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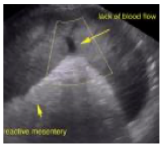
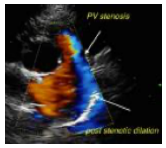
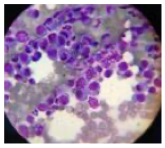
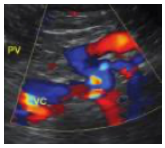
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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PATIENT

Sasha Chernysheva

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

9 years

WEIGHT

8.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

11246

DATE

7.21.22

PRESENTING CLINICAL SIGNS

History: Recheck u/s of 3mos. Recheck adrenal nodule.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone and the proximal urethra are normal.

The **left kidney** is normal size (3.68 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. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (3.75 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. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is enlarged (0.47 cm at cranial pole) (1.18 cm at caudal pole) (2.08 cm in length); with an irregular shape. A 1.16 x 1.15 cm irregular, heterogenous nodule is observed at the caudal pole. The parenchyma at the cranial pole is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The **right adrenal gland** is normal in size (1.04 cm at cranial pole) (0.48 cm at caudal pole) (1.43 cm in length); with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.73 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. 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 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 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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left adrenal nodule is similar in size/appearance compared to the previous sonogram. Differentials include benign nodular hyperplasia, adenoma, adenocarcinoma, or pheochromocytoma. The right adrenal parenchymal heterogeneity is suggestive of early hyperplastic change.

Secondary Findings

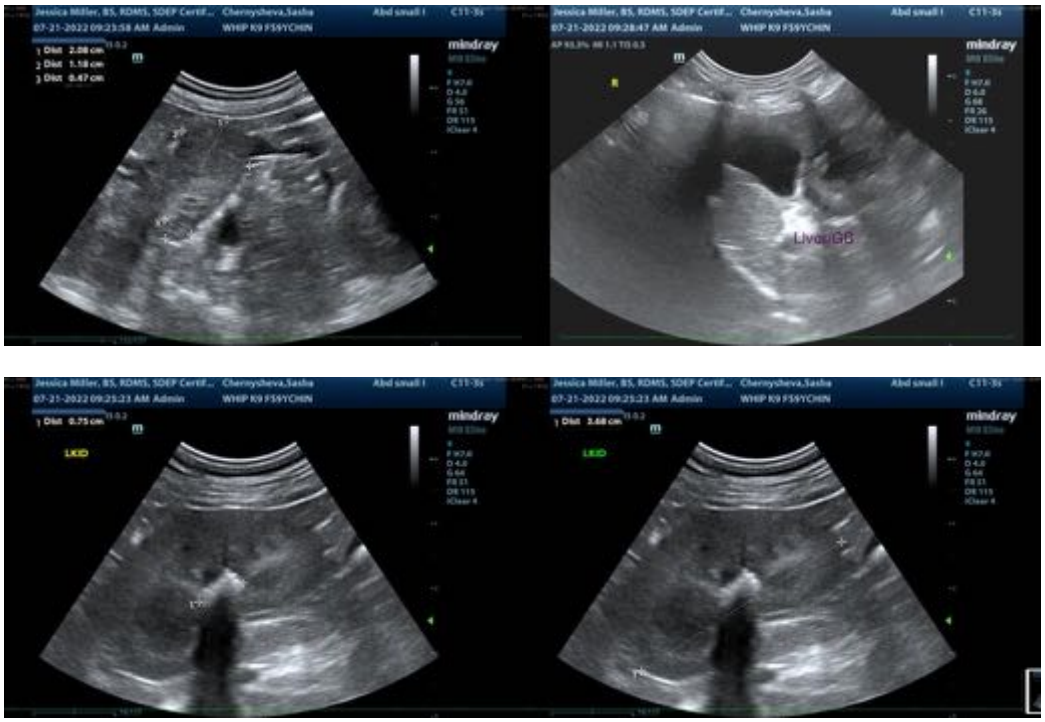
- Bilateral chronic, age-related renal changes with nonobstructive nephrolithiasis and trace pyelectasia. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the left adrenal nodule, if further work-up is desired, consider the following:

1. Baseline blood pressure measurement
2. Low-dose dexamethasone suppression test and urine/blood catecholamine levels (Marshfield Laboratory) to further evaluate for a functional adrenal tumor.
3. Thoracic radiographs (three-view) can also be considered to assess for pulmonary metastatic disease.

If the patient is otherwise asymptomatic and further testing is not pursued at this time, the client should monitor for clinical signs (i.e., PUPD, polyphagia, panting, etc.). If seen, further testing for Cushing's disease +/- repeat abdominal ultrasound may be 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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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