



PATIENT

Hazel Barata

PRESENTING CLINICAL SIGNS

History: ~2 month Hx of hematuria / polyuria / urinating while sleeping. AXR showed probable cystic calculus, mild hepatomegaly.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: (3/16/21) ALT 160, ALP 383. Both ALT and ALP have been chronically elevated.

BREED

Labrador Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 1.54 cm) and irregular with foci of mineralization. A small amount of echogenic debris is suspended within the lumen. The proximal urethral wall is visibly subjectively normal. The lumen is not overtly dilated.

SEX

Female spayed

The left kidney is normal size (7.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 Years

The right kidney is normal size (8.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

80 lbs.

Adrenal Glands

The left adrenal gland is enlarged with a mass-effect (1.90 cm at cranial pole) (1.87 cm at caudal pole) (5.10 cm in length) with an irregular shape. The parenchyma is diffusely heterogeneous with loss of glandular detail. The gland is compressing +/- invading the left renal artery. There is also suspected invasion of the phrenicoabdominal vein.

INTERPRETED BY

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

The right adrenal gland is mildly enlarged (1.13 cm at cranial pole) (0.96 cm at caudal pole) (3.23 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Jessica Miller

Spleen

The spleen is normal in size (1.78 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.78 cm hypoechoic nodule is observed at the cranial aspect. A second hypoechoic nodule measuring 0.81 cm in diameter is also observed just distal to the hilus. Splenic vasculature is normal.

HOSPITAL NAME

Livingston Animal
Hospital

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.

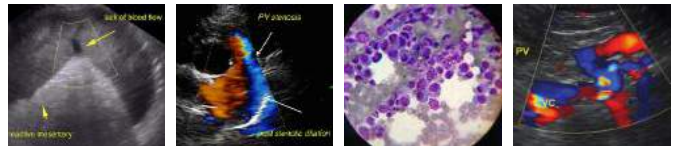
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INVOICE

11815kk

DATE

9/14/21



PATIENT

Gastrointestinal

Hazel Barata

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 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.

SPECIES

Canine

Pancreas

BREED

Labrador Mix

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

Female spayed

Free Abdomen

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

AGE

11 Years

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

80 lbs.

Primary Findings:

- The urinary bladder wall changes could be consistent with infiltrative neoplasia (i.e., transitional cell carcinoma) or polypoid cystitis.
- Left adrenal mass-effect. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, adenoma) is suspected with a lower possibility of benign pathology (i.e., nodular hyperplasia). There is concern for vascular invasion.
- The right adrenomegaly is thought to represent more benign pathology (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

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(*Small Animal Internal
Medicine*)

Secondary Findings:

- Minor, age-related renal changes.
- The splenic nodules trend towards the benign with a lower possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

IMAGING PERFORMED BY

Jessica Miller

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A urine BRAF test is recommended to further assess for lower urinary tract neoplasia.
3. To further evaluate the left adrenal mass effect, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels. A baseline blood pressure measurement is also recommended.

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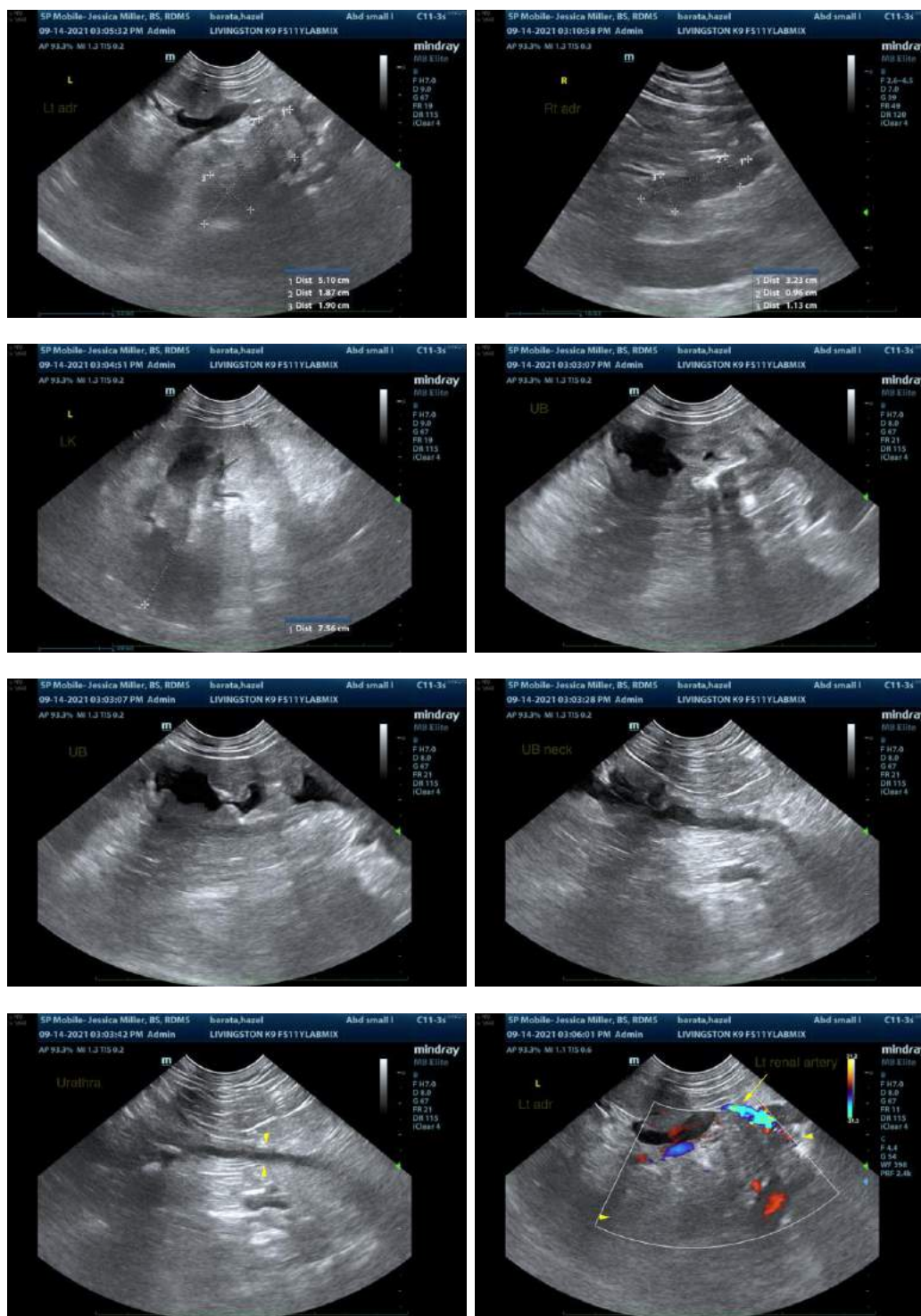
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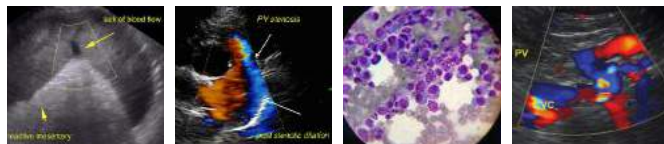
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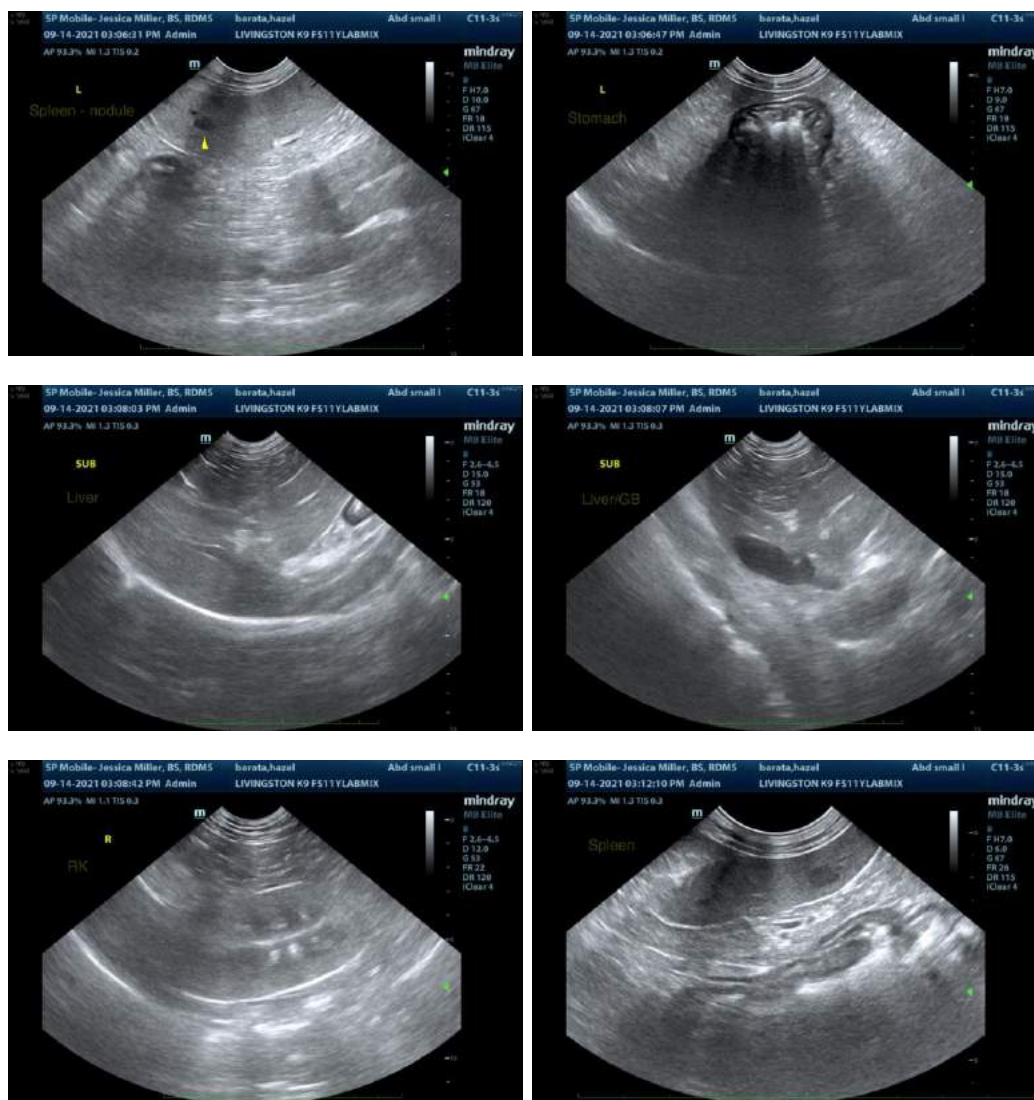
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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