. abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

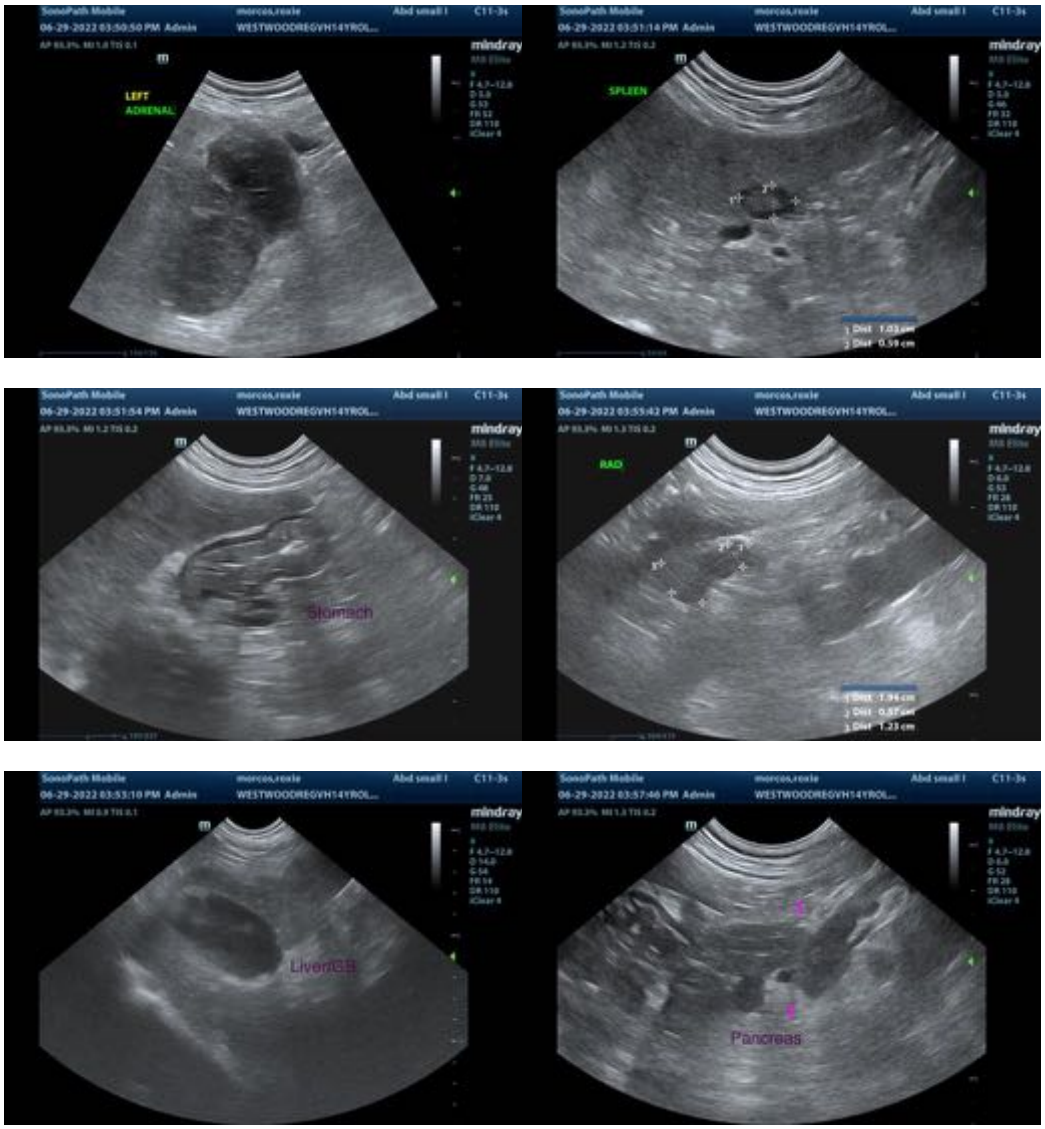
- The pancreatic changes are consistent with mild to moderate acute pancreatitis.
- Left adrenal mass effect with suspected invasion into the phrenicoabdominal vein. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of a benign process.
- The splenic nodule may represent a benign lesion (focus of lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, a metastatic lesion from the left adrenal gland cannot be completely excluded. The diffuse splenic parenchymal changes trend toward the benign (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, or similar).

Secondary Findings

- Nonspecific diffuse hepatopathy. Differentials include age-related remodeling, regenerative nodular hyperplasia, infiltrative neoplasia (less likely), other hepatopathy. Inflammatory disease is considered less likely given the normal liver values.
- Gall bladder sludge, non-mucocele
- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the suspected left adrenal mass, thoracic radiographs (three-view) are recommended to assess for pulmonary metastatic disease. A baseline blood pressure measurement is also recommended. To further investigate for a functional tumor, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels.
- Continued treatment for acute pancreatitis is recommended, including fluid therapy, antiemetics, gastric protectants, pain medication, and other symptomatic measured.
- Given the lack of ambulation, orthopedic and neurologic examination are recommended. Consider consultation with a board-certified neurologist or surgeon if 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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