

**DATE PRESENTING CLINICAL SIGNS**

8/23/21

History: Rotund/bloated abdomen. Unable to palpate well. Trouble walking - not sure if related to possible splenic tumor.

**PATIENT**

Tucker Busch

Current Medications: Gabapentin: 300 mg BID

Lab Results: None.

Radiographs: None.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for AUS

Stat Report: not requested

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male, neutered

**AGE**

2/7/2011

**WEIGHT**

123 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is minimally distended. The wall is of appropriate thickness for the level of repletion. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is enlarged at the cranial pole and normal in size at the caudal pole (1.61 cm at cranial pole) (0.62 cm at caudal pole) (3.80 cm in length). A 2.27 x 1.50 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (1.03 cm at cranial pole) (0.82 cm at caudal pole) (2.84 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.

**HOSPITAL NAME**

Harborside Mobile  
Veterinary Clinic

**Spleen**

The spleen is normal in size (1.61 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.

**REFERRING VET**

Dr. Hawkins

**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. A small amount of partially dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

11941

### ***Gastrointestinal***

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### ***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.

### ***Other***

A brief visualization of the heart reveals no evidence of pericardial effusion.

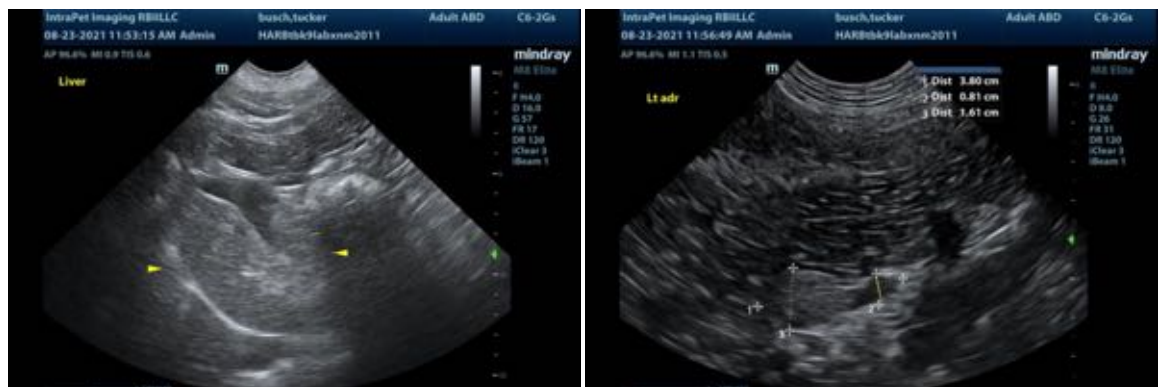
A large subcutaneous lipoma is observed in the left cranial abdominal area.

## **ULTRASONOGRAPHIC FINDINGS**

- Left adrenal nodule. The lesion trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an early neoplastic process (i.e., adenoma, adenocarcinoma, pheochromocytoma).

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If further evaluation of the left adrenal nodule is desired, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels to assess for a functional tumor. A baseline blood pressure measurement to evaluate for systemic hypertension should also be considered.
- Three-view thoracic radiographs are recommended to assess the patient's cardiopulmonary status.
- Baseline labwork (CBC chemistry panel, urinalysis, T4) and thorough orthopedic and neurologic examinations are also recommended.





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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