

**DATE PRESENTING CLINICAL SIGNS**

9/28/21

History: Madison presented on 9/25/21 for chronic intermittent bilious vomiting decreased appetite and lethargy since 9/14/21. Weight loss of 12 lbs. since June 2021, of which 5 lbs. have been lost since 9/9/21. Normal urination and stool, except on 9/23 stool had some mucous with it. BAR on exam, vital parameters WNL, mildly tacky MM. No changes in masses from exam on 9/9/21. Brief focused ultrasound reveals no evidence of fluid within the uterus. Madison was examined on 9/9/21 for evaluation of cutaneous masses and was doing well otherwise. At that time a firm mass along mammary chain diagnosed 9/9/21, many other suspected lipomas also noted. Also at that time, suspect laryngeal paralysis, interdigital dermatitis and hind limb weakness also noted.

PATIENT

Madison Murter

SPECIES

Canine

BREED

Labrador retriever

SEX

Female, intact

Current Medications: Cerenia 60mg - 1/2 PO q 24hours x 3-5 days, Sucalfate 1 g - 1 PO q 8 hours x3-5days, Pepcid 20mg - 2 PO q12 hours x3-5 days, Hill's RX diet i/d canned - 4 cans/day divided in to 3-4 meals/days for the next 3 days, then gradual transition back to normal diet if no further vomiting.

Lab Results: Senior Profile - sent out 9/25/21.

Radiographs: Thoracic radiographs 9/25/21- multi-focal to diffuse dystrophic mineralization suspect age related as consistent with radiographs from June 2020.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Approved/Requested.

AGE

4/27/2011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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.

The left kidney is normal size (7.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.87 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Bel Air VH

Adrenal Glands

The left adrenal gland is enlarged (1.08 cm at cranial pole) (1.78 cm at caudal pole) (3.07 cm in length) with an irregular shape. A 2.44 x 1.96 cm heterogeneous nodule/mass is observed in the mid to caudal aspect. The parenchyma in the cranial pole is also slightly heterogeneous with loss of glandular detail. There is no obvious evidence of vascular invasion.

REFERRING VET

Dr. Young and Dr.
 Schmidt

The right adrenal gland is normal size (0.50 cm at cranial pole) (0.59 cm at caudal pole) (2.35 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.

INVOICE

12269

Spleen

The spleen is normal in size (2.18 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 prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. Numerous varying size heterogeneous nodules are observed throughout the parenchyma. There is no visibly normal hepatic tissue. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. 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. 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

The mesentery in the cranial abdomen, surrounding the liver, is hyperechoic. A small amount of free fluid is visualized. The abdominal lymph nodes are normal/not visible.

Other

The uterine body is visible and normal in size (0.63 cm in width). No obvious pathology is observed.

The left ovary is subjectively normal in size (1.96 x 0.94 cm) with a normal shape. A 1.34 cm cystic area is observed. The remaining parenchyma is homogeneous.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are concerning for diffuse infiltrative neoplasia (i.e., carcinoma, round cell tumor). Benign pathology (i.e., diffuse abscessation) cannot be excluded but is considered less likely. Regional peritonitis is present.
- Left adrenomegaly with a nodule/mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs nodular hyperplasia. A neoplastic process is favored.

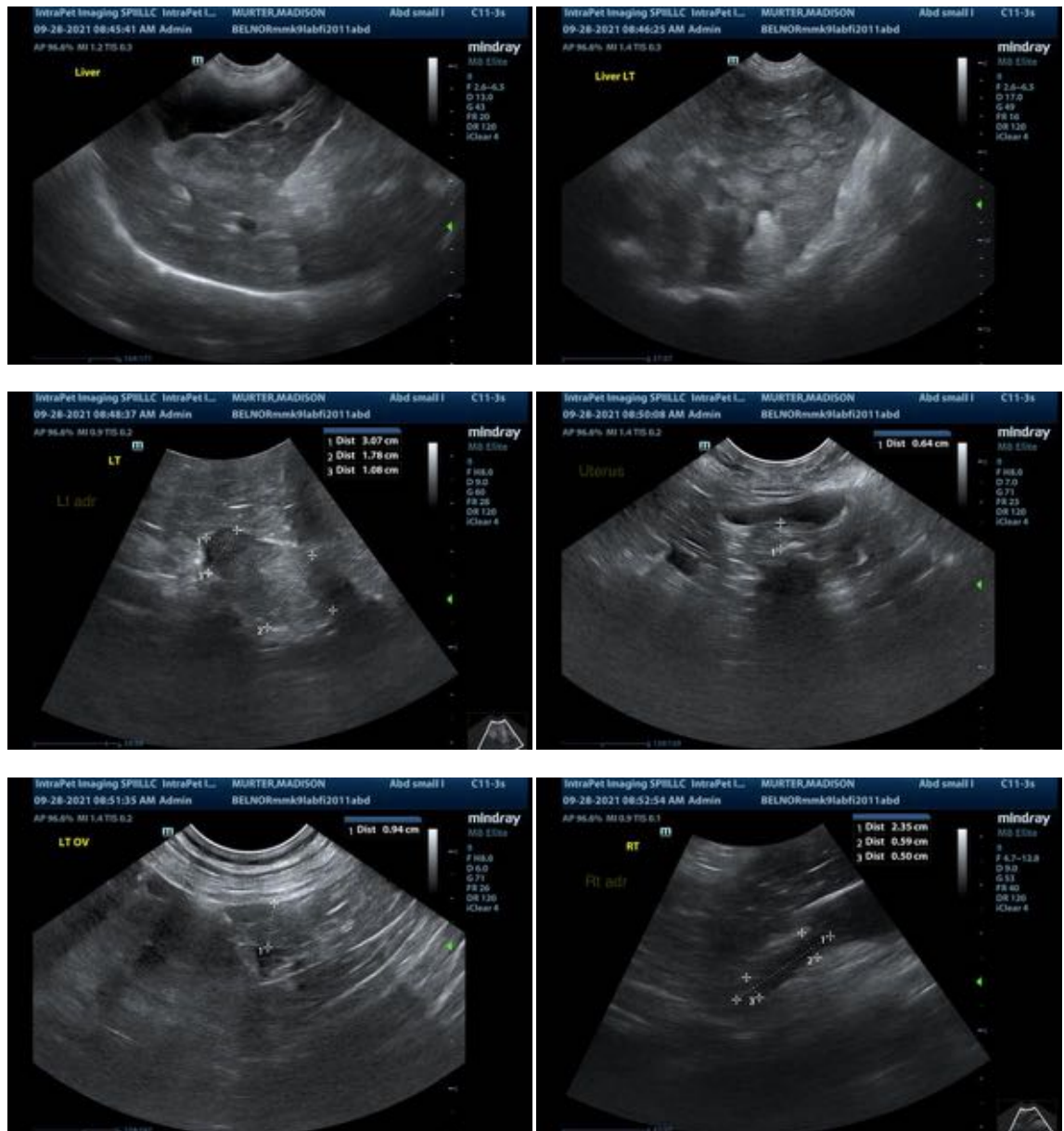
Secondary Findings:

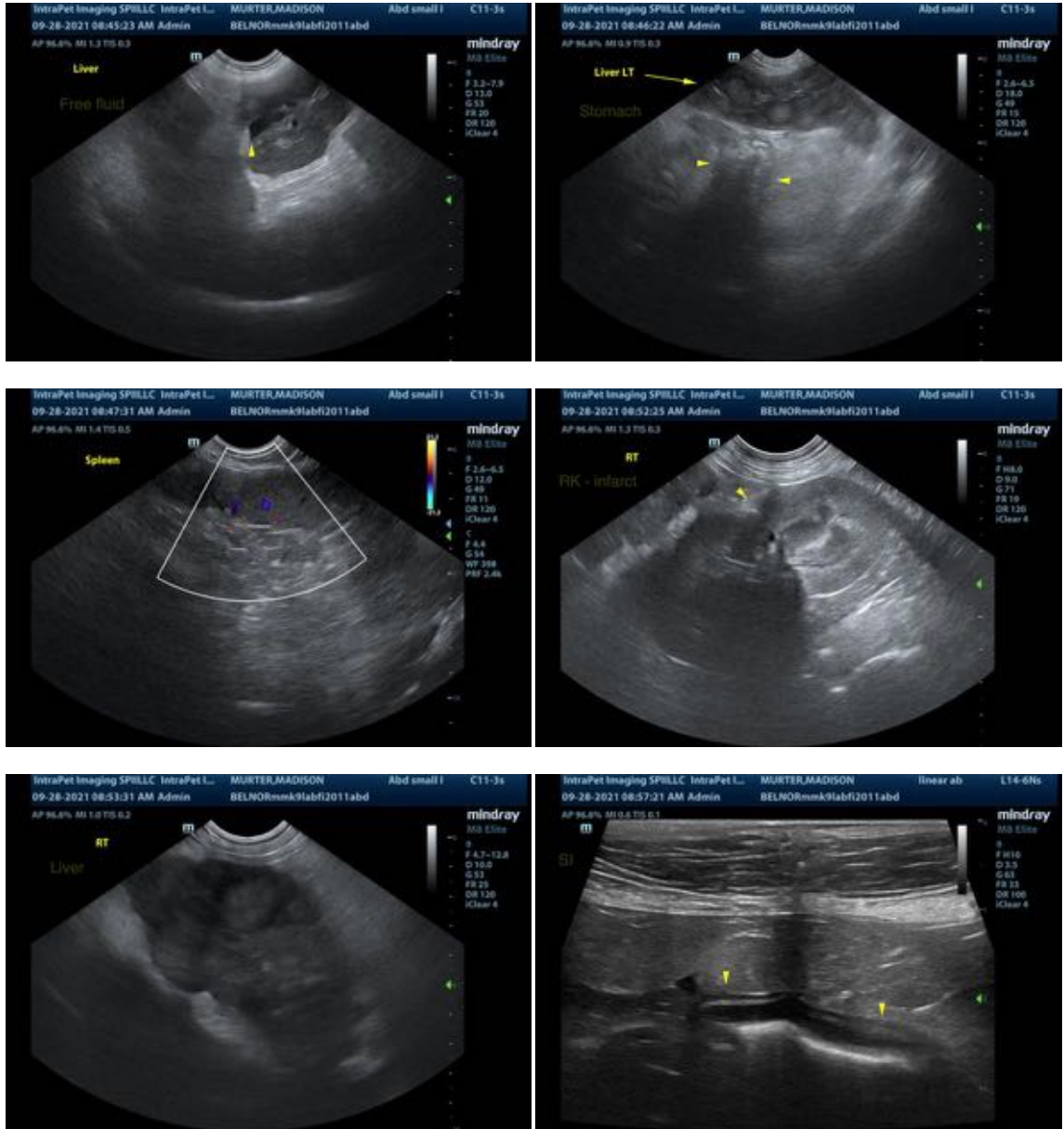
- Right renal infarct with age-related pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered (if clotting status is appropriate). A 25 gauge needle should be used. It should be noted, however, that primary hepatic tumors are difficult to diagnose cytologically. If cytology results are inconclusive, a liver biopsy can be considered. However, given the diffuse pathology, the prognosis is considered guarded.

- If further evaluation of the left adrenal gland pathology is to be pursued, consider a low-dose dexamethasone suppression test, urine and blood catecholamine levels and a baseline blood pressure measurement.





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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