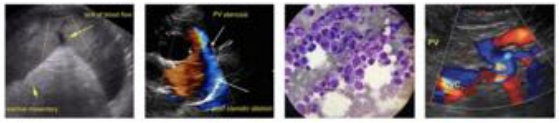

PATIENT

Sparkles Cherry

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

11.21.2010

WEIGHT

63.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Southside AH

REFERRING VET

Dr Jamie Carroll

INVOICE

11666

DATE

9.22.22

PRESENTING CLINICAL SIGNS

Previously diagnosed with a right adrenal gland adenocarcinoma with vascular invasion which was removed surgically. Had been doing well. In the past month has become PU/PD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is 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 2-3 cm, are normal.

The **left kidney** is normal size (6.15 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.

The **right kidney** is normal size (7.44 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.

Adrenal Glands

The **left adrenal gland** is small in size (0.41 cm at cranial pole) (0.42 cm at caudal pole); with normal curvilinear peripheral contours; 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** was previously removed. In the region of the right adrenal fossa, a 2.44 x 1.66 cm echogenic nodule/mass is visualized.

Spleen

The **spleen** is normal in size (1.82 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.

Liver

The **liver** is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. On the right side, two to three coalescing heterogenous masses are observed adjacent to the diaphragm. One of the larger masses measures approximately 4.10 cm in diameter. One of the masses is invading into the caudal vena cava. The remaining hepatic parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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.

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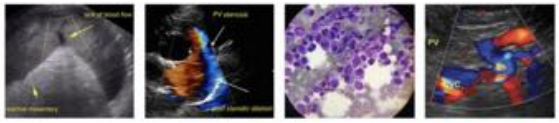

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Pancreas

The base/right limb of the **pancreas** is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. A small amount of free fluid is present in the cranial abdomen. The abdominal **lymph nodes** are normal/not visible.

Other

A **brief echocardiogram reveals** no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The nodule in the region of the right adrenal fossa is concerning for recurrence of the right adrenal adenocarcinoma.
- Hepatic masses with caudal vena cava invasion. These lesions are also concerning for recurrence/metastasis of the previously removed right adrenal adenocarcinoma. The mild cranial abdominal peritonitis is likely secondary to hepatic pathology.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral age-related renal changes
- The small left adrenal gland is likely secondary to atrophy due to functional adrenal tissue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If an aggressive approach is desired, consider consultation with a board-certified surgeon or oncologist to discuss mass removal/debulking or chemotherapy options, respectively. An abdominal CT scan would be useful in presurgical planning. Alternatively, symptomatic treatment (i.e., Trilostane) can be considered if functional metastatic lesions are confirmed via ACTH stimulation test or low-dose dexamethasone suppression test.

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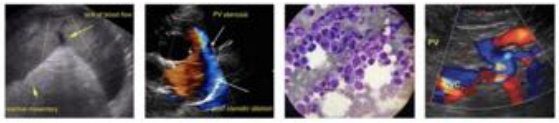

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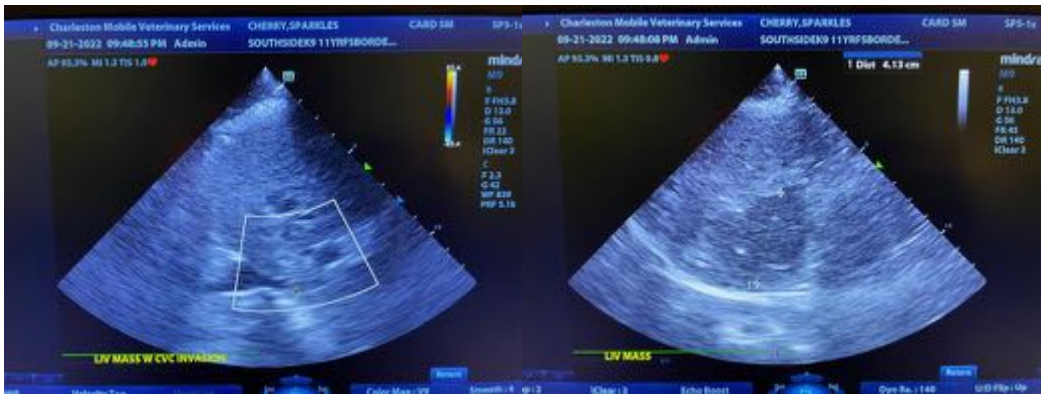

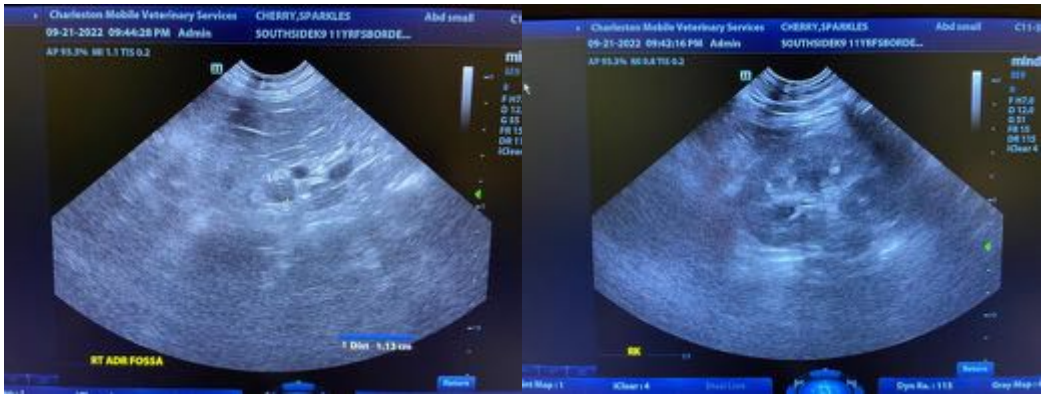

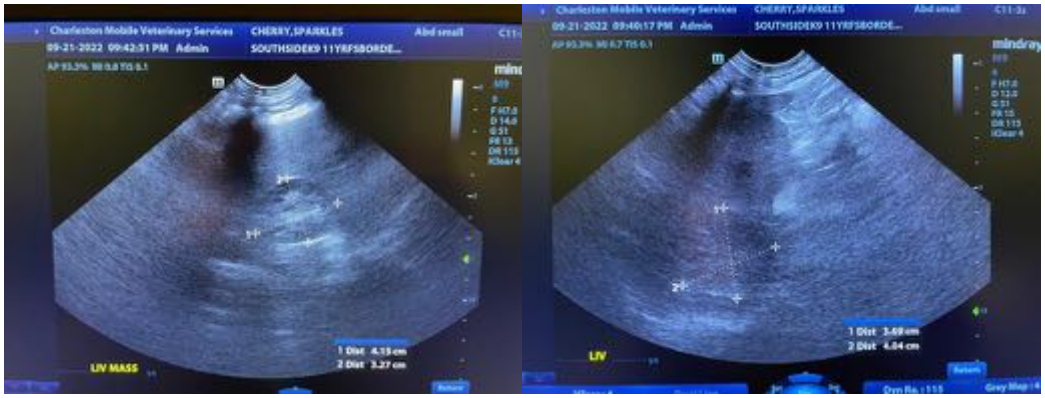

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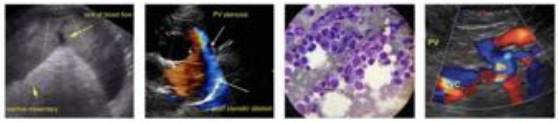

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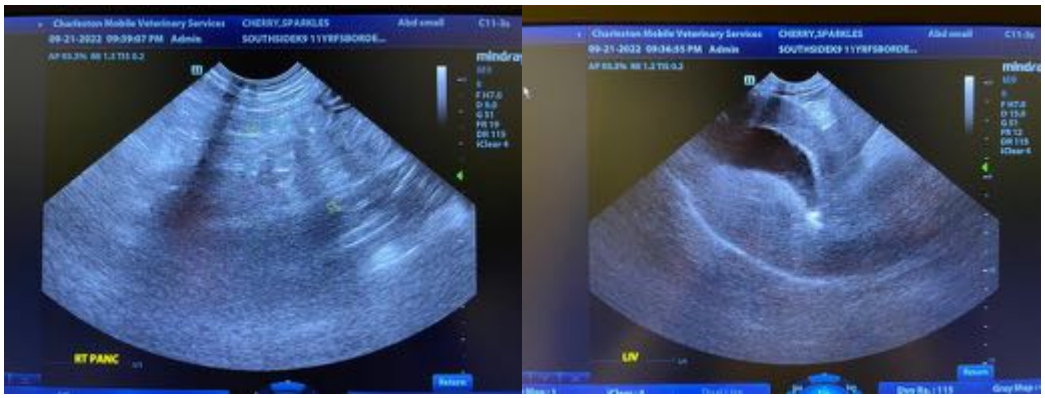

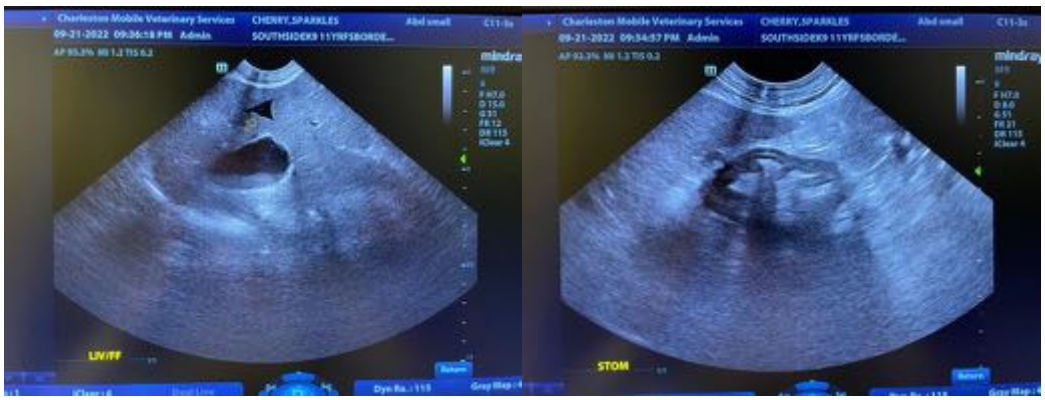

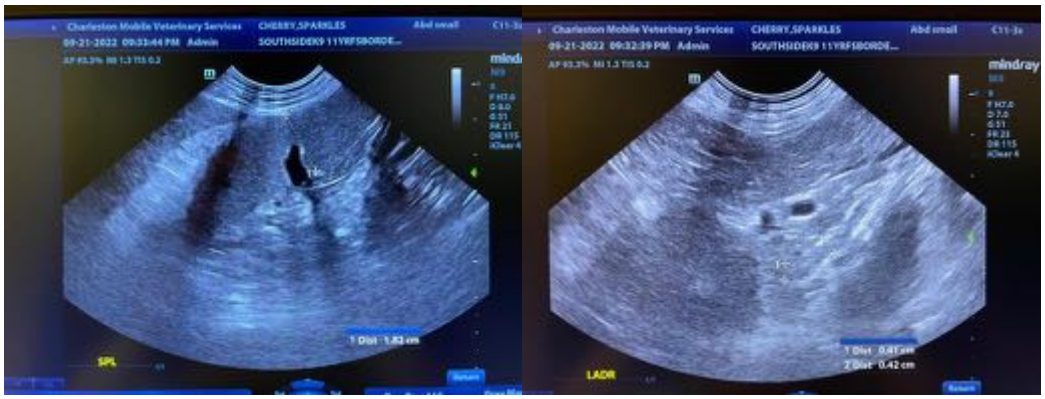

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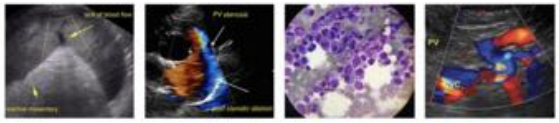

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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