



PATIENT PRESENTING CLINICAL SIGNS

Max Wise History: PU/PD. Increased respiratory rate and effort.

SPECIES

Abnormal lab-work values: USG 1.036 with 1+ proteinuria. ALP 464. ALT 160. Calcium 11.8. Normal T4. No CBC.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Labrador Retr Mix

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The left kidney is normal in size (6.70 cm in length) with a relatively normal shape. The cortex is isoechoic relative to the spleen and thickened, with moderate loss of corticomedullary distinction. Several small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

14 years

WEIGHT

The right kidney is normal in size (7.11 cm in length) with a relatively normal shape. The cortex is isoechoic relative to the spleen and thickened, with moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

59 lbs

Adrenal Glands

INTERPRETED BY

The left adrenal gland is enlarged (2.11 cm at cranial pole) (1.59 cm at caudal pole) and irregular with a mass effect. The parenchyma is mildly heterogenous with loss of glandular detail. There is possible invasion into the phrenicoabdominal vein. There is a questionable tumor thrombus (0.94 cm) in the lumen of the caudal vena cava adjacent to the gland.

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

IMAGING PERFORMED BY

The right adrenal gland is in normal to slightly small in size (0.87 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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HOSPITAL NAME

Spleen

The spleen is normal in size (1.48 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.

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Liver

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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.

Dr. McLaughlin

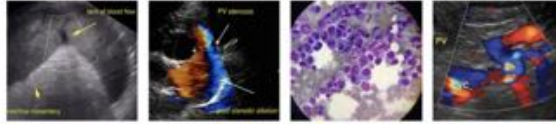
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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

13676

DATE

7.14.23



PATIENT *Gastrointestinal*

Max Wise 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

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.

BREED

Labrador Retr Mix

Free Abdomen

There is no obvious evidence of free fluid. A 0.96 cm cystic lymph node is observed in the midabdominal region.

SEX

Neutered Male

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass effect with questionable invasion into the phrenicoabdominal vein and possible small tumor thrombus in the caudal vena cava. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected, with a low possibility of a benign process. The right adrenal gland is small in size, suspected to be secondary to atrophy.

WEIGHT

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Secondary Findings

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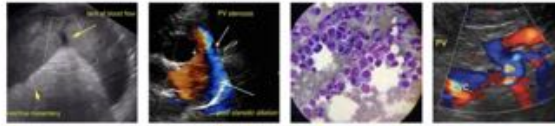
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- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris – incidental
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization and cortical cysts.
- Cystic lymph node in the midabdominal region, the significance of which is unclear. It may represent a reactive node or less likely, infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the left adrenal changes, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Baseline blood pressure measurement
 3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
 4. Consider an abdominal CT scan to further characterize the left adrenal gland, particularly if a left adrenalectomy is to be considered.



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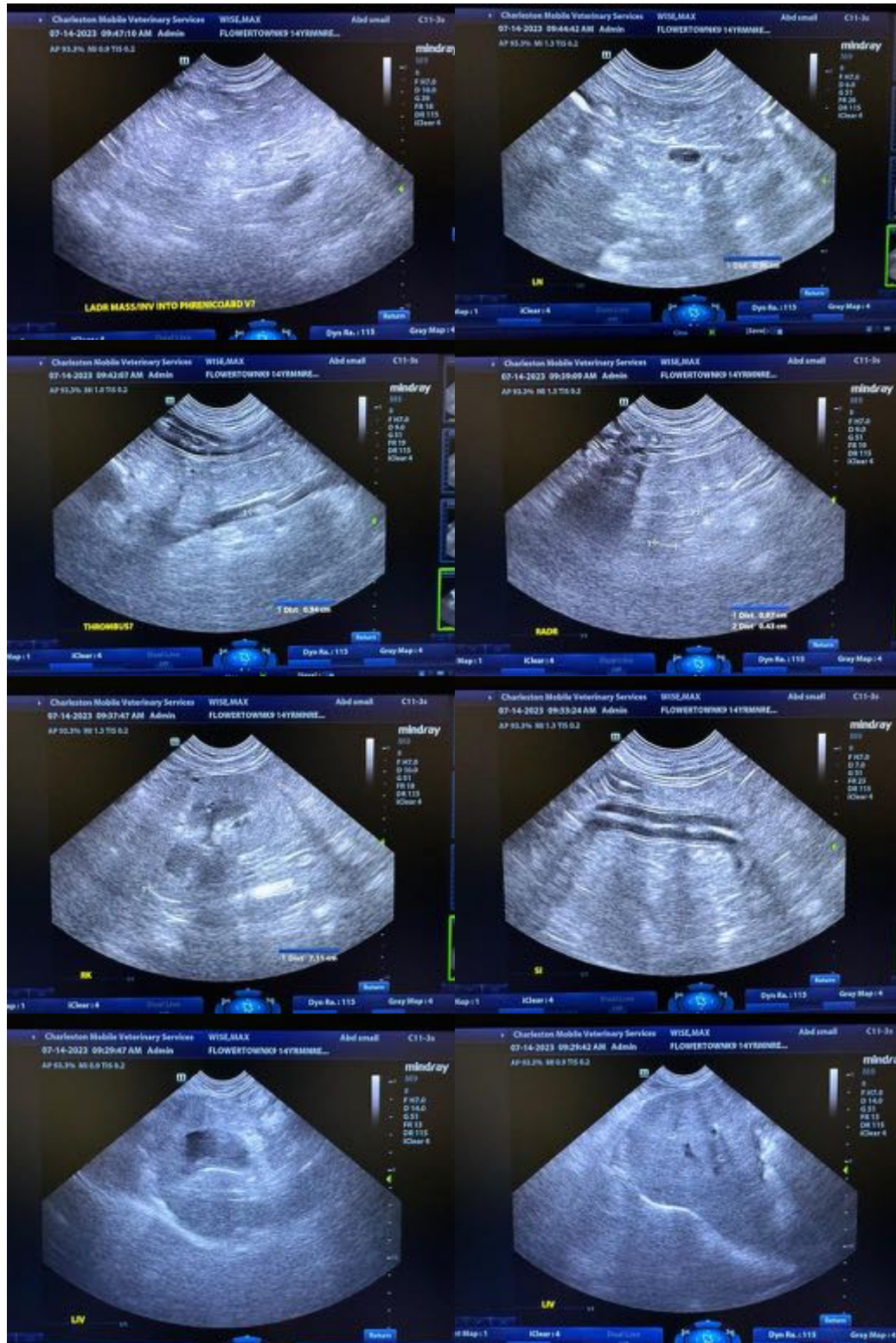
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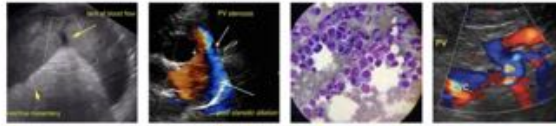
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

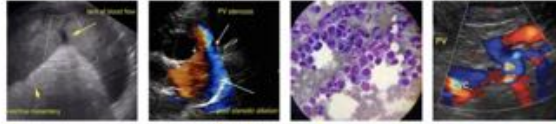
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.



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