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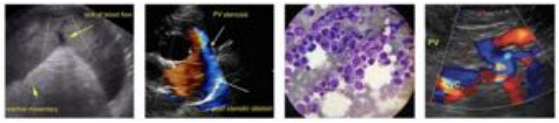


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Bailey Dalton

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered Male

AGE

10.17.2006

WEIGHT

8.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Spec MP Emerg Dept

REFERRING VET

Dr. Christina Brown

INVOICE

11708

DATE

9.26.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Bailey presents as DT for elevated kidney levels. O states, P was seen with ERMP on Thursday due to P vomiting Wednesday. BW showed elevated kidney levels and USG at1.046. P went home with OP (SQF, Prilosec and Gabapentin). O began to hand feed chicken at home. O gave Gabapentin once due to P becoming very unstable. P was not getting any better, so O took to rDVM this morning. BW showed kidney levels higher than before and USG at 1.016 today. P was sent to ER for continued care. O gave Prilosec this morning (7:30am) only. No V/D/C/S. P is current on vaccines and monthly prevention.

Presenting PE:
Mentation: Quiet, alert and responsive.

Hydration: 5-7% dehydrated Eyes, Ears, Nose: No ocular discharge OU, lenticular sclerosis OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted Oral Cavity: Moderate dental tartar and calculus; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous. Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Neurologic: Appropriate mentation, normal CNN, discomfort on lower cervical palpation; no CP deficits Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation Rectal: Loose stool with no mass or foreign material evident; anal glands soft and small, not expressed Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale Musculoskeletal: BCS 5/9, noted epaxial cachexia, mild right forelimb lameness, no pain on ROM or palpation of limb

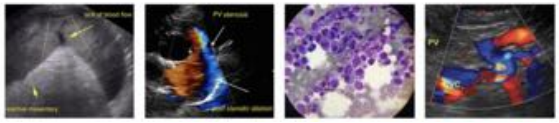
Abnormal lab-work values: rDVM diagnostics 9/24/22: - CBC: WBC 29.45 (H), Neut 26.69 (H) - Chem: ALP 220 (H), Amyl 1507 (H), BUN 83 (H), Creat 3.7 (H), Phos 8.0 (H), Glu 132 (H), TP 8.6 (H), Glob 5.5 (H) - USG: 1.016 Diagnostics here 9/24/22 - Lactate: 5.9 - BP: 118 - UA: suspect cocci present Diagnostics here 9/25/22 - Chem 10: Creat 2.5 (H), BUN 67 (H), ALP 258 (H), Na 164 (H)

For ECHO Only: Blood Pressure: 118
HR/RR/BP: 110/30/118
Is there a Heart Murmur? If so, please grade: no murmur appreciated

Current Medications: IVF, cerenia, protonix, unasyn

Radiographic Findings: 3v T&AXR (submitted for radiologist review): Findings: Six radiographs of the thorax and abdomen are submitted for evaluation. What is likely a pulmonary mass is identified in the left cranial lung lobe. This is best appreciated on the VD projection. The cardiac silhouette and pulmonary vasculature appear normal. The liver, spleen, both kidneys, and the bladder are visible and appear normal. The stomach is partially filled with what appears to be food material. Degenerative spinal changes are evident and are likely incidental in a patient of this age without reported neurologic deficits.

Assessment:
There is strong suspicion for a mass within the left cranial lung lobe. An ultrasound examination of this area is recommended to confirm. A primary lung tumor is the most likely cell type, although the possibility of a mediastinal mass cannot be completely ruled out.



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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 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 **prostate** is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.15 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. Renal vasculature is normal.

The **right kidney** is normal size (4.14 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. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is enlarged (2.64 cm at cranial pole) (1.59 cm at caudal pole) (3.80 cm in length); with a mass effect. The gland is irregular in shape, with heterogenous parenchyma. Surrounding mesentery is hyperechoic. There is no obvious evidence of vascular invasion.

The **right adrenal gland** is normal size (0.73 cm at cranial pole) (0.43 cm at caudal pole) with a slightly irregular shape. An ill-defined hyperechoic area is observed at the cranial aspect. Glandular echogenicity and detail ate the caudal aspect are normal. Surrounding vasculature appears normal.

Spleen

The **spleen** is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.55 cm hyperechoic nodule is observed at the lateral aspect. In addition, a few ill-defined myelolipomas are seen. Splenic vasculature is normal.

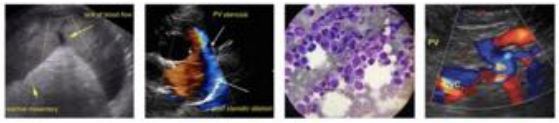
Liver

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 3.20 x 1.40 cm heterogenous nodule/mass is observed in the region of the right medial lobe. In addition, a few ill-defined hyperechoic nodules/areas are also observed throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.



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Pancreas

The base and limbs of the **pancreas** are 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.

Free Abdomen

A trace amount of peritoneal and retroperitoneal fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. In the left cranial hemithorax, a 3.32 x 2.26 cm irregular hypoechoic to slightly heterogenous vascular mass is visualized. The right hemithorax is unremarkable. There is no evidence of pleural effusion.

ULTRASONOGRAPHIC FINDINGS OF THE ABDOMEN

Primary Findings

- Large left adrenal mass with adjacent peritonitis. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is considered likely, with a lower possibility of a benign process.
- The bilateral renal changes are most consistent with chronic degenerative renal disease.
- The hepatic nodules could be consistent with a benign process (i.e., nodular hyperplasia). Alternatively, metastatic or inflammatory disease may be present.

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.

ULTRASONOGRAPHIC FINDINGS OF THE THORAX

- Left cranial thoracic mass. Neoplasia (i.e., primary lung tumor, round cell tumor, metastatic disease, other) is likely, with a lower possibility of an inflammatory or other benign process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the azotemia, a urine culture and sensitivity is recommended, along with a UPC (if the patient has proteinuria). Continued IV fluid diuresis is recommended along with symptomatic care and broad-spectrum antibiotics.

Regarding the cranial thoracic mass, a fine-needle aspirate can be considered (if clotting status is appropriate). A 25-gauge needle should be used.

Regarding the left adrenal mass, further diagnostics could include the following:

1. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
2. An abdominal CT scan to further assess for vascular invasion.

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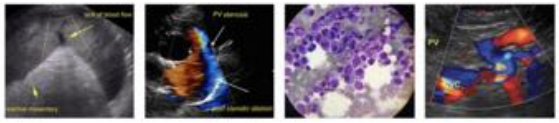

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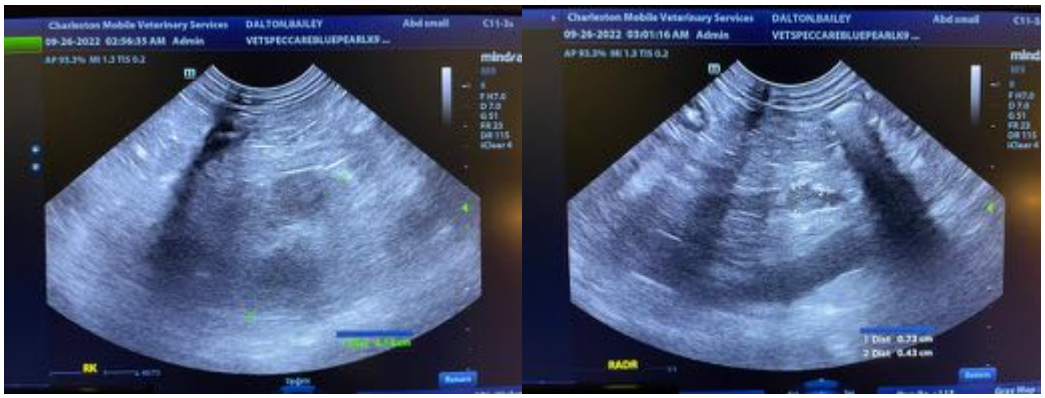

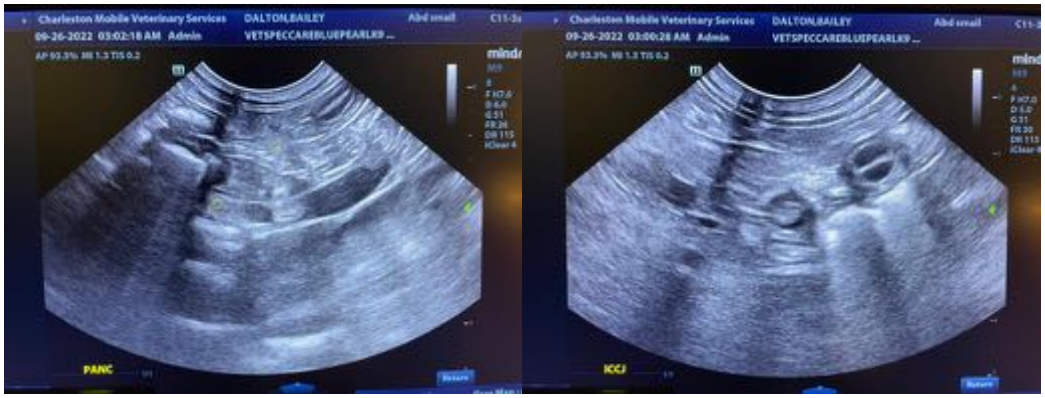

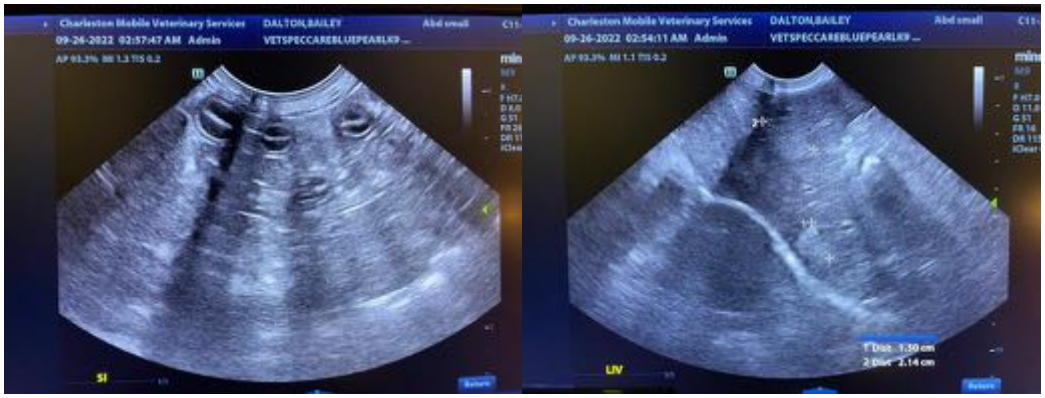

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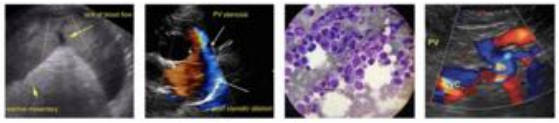

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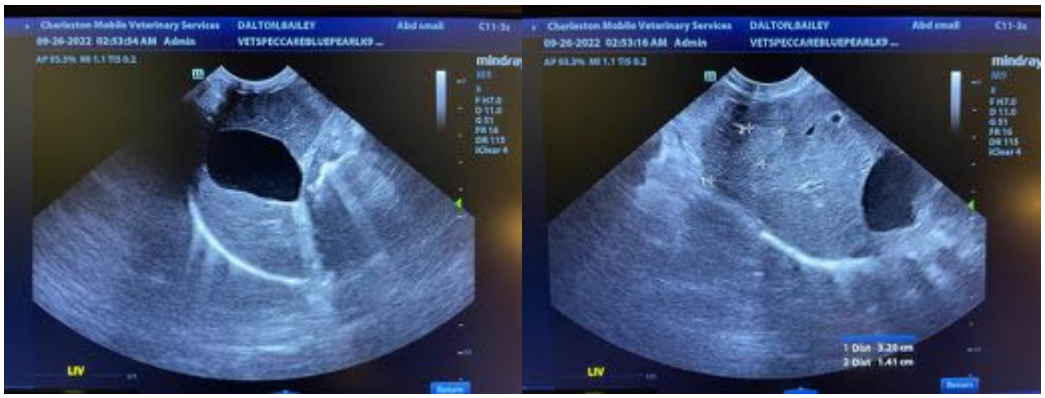

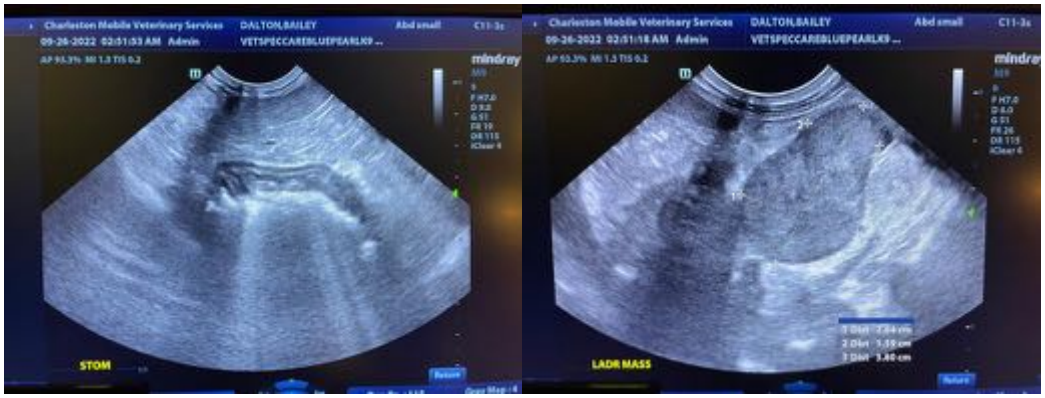

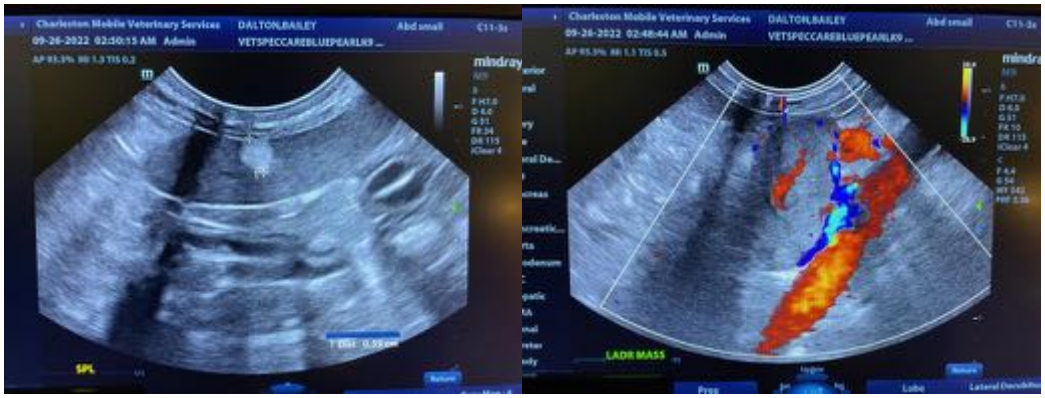

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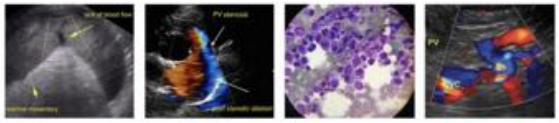

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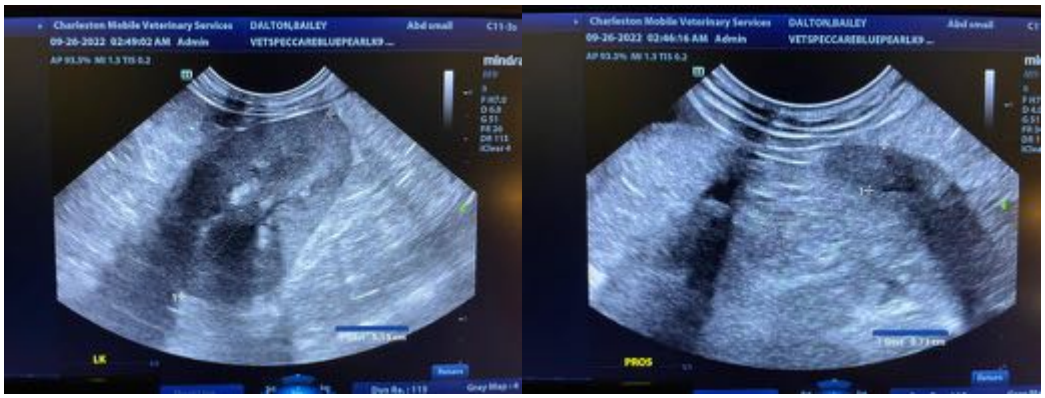

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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