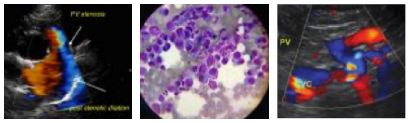
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9.8.2022

PATIENT

Cooper Kearney

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7/25/2012

WEIGHT

76lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Kablis

INVOICE

11610

PRESENTING CLINICAL SIGNS

Not eating well, mild weight loss. Recently started Fluoxetine 4 weeks ago.

Current Medications: Fluoxetine 30mg SID recently decreased dose.
Radiographs: Mass effect mid abdomen; caudal displacement of SI.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 mildly to 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 (1.54 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 (6.66 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 (7.24 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.

Adrenal Glands

The **left adrenal gland** is enlarged (1.24 cm at cranial pole) (1.77 cm at caudal pole) (4.72 cm in length); with an irregular shape. A 3.21 x 1.68 cm hyperechoic to heterogenous, vascular mass is arising from the mid to caudal aspect. The mass appears to be invading into the phrenicoabdominal vein, which is dilated (up to 0.91 cm) and filled with echogenic tissue. There is suspected slight invasion of the mass into the caudal vena cava, as a 0.53 cm aggregation of echogenic tissue is observed within the lumen.

The **right adrenal gland** is normal size (1.05 cm at cranial pole) (0.73 cm at caudal pole) (3.68 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.

Spleen

The **spleen** is prominent in size (2.35 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely and severely mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 moderate

amount of echogenic debris is observed within the lumen, most of which is gravity dependent and some of which is suspended. 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.

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. A 1.82 cm medial iliac **lymph node** is visualized.

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass with vascular invasion. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected.
- The splenic changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar) cannot be excluded.

Secondary Findings

- The hepatic parenchymal changes are most consistent with age-related remodeling. However, infiltrative neoplasia or other hepatopathies can be considered. Correlation with the patient's liver values is recommended.
- Gall bladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

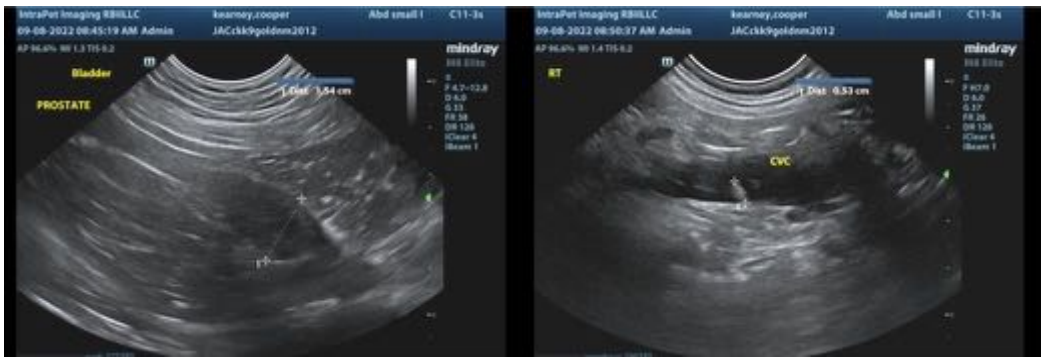
Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine-needle aspirate of the spleen is recommended if clotting status is appropriate. A twenty-five-gauge needle should be used.

To further evaluate the left adrenal mass, consider the following:

1. Baseline blood pressure measurement to assess for systemic hypertension
2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels
3. UPC (if proteinuria is present)
4. Consider consultation with a board-certified surgeon to discuss a left adrenalectomy. An abdominal

CT scan would be useful in presurgical planning.



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