



PATIENT

Teddy Franklyn

PRESENTING CLINICAL SIGNS

History: Anemic, R/O abdominal mass.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

BREED

Collie Mixed Breed

The prostate is normal in size (1.62 cm in length; 1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Male Neutered

The left kidney is normal size (6.22 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

12 years

The right kidney is normal size (5.87 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

35 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.50 cm at caudal pole) (1.81 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.

INTERPRETED BY

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

A 3.51 x 2.93 cm well-defined, heterogeneous, vascular mass is observed in the region of the right adrenal gland. No obvious normal right adrenal parenchyma is seen. There was no obvious evidence of vascular invasion. The mesentery effacing the serosal surface is mildly hyperechoic.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

The spleen is subjectively enlarged (2.30 cm in width at the level of the hilus) with rounded to irregular peripheral contours and focal areas of capsular expansion. The parenchyma is diffusely mottled in appearance with numerous, varying-sized, ill-defined, hypoechoic areas throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

New Bridge Veterinary
Practice

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 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.

REFERRING VET

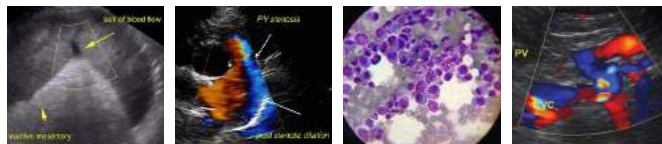
Dr. Glennon

INVOICE

11881kk

DATE

9/23/21



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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. 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. 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:

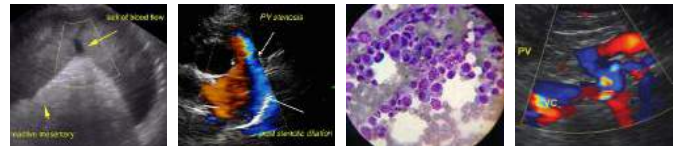
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor); although, benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia) cannot be completely excluded.
- Mass in the right cranial quadrant, suspected to be of right adrenal origin. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is considered likely with a low possibility of benign pathology.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the spleen is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
3. To further evaluate the adrenal mass, consider a low-dose Dexamethasone suppression test, urine/blood catecholamine levels, and baseline blood pressure measurement.
4. If a right adrenalectomy is to be pursued, an abdominal CT scan would be useful in pre-surgical planning, particularly in the assessment of vascular invasion. Referral to a board-certified veterinary surgeon is strongly recommended if surgery is desired.



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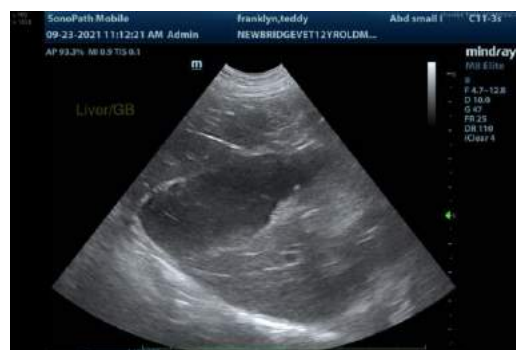
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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