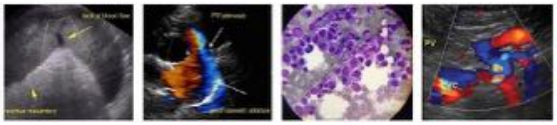


PATIENT

Lily Schwan

SPECIES

Canine

BREED

Pug/French Bulldog mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

17.8 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Kennedy

DATE

2/21/23

PRESENTING CLINICAL SIGNS

History: Overweight, poor hair coat, PU/PD, otitis and chronic cough with some weight loss. Has been on Aurizon for ears. HR 144BPM, RR panting. BP 106/80 HR 126, 119/82 HR 114, 156/102 MAP 118 HR 121.
Abnormal PE/Chem/CBC/UA Results: TT4 12(13-51) Albumin 40(22-39) Rads suggestive of left ventricular enlargement but no signs of pulmonary edema. Looks more like chronic bronchitis. Prominent caudal pulmonary vessels.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.10 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 (6.19 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 (2.87 cm at cranial pole) (1.27 cm at caudal pole)(5.37 cm in length) with an irregular shape. A 3.63 x 2.87 cm hyperechoic to slightly heterogeneous mass is observed at the cranial aspect. A 1.13 x 0.95 cm cystic area is observed within the mass along with several other smaller, ill-defined cystic areas. The parenchyma at the caudal pole is mildly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

What is thought to be the caudal pole of the right adrenal gland is mildly enlarged (0.81 cm in width) with mildly heterogeneous parenchyma. Surrounding vasculature appears normal.

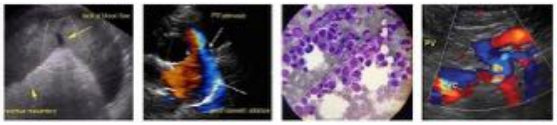
Spleen

The spleen is normal in size (1.76 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains a small amount of mostly gravity-dependent echogenic to mineralized debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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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 right limb of the pancreas is normal in size 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

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:

- Left adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected. However, benign nodular hyperplasia cannot be completely excluded. Questionable right adrenomegaly.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral, chronic age-related renal changes.
- Age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history of PU/PD and the sonographic adrenal changes, consider the following:

1. Urine culture and sensitivity
2. Further testing for Cushing's disease as well as pheochromocytoma (i.e., low-dose Dexamethasone suppression test and urine/blood catecholamine levels, respectively).
3. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
4. Consider an abdominal CT scan to assess for vascular invasion of the left adrenal mass and better visualization of the right adrenal gland.

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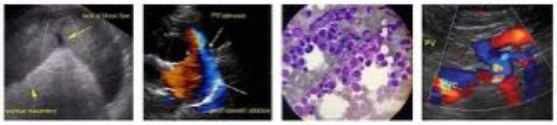

THE FOCAL ZONE
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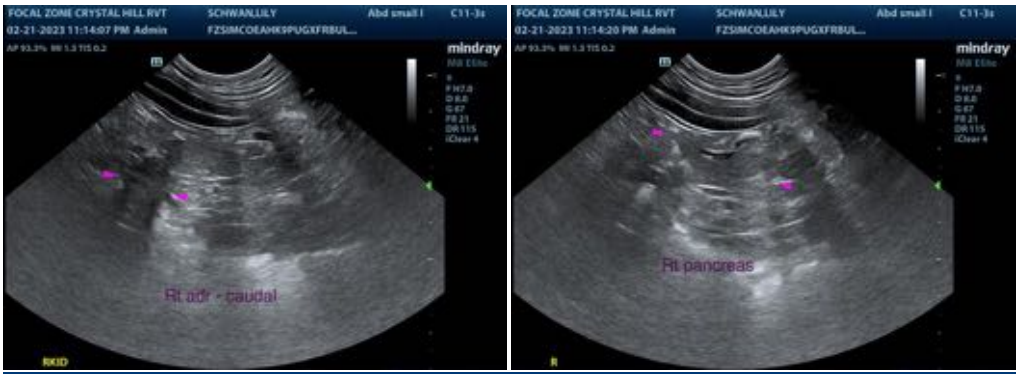

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

DATE
2/21/23