

**PATIENT**Pumpkin Frey
275081**SPECIES**

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

8 years

WEIGHT

25.4 kg

INTERPRETED BYAndrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC Dr. Schulz

INVOICE

11282

DATE

7.28.22

PRESENTING CLINICAL SIGNS

History: Adopted in 2021, retired breeder. Presented to rDVM on 7/18/22 for lethargy and decreased appetite. Blood work and radiographs performed. Clinical signs have since improved.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs expressed concerns for mass. Labs WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (7.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 1.76 cm cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.73 cm at cranial pole) (0.51 cm at caudal pole); with a slightly prominent cranial pole. A 0.93 x 0.77 hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail in the remainder of the gland are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The **right adrenal gland** is enlarged at the cranial pole and normal in size at the caudal pole (1.96 cm at cranial pole) (0.70 cm at caudal pole). A 2.41 x 1.96 cm hyperechoic mass is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (2.44 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 normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. 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.

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

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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

There is no evidence of free fluid. The medial iliac **lymph nodes** are visualized, the left measuring 2.42 cm in length, the right measuring 1.94 cm in length. The nodes are of normal shape and echogenicity. In addition, a 3.23 cm mesenteric lymph node is seen.

Other

A visible/slightly prominent uterine stump is visualized (0.65 cm in diameter). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Right adrenal mass. Differentials include benign nodular hyperplasia or a neoplastic process (i.e., adenoma, adenocarcinoma, pheochromocytoma). The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with some potential for emerging neoplasia.

Secondary Findings

- Questionable microhepatica. This may be a normal variant for this patient or could be associated with chronic hepatic disease (i.e., inflammatory, fibrotic). Correlation with the patient's clinical history and lab results is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Visible/prominent uterine stump, likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

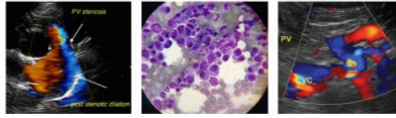
If further work-up for the right adrenal mass is desired, consider the following:

1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
2. Baseline blood pressure measurement
3. Low-dose dexamethasone suppression test and urine/blood catecholamine levels to evaluate for a functional tumor
4. If further workup is not performed at this time, consider a recheck ultrasound in 4-6 weeks to assess for progression.

If the patient's clinical signs recur, further work-up may be warranted.

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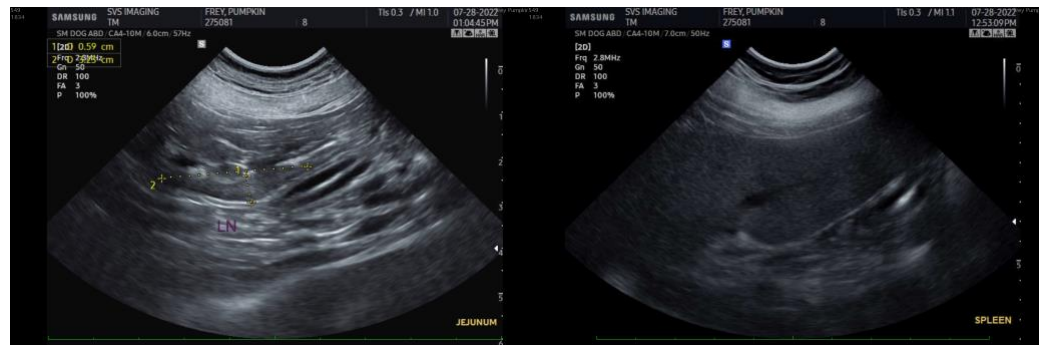
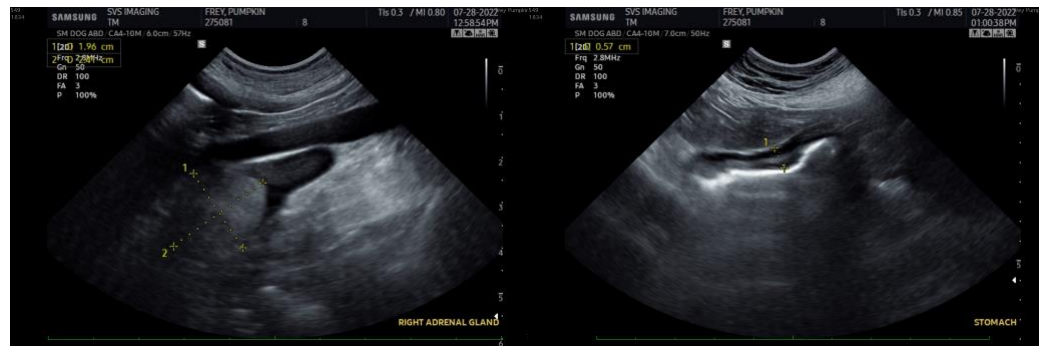
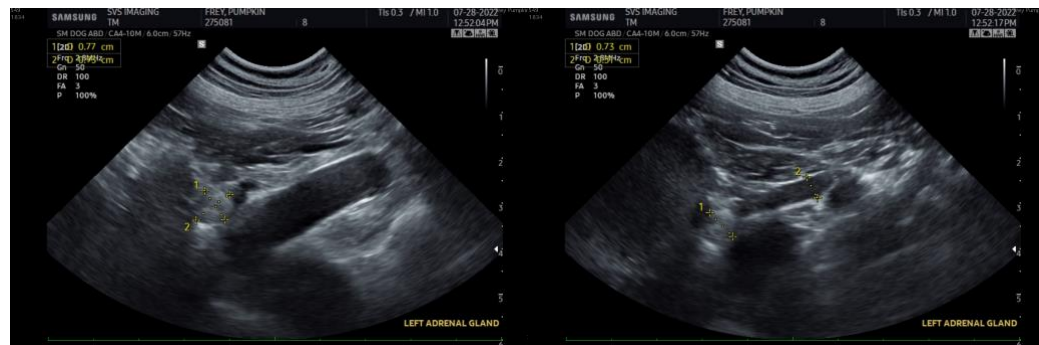
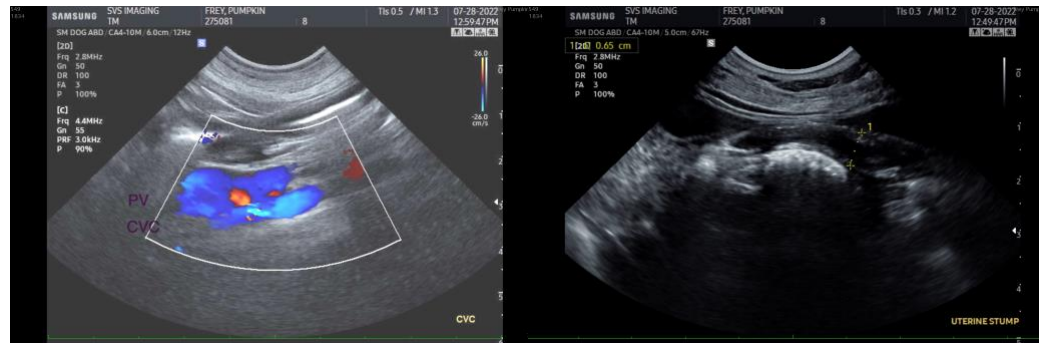
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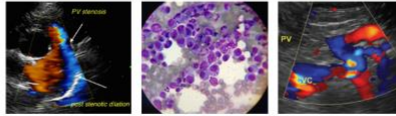
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com