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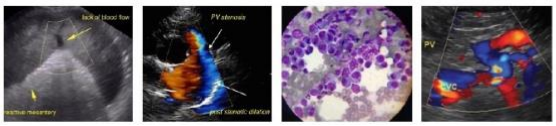


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tucker Hooper

SPECIES

Canine

BREED

Springer

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Bronte Village AH

REFERRING VET

Dr. McGrath

INVOICE

12915

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: elevated ALp, proteinuria
Abnormal PE/Chem/CBC/UA Results: ALP 1500

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface in the region of the apex is subtly irregular. 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 not definitively visualized due to its pelvic location.

The left kidney is normal size (5.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 (6.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 mildly enlarged (1.38 cm at cranial pole) (0.82 cm at caudal pole) (3.27 cm in length) with a slightly irregular shape. A 2.24 x 1.21 cm irregular hyperechoic to heterogeneous nodule/mass is observed at the cranial to mid-aspect. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

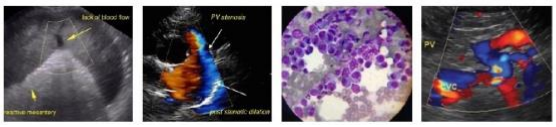
The right adrenal gland is normal size (1.73 cm at cranial pole) (0.67 cm at caudal pole) (2.80 cm in length); normal shape; homogenous parenchyma. A 0.92 x 0.46 cm irregular, hyperechoic nodule/area is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A 2.20 x 1.99 cm irregular heterogeneous nodule/mass with hyperechoic areas is arising from the medial aspect. The mass causes capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

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



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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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

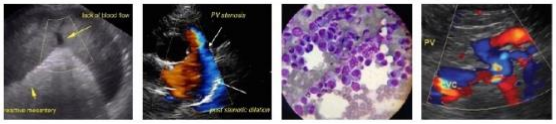
- Splenic mass. Differentials include neoplasia (i.e., sarcoma, round cell tumor) vs a benign process (i.e., myelolipoma or focus of lymphoid hyperplasia).
- An obvious cause for the elevated ALP is not identified in the study. However, given the unremarkable sonographic appearance of the liver, a benign hepatopathy is suspected.
- Left adrenal nodule/mass. Differentials include emerging neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs benign regenerative nodule. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of neoplasia.

Secondary Findings:

- Bilateral degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic nodule/mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. Also consider a fine needle aspirate of the lesion if clotting status is appropriate.
- Regarding the proteinuria, a UPC is recommended.



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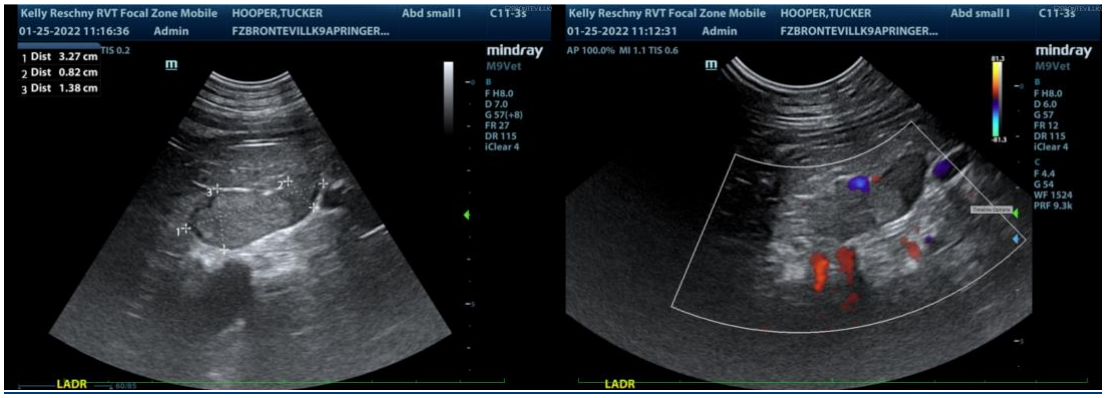
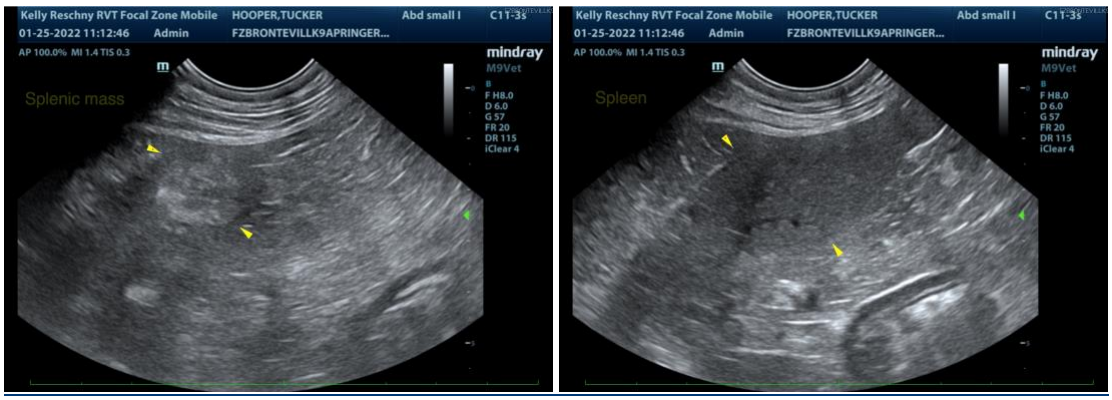
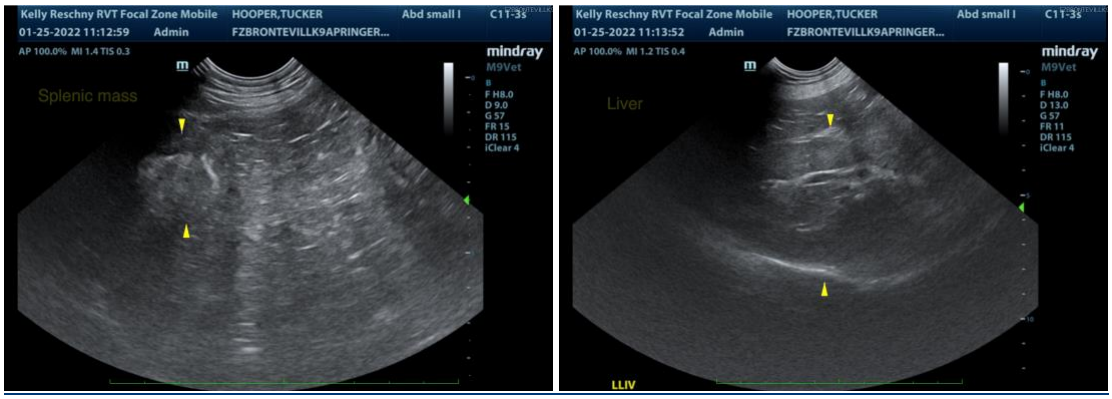
- Regarding the elevated ALP, serial monitoring (i.e., every 3-4 months) is recommended. In light of the left adrenal changes, also consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). A baseline blood pressure is also recommended. Urine/blood catecholamine levels can also be considered to further evaluate for pheochromocytoma, although this tumor does not typically cause an elevation in the ALP.







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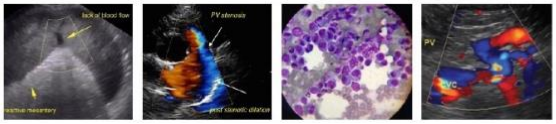

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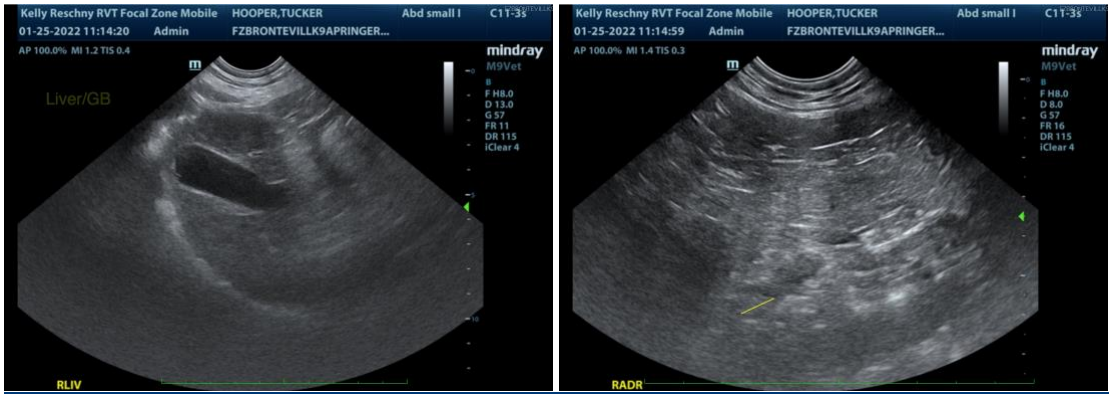

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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