



DATE
11/28/22

PRESENTING CLINICAL SIGNS

PATIENT
Bilateral symmetric cutaneous edema of v. abdominal wall and both hindlimbs. 11/22/22 lab results: elevated UPC (pending), Cr 1.7, SDMA 15, alkphos.194

Rosie Wisniewski
Current Medications: 5mg Enalapril bid
Date of Previous IntraPet Ultrasound: No previous.
SPECIES
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Canine
Imaging Performed By: Rachel Brillhart, RDMS.

BREED
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

Urinary System

SEX
Urinary bladder is adequately 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.
Spayed Female

AGE
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 8.18 cm. The right kidney measures 9.11 cm.
9/4/11

WEIGHT

86.3 Pounds

Adrenal Glands

Left adrenal gland is normal in size (2.0 cm long 0.5 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

In the area of the right adrenal gland there is a 5.0 cm – 5.5 cm, irregular, heterogenous, partially cavitated mass, surrounded by a small amount of anechoic free fluid and enhanced hyperechoic mesenteric fat consistent with a right adrenal tumor. Vascular invasion is not definitively visible but is suspected and could possibly be a differential for this patients reported edema.

HOSPITAL NAME

Essex Middle River
VC

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.

REFERRING VET

Dr. Zulty

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.

INVOICE

18855

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 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.

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.

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

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

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large heterogenous mass suspected to be a right adrenal mass most concerning for infiltrative adrenal neoplasia such as an adenocarcinoma versus potentially pheochromocytoma versus other. A benign adenoma, adrenal hyperplasia, etc., is possible but considered much less likely.
- 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.

Secondary Findings

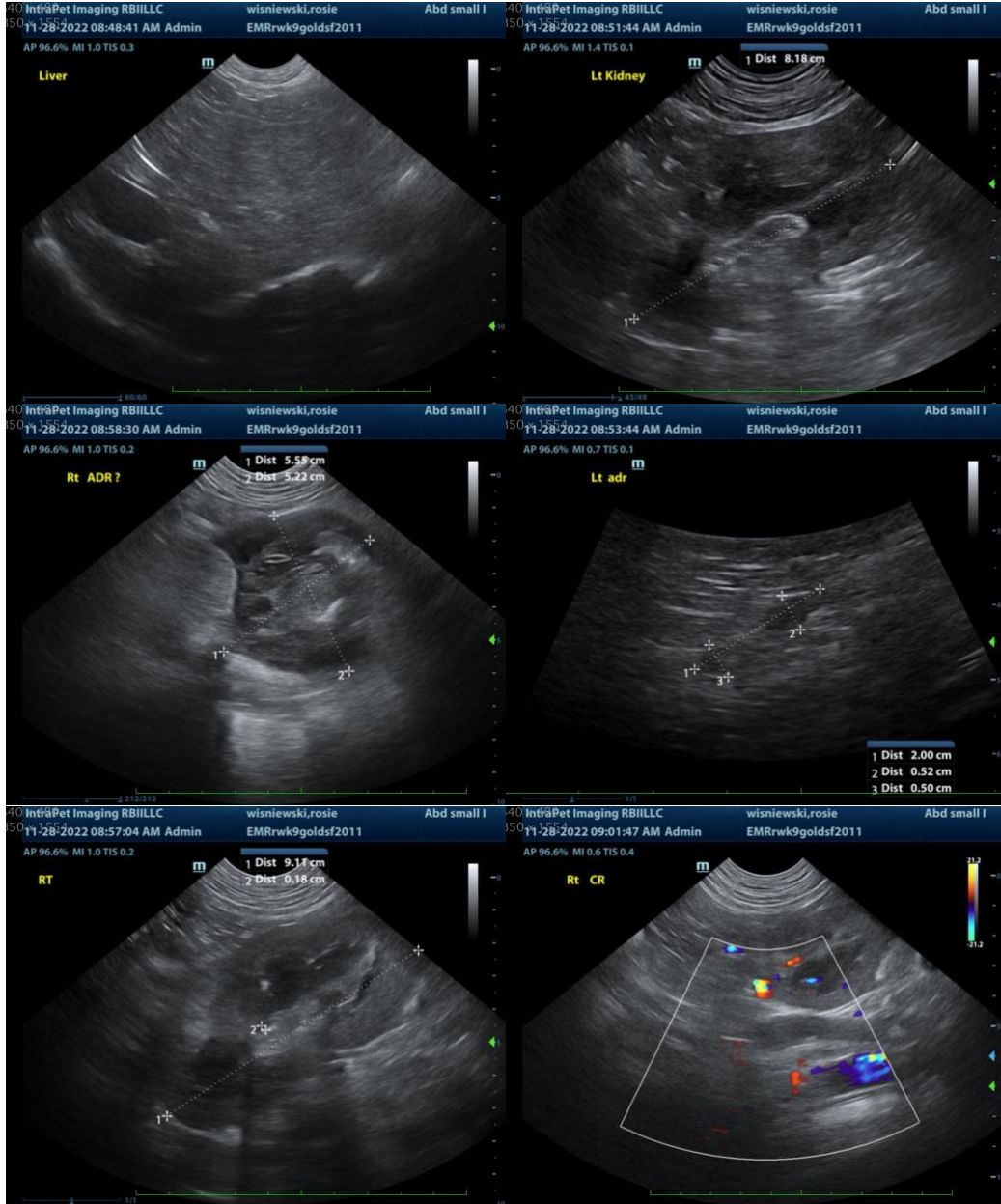
- Age-related kidney changes

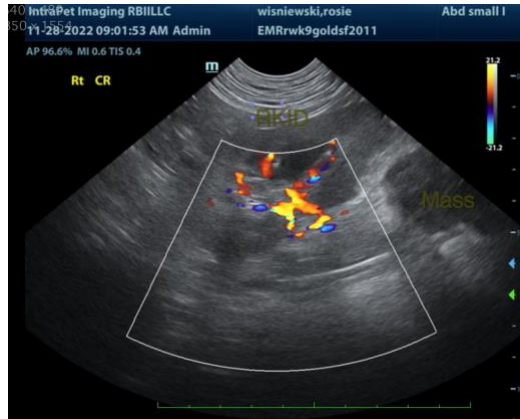
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A blood pressure is recommended if not recently evaluated.

Adrenal hormone testing in the form of a low dose dexamethasone suppression test could be considered, especially if patients clinical signs are consistent with hyperadrenocorticism, however, ultimately, excisional biopsies/mass removal/right adrenalectomy will likely be the recommended treatment. If pursued, a presurgical planning abdominal CT scan is recommended.





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.

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