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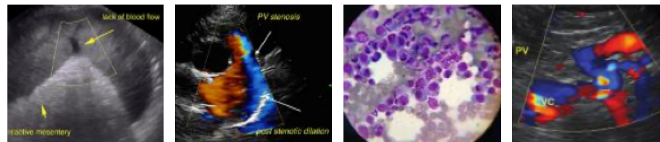
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT
Tug Sanborn

SPECIES
Canine

BREED
Pitbull Terrier

SEX
Intact Male

AGE
12 years

WEIGHT
69 lbs

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

IMAGING PERFORMED BY
Chaley Hunt LVT

HOSPITAL NAME
Columbia AC

REFERRING VET
Dr. Michelle Engel

INVOICE
11342

DATE
8.5.22

PRESENTING CLINICAL SIGNS

History: History of acute vomiting, decreased appetite, and diarrhea. Acute vomiting on Tuesday morning. Owner gave him Cerenia 60mg- 1 tablet about 6pm. Stopped vomiting and was drinking but not interested in eating. Was shaking and drooling. Examined on Wednesday, CBC, Chem normal. Rads-gas in colon, enlarged prostate. Sent home with more Cerenia 60mg-2 tablets SID and Proviable kit. Currently will eat chicken but no dog food.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **prostate** is enlarged (>5.67 cm) with a slightly irregular shape. The parenchyma is diffusely heterogenous, with ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The **left adrenal gland** is enlarged (0.97 cm at cranial pole) (1.86 cm at caudal pole) with a mass effect at the caudal pole, measuring 2.78 x 1.89 cm. There is loss of glandular detail. There is no obvious evidence of vascular invasion.

The **right adrenal gland** is normal size (1.07 cm at cranial pole) (0.40 cm at caudal pole); 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.

Spleen
The **spleen** is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled. 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 **gastric lumen** is not distended. 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.

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
One **testicle** is definitively visualized and is subjectively normal in size with a normal shape and homogenous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass. Differentials include a benign process (i.e., nodular hyperplasia) versus neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma).

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

- Bilateral, chronic, age-related renal changes

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also possible. Correlation with the patient’s clinical signs is recommended.

- *An obvious cause for the patient’s clinical signs is not identified in this study. There is no obvious evidence of a gastrointestinal obstruction. However, a partial obstruction cannot be completely excluded. Other possibilities include dietary indiscretion, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal evaluation for ova and Giardia is recommended.

Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

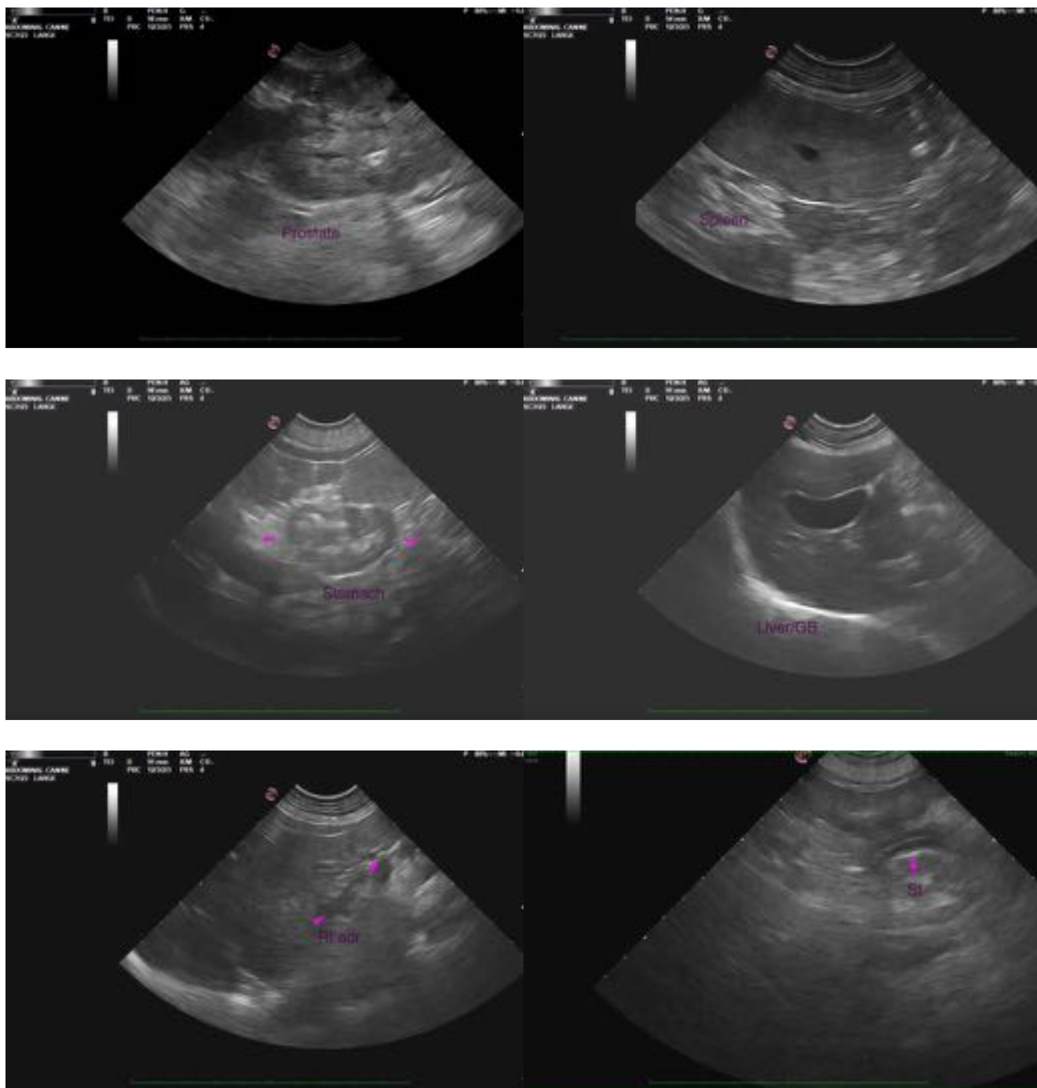
Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.

Supportive care for acute gastroenteritis is recommended.

If clinical signs do not improve within 48-72 hours of aggressive medical management, a more advanced GI work-up (i.e., GI biopsies) may be warranted.

Regarding the left adrenal mass, the following diagnostics can be considered:

1. Baseline blood pressure measurement
2. Thoracic radiographs to assess for pulmonary metastatic disease
3. UPC (if proteinuria is present)
4. Further evaluation for a functional tumor (i.e., low-dose dexamethasone suppression, urine/blood catecholamine levels (Marshfield Laboratory)).
5. Serial sonographic monitoring (i.e, every 1-3 months) of the left adrenal gland can be considered to assess for progression.



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.

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