

**DATE PRESENTING CLINICAL SIGNS**

9/13/21

History: Recheck abdomen for enlarged sub lumbar/pelvic nodes for metastasis. Hx of sx removal of apocrine adenocarcinoma.

PATIENT

Abbigail Binetti

Current Medications: No current medications.

Date of Previous IntraPet Ultrasound: 12-18-2020; 3-18-2021.

SPECIES

Canine

Sedation: Not needed.

Stat Report: Not requested.

BREEDEnglish Springer
Spaniel**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Female Spayed

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.

AGE

6/23/11

The left kidney is normal size (5.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

26 lbs.

The right kidney is normal size (4.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is enlarged (0.61 cm at cranial pole) (1.69 cm at caudal pole) (2.87 cm in length) with an irregular shape. A 2.10 x 1.50 cm heterogeneous nodule/mass is observed at the caudal aspect. The lesion causes capsular expansion and loss of glandular detail. The echogenicity and glandular detail at the cranial aspect is normal. There is no obvious evidence of vascular invasion.

HOSPITAL NAME

Essex Middle River VH

The right adrenal gland is normal size (0.55 cm at cranial pole) (0.60 cm at caudal pole) (2.53 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.

REFERRING VET

Dr. Zulty

Spleen

The spleen is normal in size (1.48 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.

INVOICE

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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 moderate amount of echogenic to mineralized debris is observed within the lumen, most of which

is gravity-dependent and some of which is suspended and stranding. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and gas. 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. 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

There is no evidence of free fluid. A 3.10 x 1.65 cm irregular, vascular lymph node is observed at the aortic trifurcation. In addition, a 2.24 cm mesenteric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

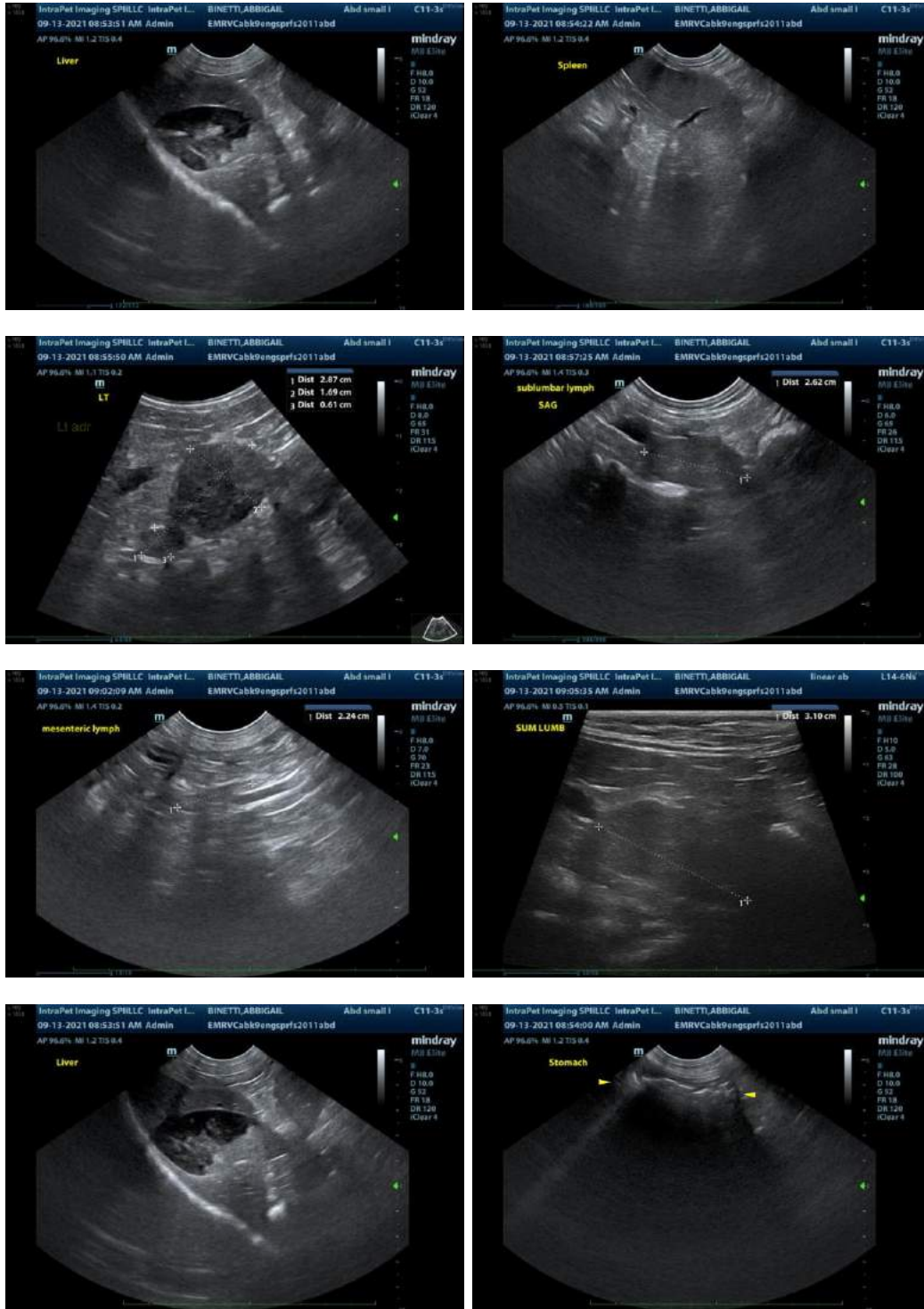
- The enlarged caudal abdominal lymph node has increased in size since the previous scan, which is concerning for the possibility of metastatic neoplasia from the apocrine gland adenocarcinoma. Alternatively, it is possible that benign pathology (i.e., reactive lymphadenitis or lymphoid hyperplasia) may be present.
- Left adrenal nodule/mass. The lesion is similar to slightly larger compared to the previous scan. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) versus a regenerative nodule.

Secondary Findings:

- Bilateral, age-related renal pathology (previously observed).
- Gall bladder debris, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consultation with a board-certified veterinary oncologist is recommended to discuss the growing caudal abdominal lymph node. Surgical removal/biopsy may be necessary to determine if metastatic disease is present.
3. To further evaluate the left adrenal nodule/mass, a low-dose dexamethasone test and urine/blood catecholamine levels can be considered. A baseline blood pressure measurement is 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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