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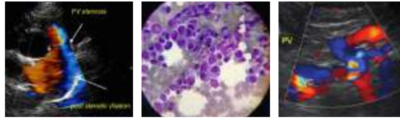

SonoPath

Clinical Sonography & Telecytology

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DATE

8/16/21

PATIENT

Tosha Wallace

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

5/5/07

WEIGHT

10.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Anderson

INVOICE

11650kk

PRESENTING CLINICAL SIGNS

History: Not eating and lethargic for 1 week.

Current Medications: Entyce 15mg SID started on 8-12-21.

Lab Results: ALP was elevated at 284 on 8-11-21, Lipase was mildly elevated 8-11-21. Resting cortisol is noy consistent with Addison's disease. T4 is normal.

Radiographs: Two view whole body radiographs are unremarkable.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation:

Stat Report: Not requested.

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 (3.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are also observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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The right kidney is normal size (3.75 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are also observed within the cortex There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is prominent at the cranial aspect and normal in size at the caudal pole (0.65 cm at cranial pole) (0.42 cm at caudal pole) (1.47 cm in length). There are smooth peripheral contours. Glandular echogenicity and detail are normal. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is enlarged (1.33 cm at cranial pole) (0.79 cm at caudal pole) (2.18 cm in length) with a mass-effect throughout the gland. The parenchyma is subtly heterogeneous in appearance with loss of glandular detail. No distinct focal lesions are observed. There is questionable vascular invasion.

Spleen

The spleen is subjectively normal in size (0.94 cm in width at the level of the hilus) with an undulating medial 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous in appearance with numerous, varying-sized,

hypoechoic nodules (largest measuring 1.58 cm in length) throughout the organ. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. 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 gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 0.70 cm) with a prominent muscularis layer. There is apparent retention of the 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. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The left and right limbs of the pancreas are 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
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pyloric antral thickening can be consistent with inflammation, hypertrophy, or emerging neoplasia. The small intestinal wall changes are suggestive or an inflammatory process (i.e., inflammatory bowel disease).

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

- The hepatic parenchymal changes could be consistent with benign pathology (i.e., regenerative nodular hyperplasia). Alternatively, infiltrative neoplasia is possible.

- Right adrenal mass-effect. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is considered likely with a possibility of a benign process (i.e., regenerative nodular hyperplasia.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization.

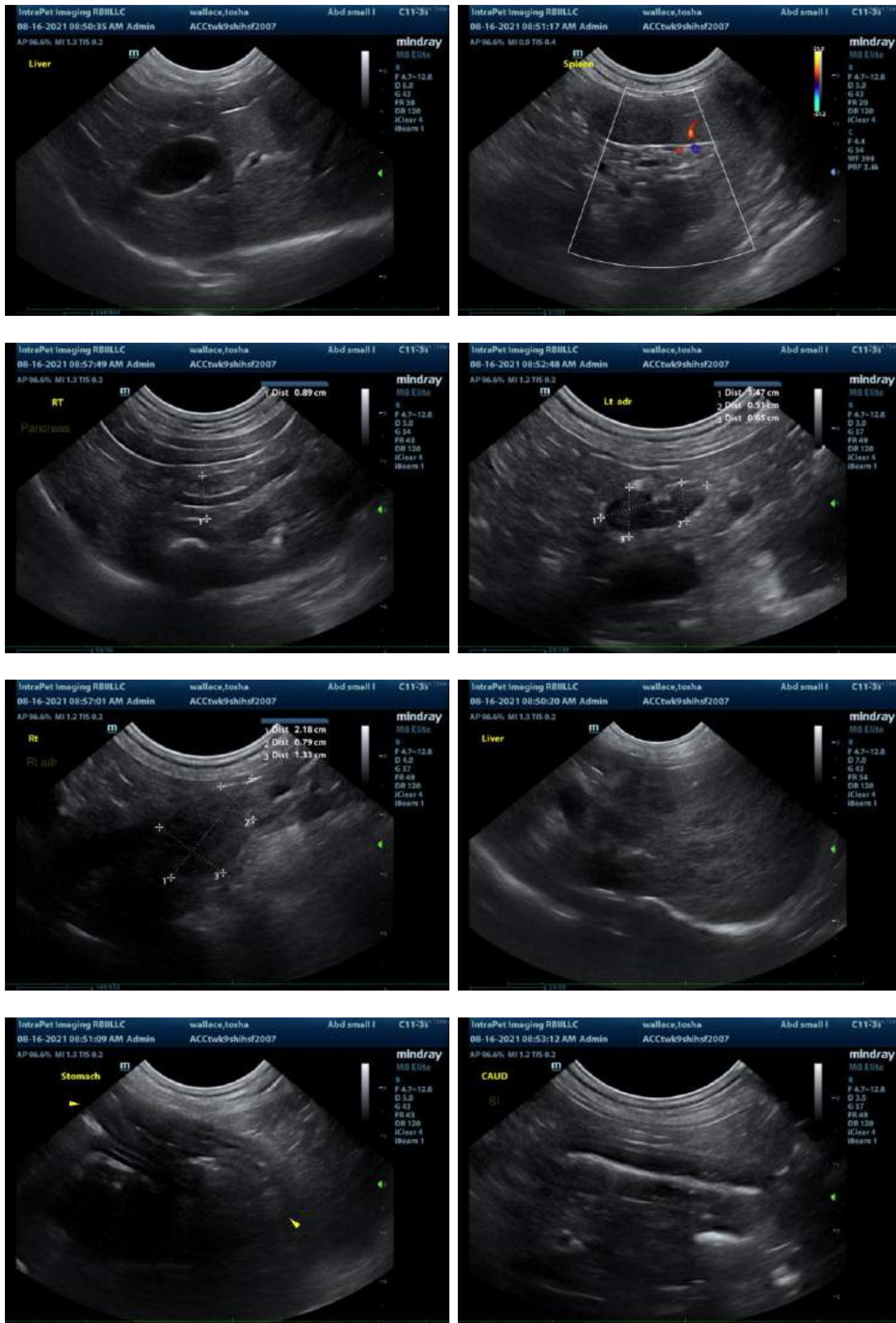
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

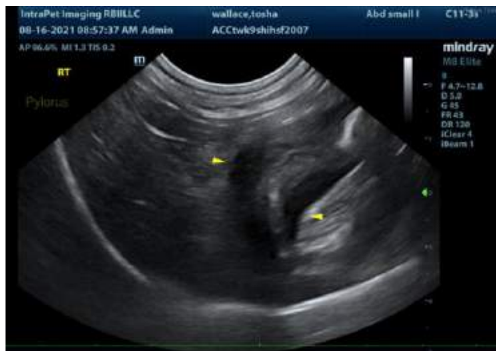
1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. Given the gastrointestinal findings, consider a fecal evaluation for ova and Giardia a malabsorption panel +/- endoscopic or surgical gastrointestinal biopsies.

3. If further evaluation of the right adrenal gland is desired, consider further testing for a functional tumor via a low-dose dexamethasone suppression test and urine/blood catecholamine levels. Depending on the results, a right adrenalectomy may be warranted. If surgery is to be pursued,

referral to a board-certified veterinary surgeon is strongly encouraged due to the potential for perioperative complications. A baseline blood pressure measurement should also be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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