

**DATE PRESENTING CLINICAL SIGNS**

11/1/22 Lethargy, anorexia over the weekend now back to normal. She has a mild anemia with reticulocytosis. Radiographs reveal a possible mass in cranial abdomen. I suspect an acute bleed last Thursday when she became lethargic etc.

**PATIENT**

Fiona Fried Current Medications: None at this time.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Cane Corso

**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.

**SEX**

Spayed Female

The right kidney is normal in size (7.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**AGE**

1/1/10

The left kidney is normal in size (8.49 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

94 Pounds

**Adrenal Glands**

The right adrenal gland is unable to be visualized in these images.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is a large, heterogeneous, mineralized, partially cavitated mass measuring 7.5 cm long and 4.5 cm wide with suspected adhesions to the left kidney. No vascular invasion is visualized, but can't be definitively ruled out.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**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.

**HOSPITAL NAME**

Timonium AH

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Gernhart

The 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.

**INVOICE**

42444

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is a small amount of free abdominal fluid noted as well as pleural effusion.

There is no apparent lymphadenopathy noted in these images.

### ***Other***

Subjectively, the heart chambers appear normal in size and contractility. There are no masses or pericardial disease noted. The left atrial to aorta ratio appears to normal. Most likely, the pleural effusion is not cardiac in origin.

## **ULTRASONOGRAPHIC FINDINGS**

- Heterogeneous cavitated left adrenal mass – Most concerning for infiltrative malignant neoplasia such as an adenocarcinoma or potentially pheochromocytoma. Given the lack of ability to see the right adrenal gland, suspicions are that it is small, which would lend evidence to a functional adenocarcinoma.
- Free fluid – Could be resolving hemorrhage, given the suspicion for an acute bleed in this patient.
- Pleural effusion

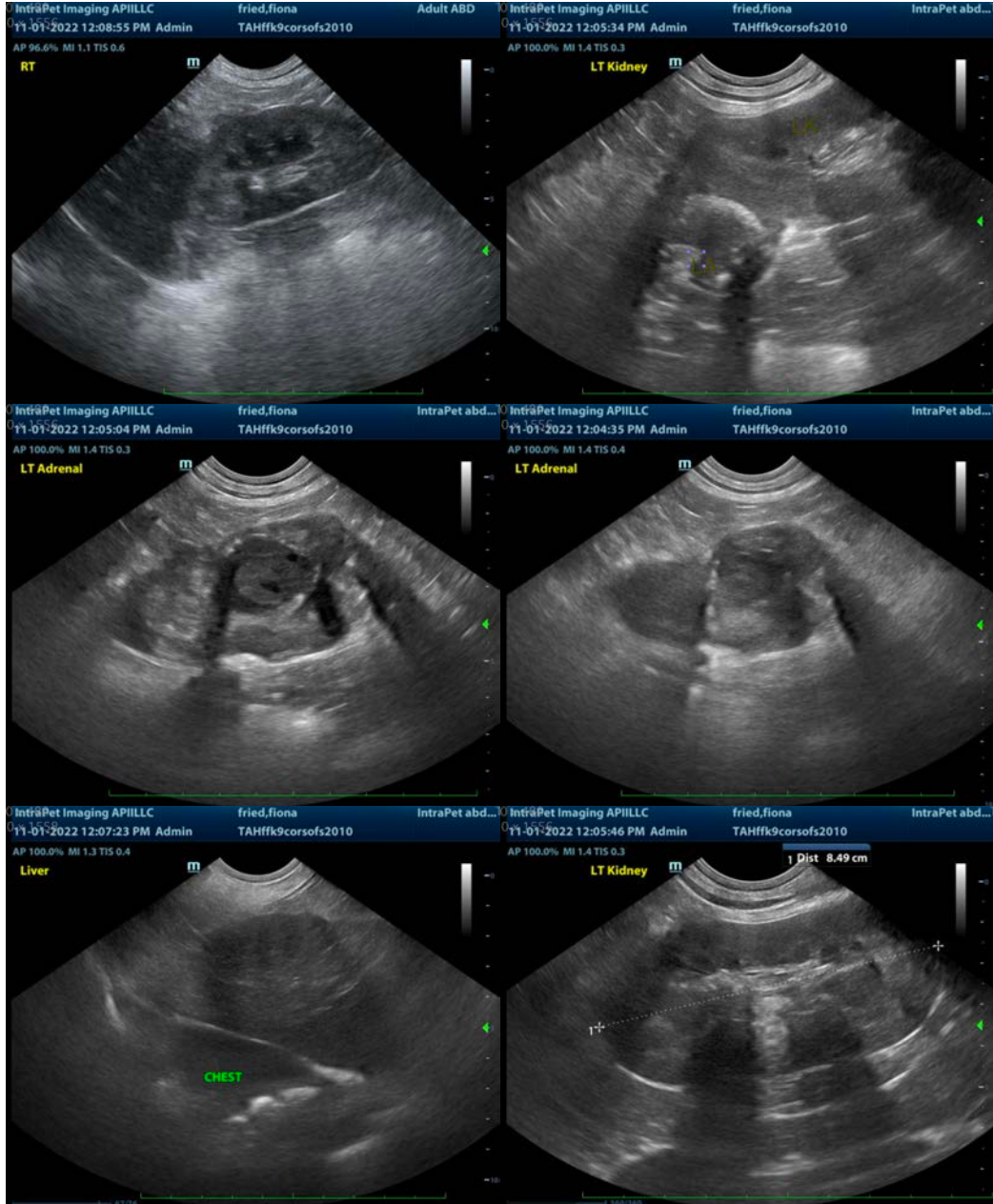
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

An echocardiogram is recommended.

A blood pressure is recommended if not recently evaluated.

A low-dose Dexamethasone suppression test could be considered for more definitive information regarding hormone function of the left adrenal gland. however, ultimately, a left adrenalectomy is the recommended treatment of choice, in which case a pre-surgical planning abdominal CT scan should be considered.





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