



PATIENT

Byron Coffin

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

13 Years

WEIGHT

30 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Evan Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

Evan Bell

INVOICE

13614

DATE

10/7/21

PRESENTING CLINICAL SIGNS

History: Recent history of vomiting (3d) and lethargy with inappetance (7d). PU/PU for over a week. Usually on T/d but now only eating treats. Hindlimb weakness noted over the past few months. Suspect adrenomegaly, renal neoplasia with possible spread to liver.

Abnormal PE/Chem/CBC/UA Results: ALT > 1000 (10-125) ALP 1715 (23-212) GGT 41 (0-11) TBIL 58 (0-15) CHOL 11.46 (2.8-8.26) SDMA 15 Crea 202

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The left kidney is normal in size (6.3 cm), 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral (unless described separately) or infarcts observed.

The right kidney is normal is size (5.9 cm), shape and echogenicity. There is no pyelectasia noted. No mineral is observed. There is a 4.0 cm, ill-defined heterogeneous mass completely replacing the normal parenchymal architecture of the cranial pole. The mass contains a hyperechoic center with a hypo- to anechoic rim.

Adrenal Glands

Both adrenal glands are enlarged in size. Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.87 cm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland measures 1.5 cm at the cranial pole and 1.1 cm at the caudal pole.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. A 0.8 cm round hypoechoic nodule was noted in the mid body that is non-capsule disrupting. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



PATIENT	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Byron Coffin	Colon is normal in wall thickness (< 0.2 cm) and layering.
SPECIES	<i>Pancreas</i>
Canine	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
BREED	<i>Free Abdomen</i>
Greyhound	Lymph nodes are normal with no observed enlargement. Scant free abdominal fluid is noted most appreciated near the urinary bladder.
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered Male	Primary Findings
AGE	<ul style="list-style-type: none"> A right cranial pole right renal mass- this type of focal lesions has been associated with solitary neoplastic masses including adenocarcinomas as well as several types of sarcomas including hemangiosarcoma as well as metastatic disease. Benign lesions such as hemangiomas, granulomas and/or abscesses can have a similar appearance. Therefore, tissue sampling is required to achieve a diagnosis. However, given the concurrent ultrasound findings, infiltrative neoplasia (i.e., hemangiosarcoma), is the top differential. Hypoechoic splenic nodule- splenic nodules may represent benign lesions such as cyst, hematomas, abscesses, nodular hyperplasia or extramedullary hematopoiesis, however, given concurrent ultrasound findings, infiltrative neoplasia which can mimic benign lesions, is considered probable in this patient. Heterogenous liver- Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia. Given the diffuse nodular changes and kidney mass in this patient, infiltrative neoplasia such as hemangiosarcoma or less likely round cell neoplasia is considered the top differential. Scant free fluid
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INTERPRETED BY	Secondary Findings
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Bilateral adrenomegaly Age-related left kidney change
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Evan Bell	Recommendations for this patient include a fine needle aspirate of the kidney mass +/- the liver and the spleen if coagulation status is appropriate. 3 view thoracic radiographs to look for other metastatic disease are also recommended. The bilateral adrenomegaly combined with the recent PU/PD is also suggestive of hyperadrenocorticism, however, given the suspicion for metastatic neoplasia, this finding is less significant.
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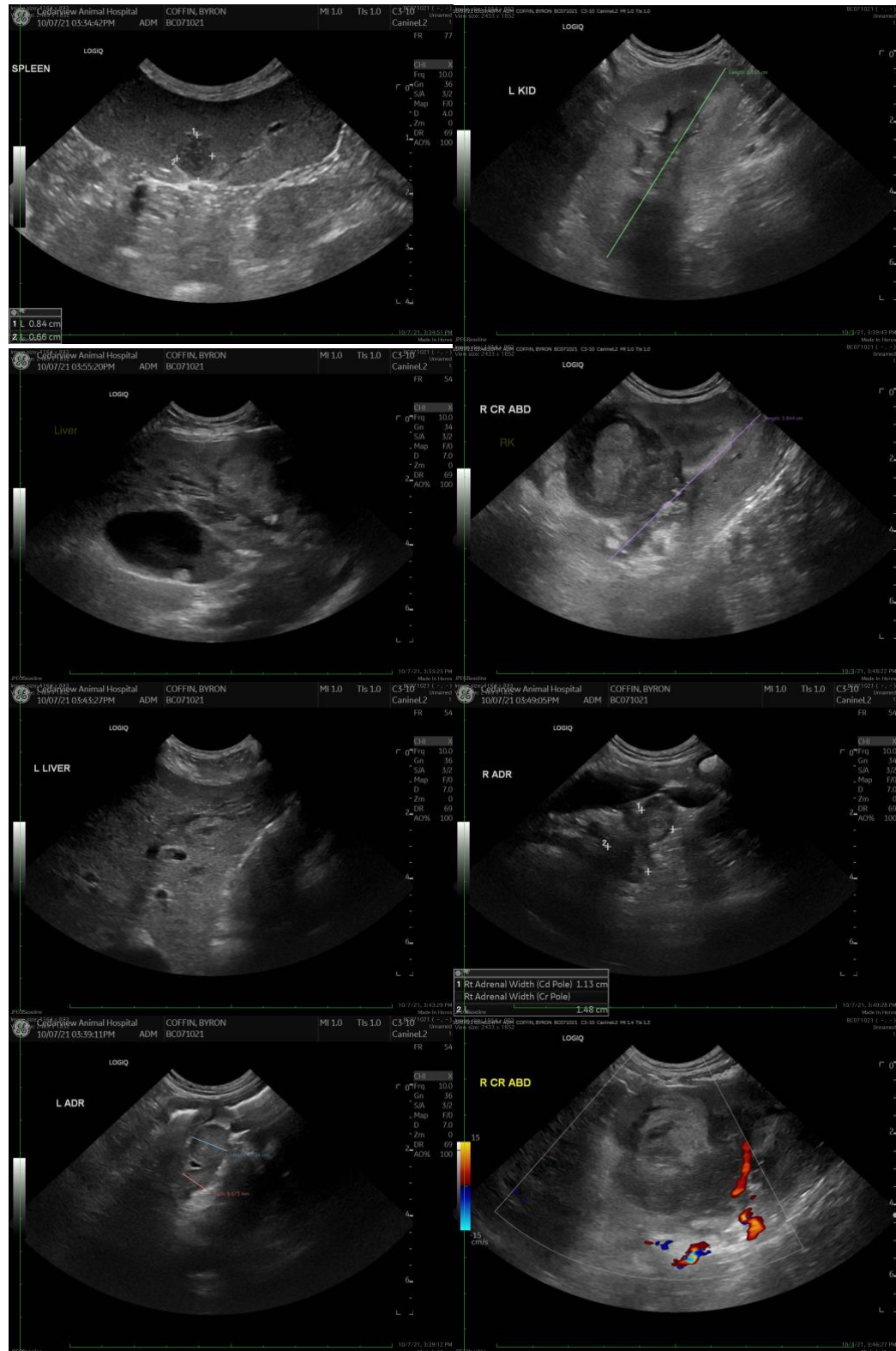
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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