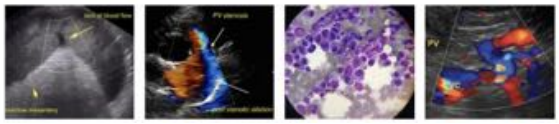


PATIENT

Mary Kate Atkay

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

1/26/2012

WEIGHT

8 lbs.

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

Sun Dog Cat Moon VC

REFERRING VET

Dr. Abby Clayton

INVOICE

13778

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Presented for annual wellness exam on 7/14/22. PE unremarkable.

BW showed trending increased liver enzymes- ALP 565, ALT 145, thrombocytosis. In June albumin was mildly low at 2.6. USG 1.014. Pre-bile acids 43, post mid 30s, resting cortisol 1.0.

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 left kidney is normal size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (3.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mils 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 (1.28 cm at the cranial pole) (0.43 cm at the caudal pole) (2.10 cm in length) with an irregular shape and a mildly heterogeneous mass effect (2.10 x 1.50 cm) at the cranial to mid aspect. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal to slightly small in size (0.57 cm at cranial pole) (0.26 cm at caudal pole) (1.24 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.

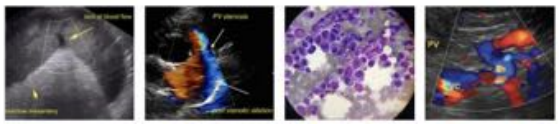
Spleen

The spleen is subjectively normal in size. A 0.81 x 0.65 cm irregular slightly heterogeneous nodule is observed near the cranial aspect. The nodule causes mild capsular expansion. The remaining parenchyma is relatively homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic to isoechoic relative to the spleen and mildly heterogeneous in appearance. An approximately 3 cm ill-defined, hypoechoic to mildly heterogeneous area is observed adjacent to the diaphragm. 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 moderate amount of aggregated echogenic mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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. At the level of the ileocecocolic junction, the proximal colon appears thickened (up to 0.36 cm) with questionable retention of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining colonic wall is normal in thickness. There is no obvious 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

Trace free fluid is observed. 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:

- Left adrenal mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs excessive regenerative nodular hyperplasia. A neoplastic process is favored.
- The hepatic parenchymal changes trend toward the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy with a lower possibility of inflammatory disease, particularly in light of the liver enzyme distribution. The 3 cm ill-defined, hypoechoic hepatic lesion may represent a region of excessive nodular hyperplasia or an emerging tumor.
- The thickening at the ileocecocolic junction/proximal colon could be consistent with emerging neoplasia, inflammatory disease or hypertrophy. Mild adjacent peritonitis is present.
- Splenic nodule. Differentials include emerging tumor vs a focus of lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or similar.

Secondary Findings:

- Gallbladder sludge, non-mucocele.
- Bilateral, chronic, non-specific age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the left adrenal tumor, consider the following:
    1. Three-view thoracic radiographs to assess for pulmonary metastatic disease.

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2. Baseline blood pressure measurement.
3. +/- further testing (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) to assess for a functional tumor.

- Regarding the thickening at the ileocecocolic junction, surgical biopsies would be necessary to get a definitive diagnosis. Alternatively, a recheck ultrasound in 4-6 weeks can be considered to assess for progression.
- Regarding the hepatic changes and splenic nodule, surgical biopsies of these areas can be considered. Alternatively, reevaluation via sonography in 4-6 weeks is recommended.

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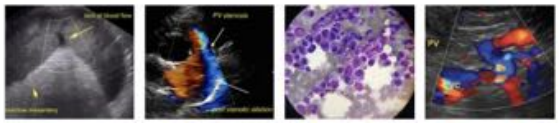

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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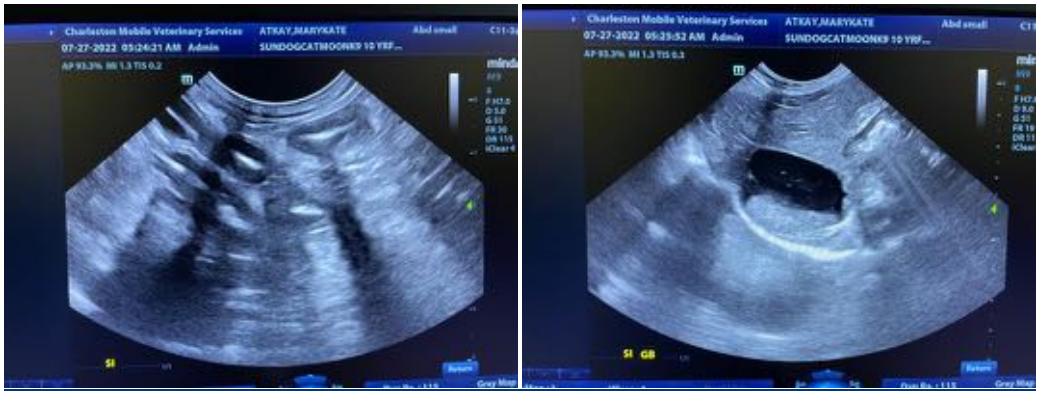

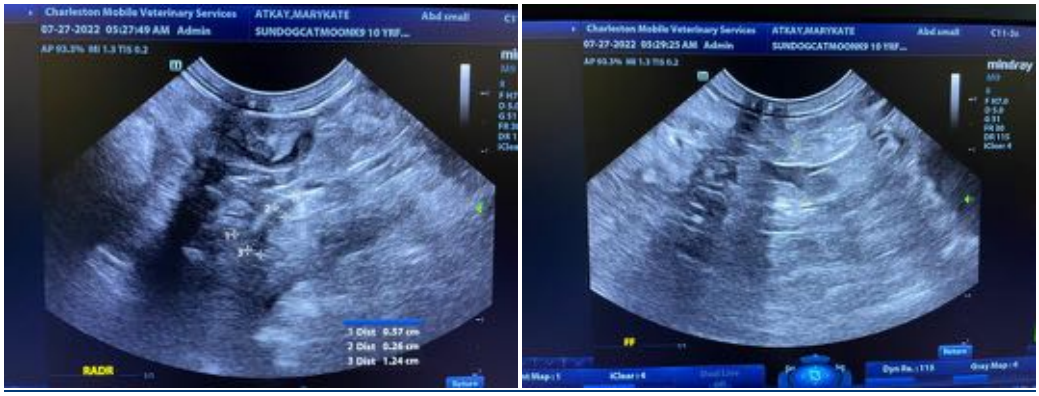

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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