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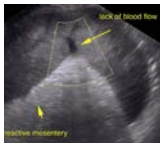
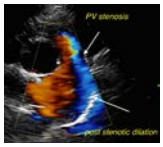
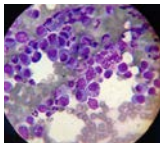
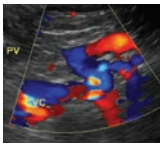

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PATIENT
Maggie Laidlaw

SPECIES
Canine

BREED
Springer Spaniel

SEX
Spayed Female

AGE
14 Years

WEIGHT
16.4 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Nigel Gumley

HOSPITAL NAME
Cedarview AH

REFERRING VET
Dr. Nigel Gumley

INVOICE
44278

DATE
1/17/23

PRESENTING CLINICAL SIGNS

Diagnosed previously with idiopathic hypertension, right non-functional right adrenal mass (no urinary catecholamines identified), diabetes insipidus, hypothyroidism and chronic OA. Currently on Stilbestrol, meloxicam, gabapentin, amlodipine, thyroxine and desmopressin, Recently identified. Frequent skipped beats noted on recent exam and ECG identified sinus rhythm with intermittent VPCs and runs of ventricular tachycardia. Had been having some weakness on walks but since then have started Sotalol and improved. No current VPCs noted.

Abnormal PE/Chem/CBC/UA Results: Chemistries normal, Very mild non-responsive anemia (36%). Chronic OA, normal heart sounds, proprioceptive deficits to hind legs (mild), MM pink, abdomen normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.0 cm. The right kidney measures 7.0 cm.

Adrenal Glands

The right adrenal gland is enlarged (2.87 cm long x 1.0 cm at the cranial pole and 1.6 cm at the caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

The left adrenal gland is normal in size (0.47 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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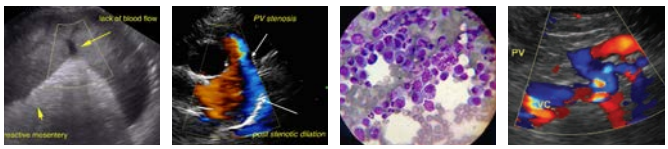

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The medial iliac and mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Right adrenal mass** – Consistent with an adenoma or potentially early pheochromocytoma. Adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism is also possible, but less common with a concurrently normal/small adrenal gland. Stress or normal patient variant is also a consideration, but considered less likely, given the reported clinical history.

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- **Mild gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- **Reactive medial iliac and mesenteric lymphadenopathy** – Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Age related kidney changes

- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

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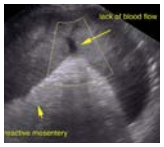
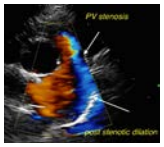
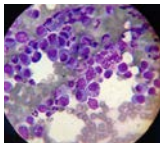
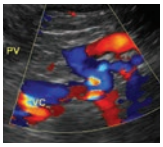

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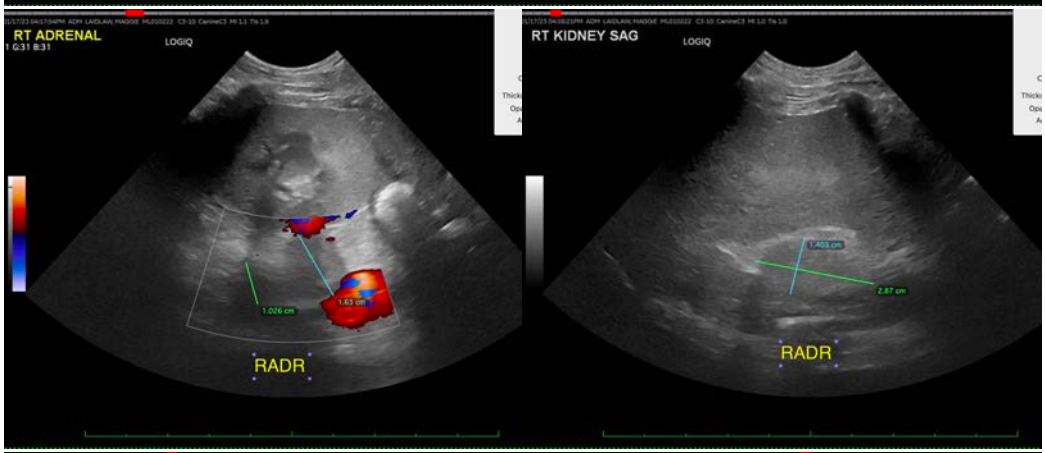
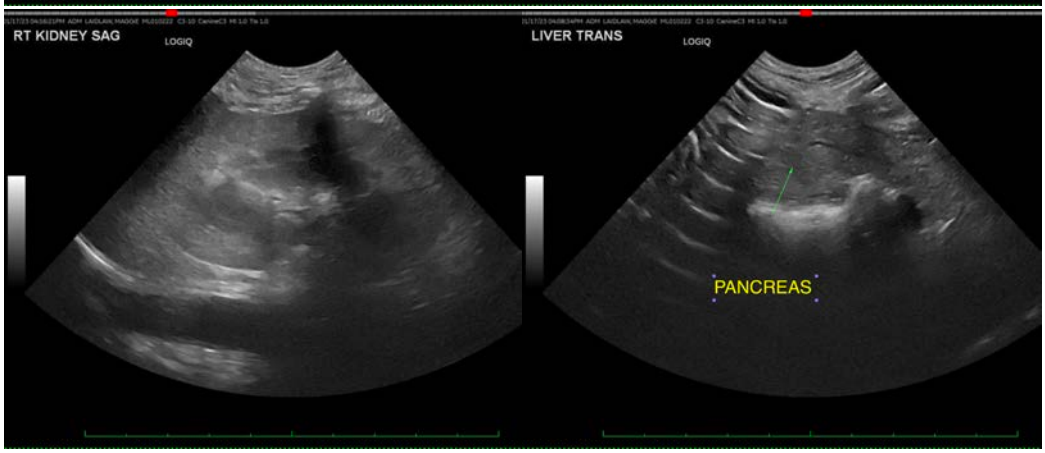
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's historical hypertension but new development of an arrhythmia, reassessment/recheck of urine catecholamine levels is recommended.

Additionally, further assessment of adrenocortical hormone abnormalities visa a low-dose Dexamethasone suppression test, is also recommended.

Additionally, if not recently evaluated, and given this patient's hypertension and suspicion of adrenal disease, evaluation for concurrent proteinuria and management of proteinuria (if indicated) is also recommended.





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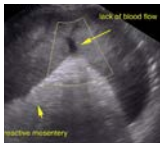
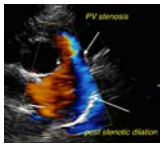
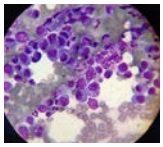
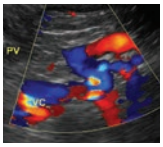

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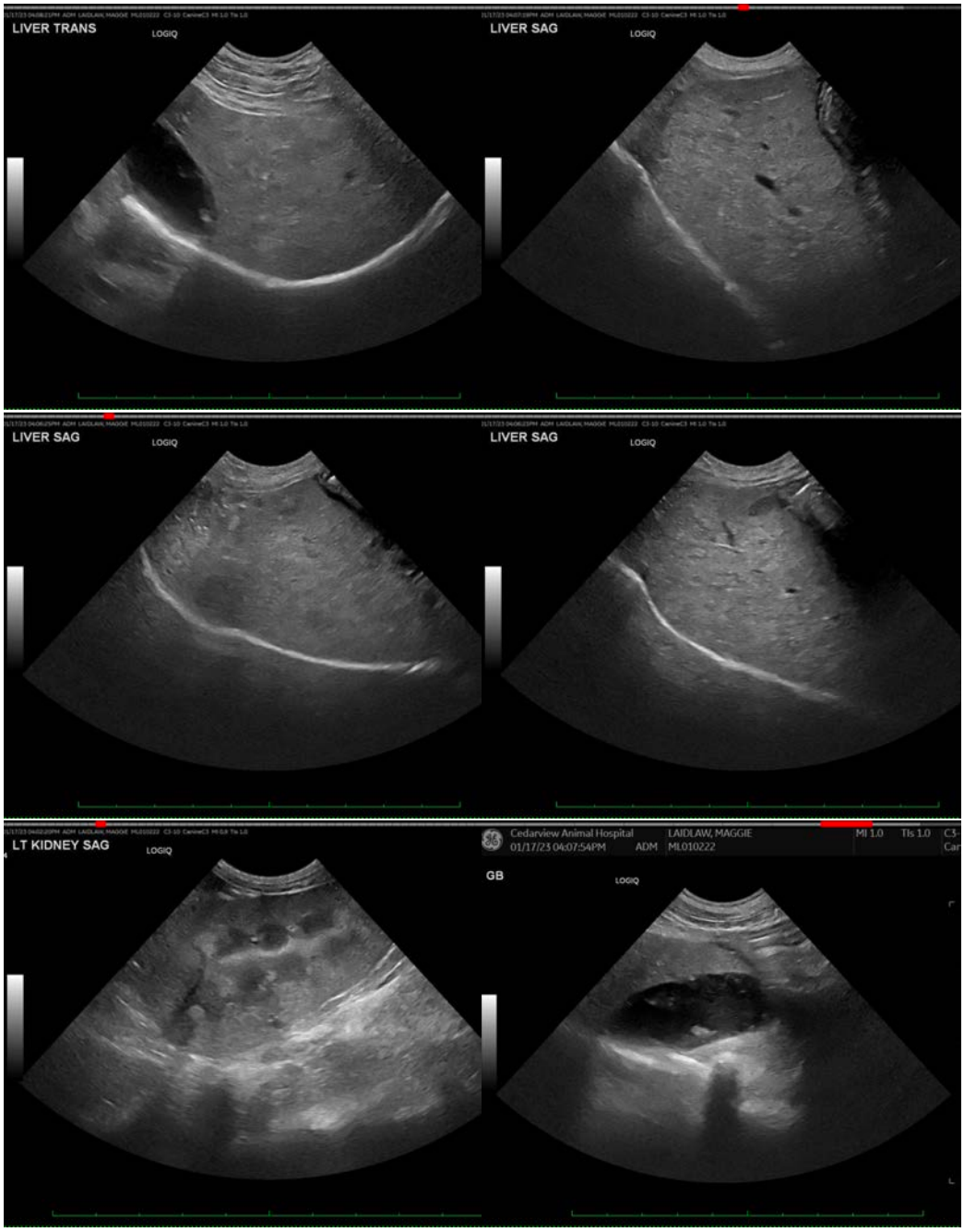

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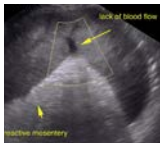
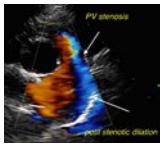
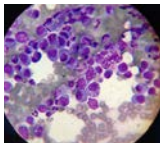
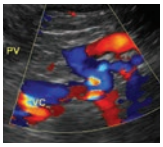

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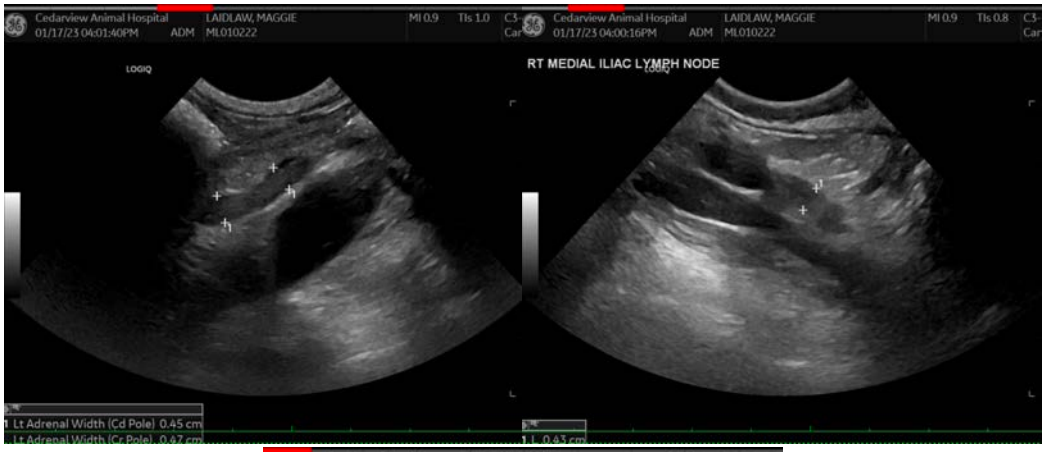

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com