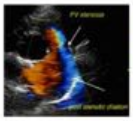
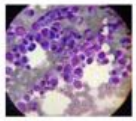
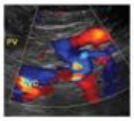

PATIENT

Chloe Arbuckle

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

12 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

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Rochester VH

INVOICE

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DATE

8.8.22

PRESENTING CLINICAL SIGNS

History: Possible UTI, repeat bloodwork. Recheck the liver and gallbladder after starting Ursodiol and monitoring the size of the tumor that is suspected to be on the adrenal gland.

Abnormal PE/Chem/CBC/UA Results: See attached. Last AUS read by Dr. Sennello, please see report for comparison

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 (4.23 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.

The **right kidney** is normal size (4.63 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. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.47 cm at cranial pole) (0.48 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.

The **right adrenal gland** is enlarged (1.78 cm at cranial pole) (0.56 cm at caudal pole); with an irregular shape. A 2.22 by 1.86 cm heterogenous mass with ill-defined hyperechoic to mineralized foci is thought to be arising from the cranial aspect (although a hepatic origin cannot be completely excluded). Glandular echogenicity and detail in the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The **spleen** is normal in size (0.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

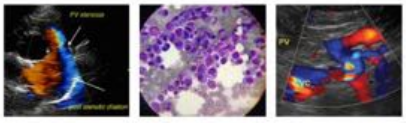
Liver

The **liver** is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. (See also **right adrenal gland.)**

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, organized, partially dependent sludge is observed within the lumen. 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



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected right adrenal mass at the cranial pole (although a hepatic origin cannot be completely excluded). Top differentials include adenoma, adenocarcinoma, pheochromocytoma, a benign process (i.e., excessive nodular hyperplasia) as a less likely possibility. There is no obvious evidence of vascular invasion. The mass is similar in size compared to the previous study.

- The gall bladder changes suggestive of a developing mucocele and are similar to mildly improved compared to the previous sonogram.

Secondary Findings

- Bilateral, chronic, age-related renal changes. The right pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD, or some combination thereof. The pyelectasia was not previously observed.

- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), infectious disease, infiltrative neoplasia (less likely), other hepatopathy, +/- concurrent benign age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Correlation with the patient's most recent liver values is recommended. Changes are similar to the previous study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluated the suspected right adrenal mass, consider the following:

1. An abdominal CT scan is recommended.
2. Consider a baseline blood pressure measurement
3. Also consider hormone testing (i.e., low-dose dexamethasone suppression test and urine/blood catecholamine levels) to assess for a functional tumor (particularly if the patient is exhibiting outward clinical signs such as PU/PD, panting, restlessness).
4. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.

Regarding the gall bladder changes, continuation of Ursodiol therapy is recommended, with serial sonographic monitoring (i.e., every 2-3 months) of the gall bladder to assess for progression.

Regarding the right pyelectasia, a urinalysis +/- urine culture and sensitivity may be warranted.

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svsimagingqc.net 309-737-3070

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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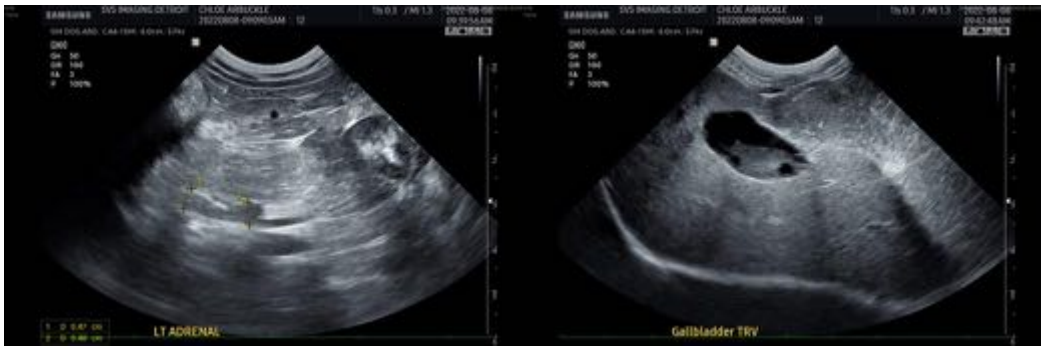

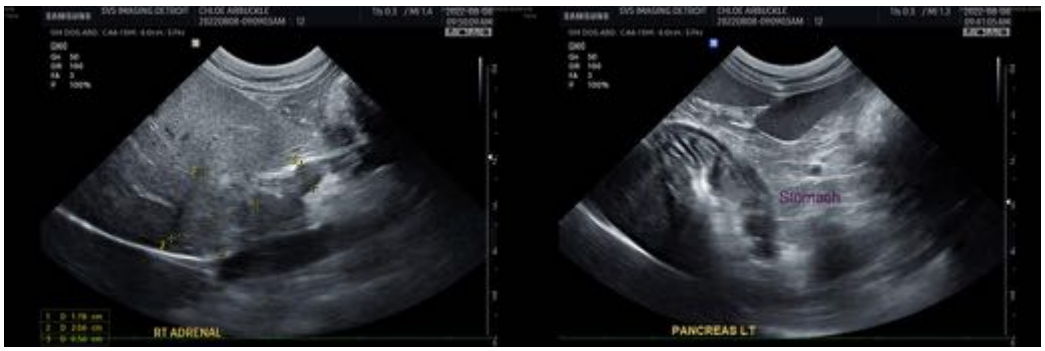

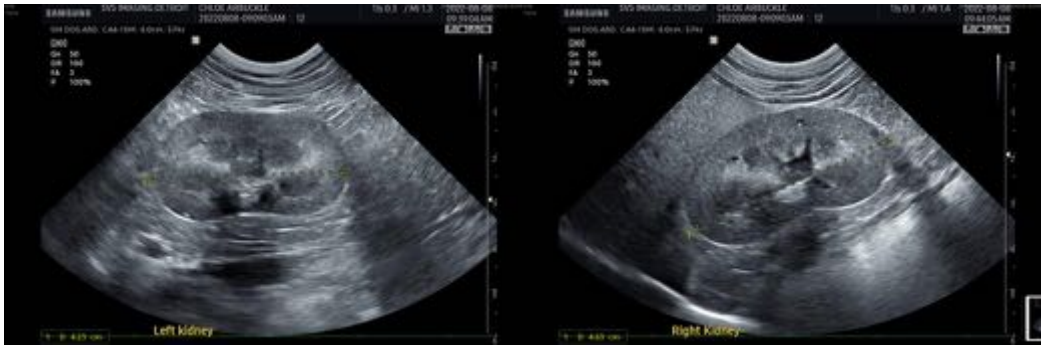

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com