


PATIENT PRESENTING CLINICAL SIGNS

Matty Munroe

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10 Years

WEIGHT

32.6 kg

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VC

REFERRING VET

Ioannou

INVOICE

17932

DATE

11/1/22

History: O complains that she is pacing, quieter than normal, uncomfortable sitting/standing. Lump on Right hind (always there). eating normally (normally grazes) foul smell in the mouth. Drinking more. no current meds. Irregular rhythm (NEW). Premature contractions and noticeable pauses present. ECG shows rhythm ranging from 100-144. Strings of VPCs are present. Pulses are symmetrical to heart beat (irregular as well). No obvious murmur noted however she is very difficult to hold her mouth closed to listen to. Lungs seems clear. meds: gabapentin, omeprazole

Abnormal PE/Chem/CBC/UA Results: Elevated Cholesterol 9.1 (2.84-8.26) - not fasted Elevated Amylase and Lipase Amylase > 2500 (500-1500), Lipase 2591 (200-1800) CBC - NSF's HR 132, RR 36

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Urinary bladder is not able to be visualized in these images and the patient reportedly urinated a very large volume during the scan.

Left kidney is normal is size (7.36 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.

Right kidney is normal is size (7.36 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.

Adrenal Glands

Left adrenal gland is normal in size (2.67 cm long x 0.67 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

In the area of the right adrenal gland, there is a 6.0 cm x 7.0 cm mixed/heterogenous mass that appears to be the right adrenal gland. However, tissue origin cannot be definitively determined based on these images at this time.

Spleen

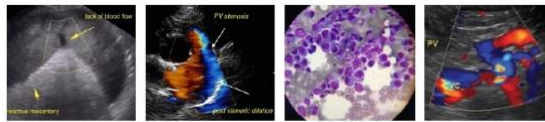
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively 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.

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



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The visible stomach wall is normal in thickness 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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The visible small intestines are normal in wall thickness and layering. 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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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In the caudal abdomen, there is a 3.6 cm x 2.2 ovoid hypoechoic homogenous structure of unknown origin as well.

ULTRASONOGRAPHIC FINDINGS

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- A large heterogenous/mixed mass in the area of the right adrenal gland is believed to be a right adrenal mass and if that is the case, top differential is infiltrative malignant neoplasia, such as an adrenal adenocarcinoma or potentially pheochromocytoma. Benign adenoma, or even less likely hyperplasia are possible but exceedingly less likely. Tissue origin of this mass cannot be definitively determined, however, and other differentials include association with one of the kidneys or a lymph node versus other.
- In the caudal abdomen, there is an ovoid homogenous hypoechoic structure, which is presumably an enlarged lymph node, potentially medial iliac/sublumbar lymph node, however, tissue origin cannot be definitively determined.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported PU/PD, pacing, BPCs, etc., the adrenal tumor is likely functional and contributing to the clinical signs. Recommendations include a blood pressure, if not recently evaluated, as well as further hormone testing, beginning with a low dose dexamethasone suppression test and/or potentially urine catecholamine testing if possible.

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Additionally, given that there are multiple atypical lesions in this abdomen without definitive tissue origin, and surgery is likely ultimately warranted to remove the suspected right adrenal mass, a presurgical planning abdominal CT scan is recommended for more information.

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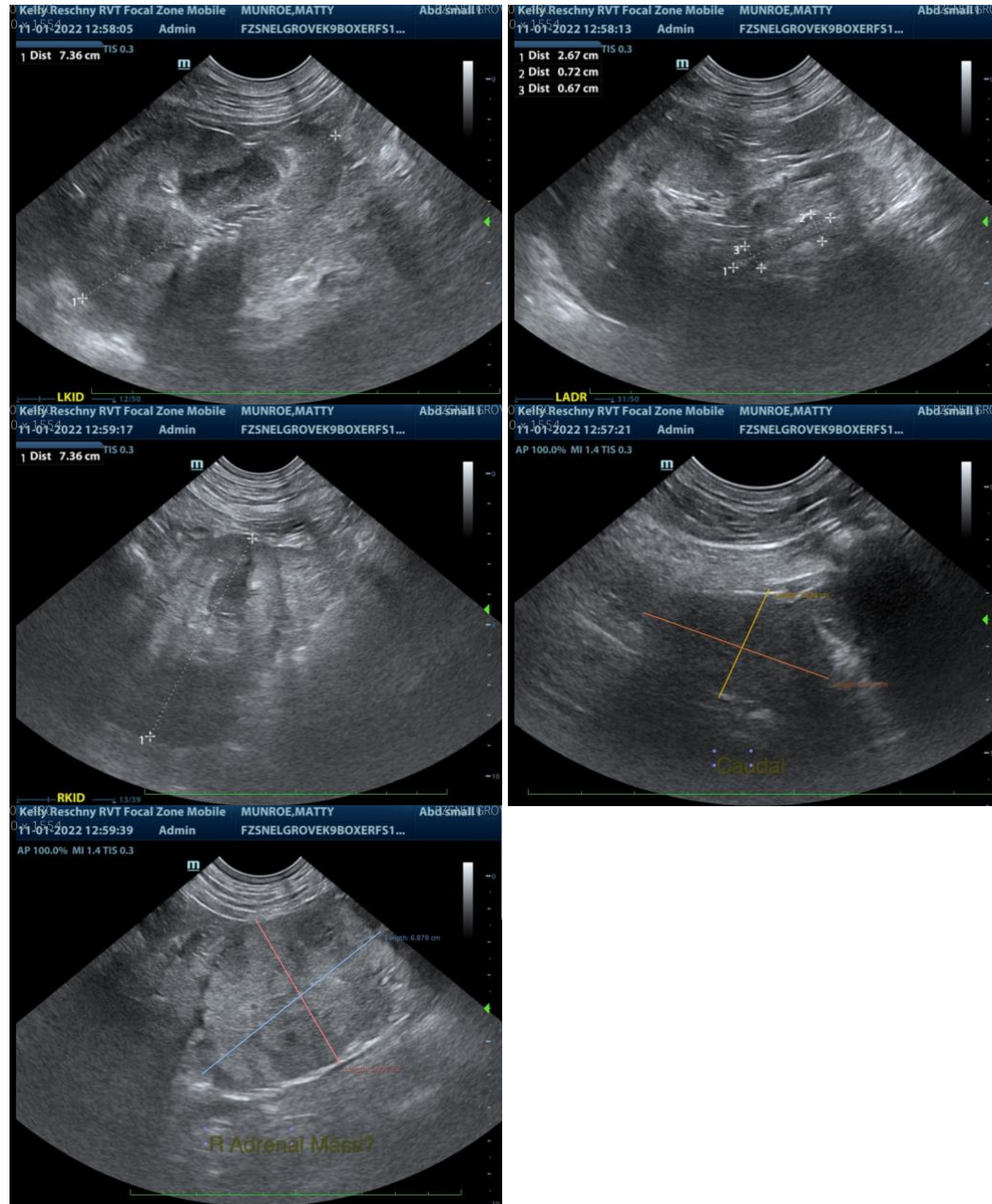
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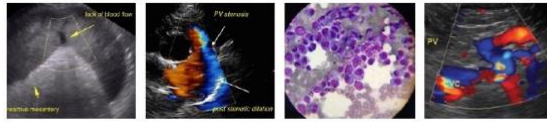


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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