



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bean Adair
SPECIES Canine
BREED Labrador Retr

History: Bean Adair is a 10yo MN Labrador Retriever who is currently being managed for chronic, severe, osteoarthritis and elevated liver enzymes. Bean has a history of hypothyroidism (treated), CCL tears (bilateral), osteoarthritis, potential Cushing's disease, dermatitis, and various lumps and bumps. Primary goal for client is quality of life without invasive interventions. Meds: Amantadine Hydrochloride 100 mg: 1 capsule PO Q12 Levothyroxine 1.0 mg: 1 tablet PO AM, ½ tablet PO PM (just increased this in August as his post pill T4 was low and he was on Q24 dosing before.) Gabapentin 600 mg: ½ - 1 tablet PO Q8-12 PRN Galliprant 100 mg: 1 tablet PO Q24

SEX Female Spayed

Abnormal PE/Chem/CBC/UA Results: ALT, ALP, T Bili, Trig, and PSL elevations. CBC unremarkable. ALP 996. ALT 199. tBili 0.60. Precision PSL 214.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

10 years
WEIGHT 116 lbs

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.48 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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)

The right kidney is normal in size (7.76 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Julia Bakker, DVM

Adrenal Glands

The left adrenal gland is enlarged (1.07 cm at cranial pole) (1.22 cm at caudal pole) (2.78 cm in length) with a slightly irregular shape. A 1.81 x 1.04 cm hyperechoic nodule is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. Surrounding vasculature appears normal.

HOSPITAL NAME

Orange Blossom Vet Imaging

The right adrenal gland is enlarged (3.97 x 3.49 cm) and rounded with a mass effect. The parenchyma is heterogenous with hyperechoic and anechoic foci. There is no obvious evidence of vascular invasion.

REFERRING VET

Lucia Cresci, DVM

Spleen

The spleen is subjectively normal in size 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 prominent-to-enlarged, with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous, with a coarse echotexture. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

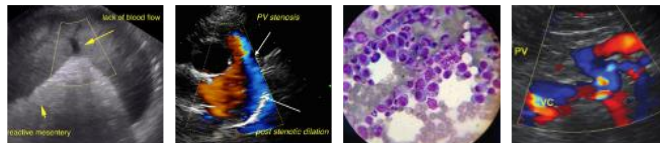
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DATE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, gravity-dependent, sludge is observed within the lumen, with sand +/- a cholelith intermixed. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

Bean Adair
SPECIES The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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.

Canine
BREED *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.

Labrador Retr
SEX *Free Abdomen*

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

Female Spayed

AGE **ULTRASONOGRAPHIC FINDINGS**

10 years
WEIGHT **Primary Findings**

116 lbs

- 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.

INTERPRETED BY

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

- Right adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected, with a lower possibility of a non-neoplastic process. The left adrenal nodule trends toward the benign (i.e., hyperplastic nodule, adenoma) with a lower possibility of a malignant process (i.e., adenocarcinoma, pheochromocytoma).

Secondary Findings

IMAGING PERFORMED BY

Julia Bakker, DVM

- Bilateral chronic renal changes
- Gall bladder sludge with mineralized sand +/- a nonobstructive cholelith

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Lucia Cresci, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the right adrenal mass, consider the following:
 - Three-view thoracic radiographs to assess for pulmonary metastatic disease
 - Baseline blood pressure measurement to evaluate for hypertension
 - Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
 - +/- an abdominal CT scan, particularly if a right adrenalectomy is being considered.
- Regarding the liver enzyme elevations, further diagnostics should be based on hepatic cytology results. Periodic monitoring (i.e., every 3 months) of the liver values is also recommended.

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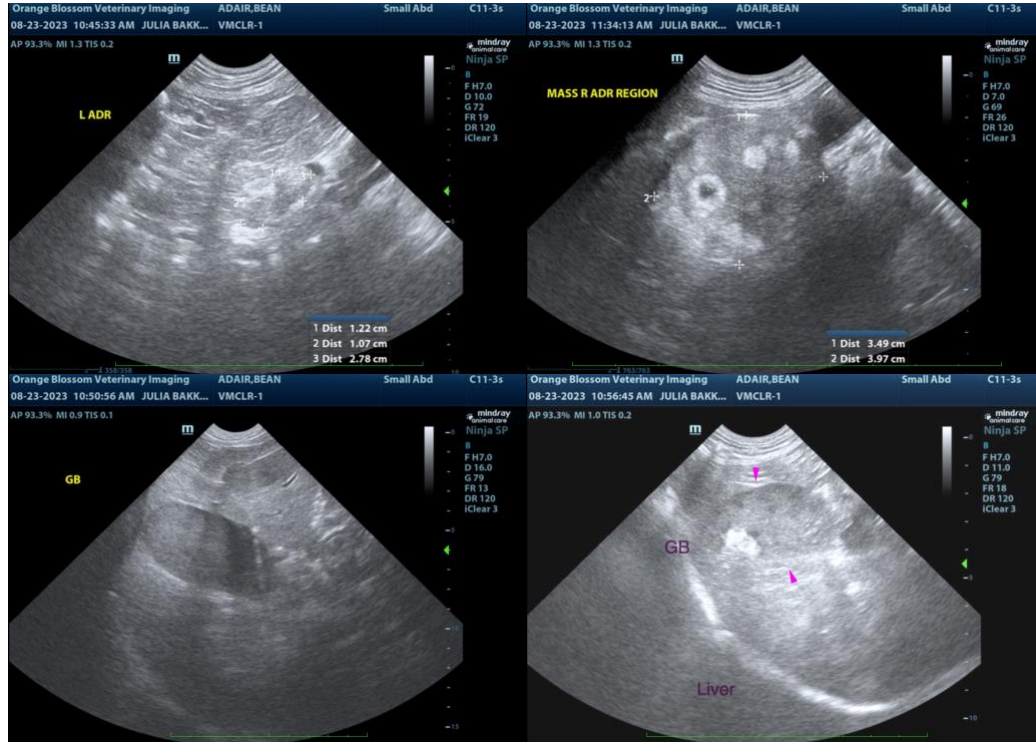
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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