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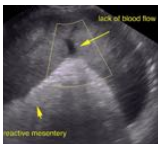
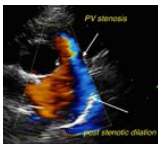
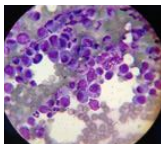
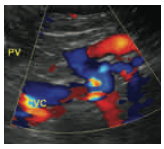





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ellie Darrow

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
12 years

WEIGHT
53 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Anderson

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Anderson

INVOICE
94552

DATE
12/13/21

PRESENTING CLINICAL SIGNS

History: 3# weight loss in 6 weeks, today vomited and had formed stool covered in blood, became lethargic and shaky. Off food and water.
Abnormal PE/Chem/CBC/UA Results: PE: Lethargic, Pale sclera, light pink gums, tender deep palpation on abdomen, normal rectal exam but frank blood mixed with stool, sclerotic lenses normal for age, stage I dental disease, tachycardic (240bpm), mild expiratory press. CBC: HCT 35.6%, Hgb 11.8 g/dL, EOS 0.1 K/uL CHEM / Lytes: normal

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.

Left kidney is normal in size (6.35 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.58 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.78 cm x 0.96 cm at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.45 cm long x 1.67 cm at cranial pole and 0.69 cm at caudal pole), shape and contour. There is a small, hyperechoic nodule noted in the cranial pole of the right adrenal gland. The nodule does not disrupt normal shape and/or architecture. Corticomedullary structure is unremarkable.

Spleen

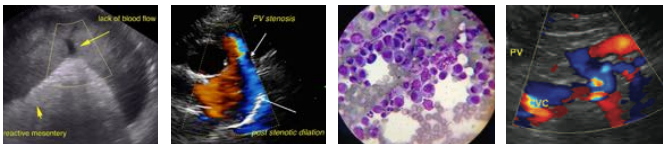
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of 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.



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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. ****SEE OTHER

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

Other

There is a 2.5 x 5.0 cm solid, heterogenous, midabdominal mass that is undifferentiated in tissue origin. Differentials include lymph node, small bowel, possibly, but less likely pancreas and there appears to be vascular invasion as can be seen with adrenal masses, but both adrenal glands appear to have normal shape; therefore, this is unlikely.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Right adrenal cranial pole nodule. Differentials include a primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Lesions > 2.0 cm are generally primary adrenal neoplasia (benign or malignant) versus hyperplasia with lesions > 4.0 cm being more predicative of malignant neoplasia. Small nodules such as this nodule without other evidence of abdominal disease to suggest metastatic disease and/or clinical signs to suggest hyperadrenocorticism are most often incidental and should be monitored. In this patient given the concurrent mass as well as the possible vascular invasion a metastatic lesion or adrenal neoplasia are both differentials, but considered less likely than a benign incidental nodule.

Undifferentiated heterogenous midabdominal mass. Differentials include enlarged lymph node, primary bowel mass suggestive of infiltrative neoplasia such as round cell neoplasia or adenocarcinoma or given the possible vascular invasion less likely an adrenal mass as both adrenal glands are visible and maintain normal shape.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include three view thoracic radiographs to look for other evidence of metastatic disease. If coagulation status is appropriate a FNA of the mass can be considered. Other diagnostic options include an abdominal CT scan to further differentiate the origin of this mass prior to sampling or abdominal exploratory surgery to biopsy/remove the mass.

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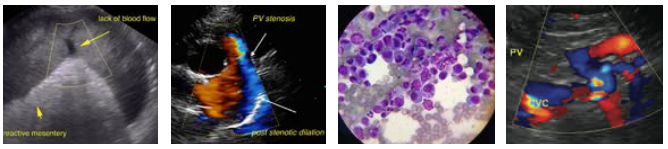

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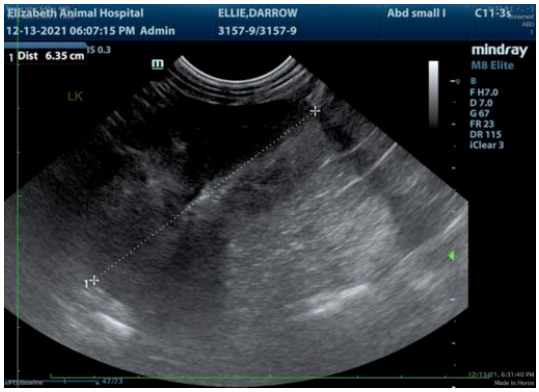

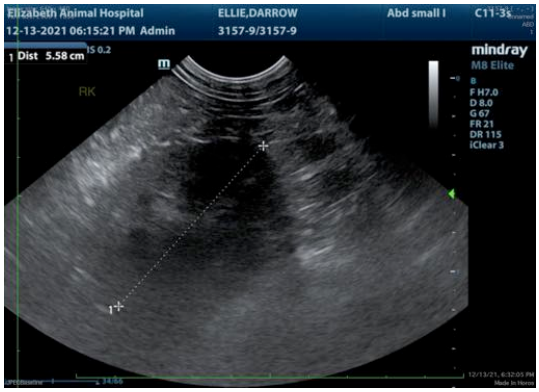

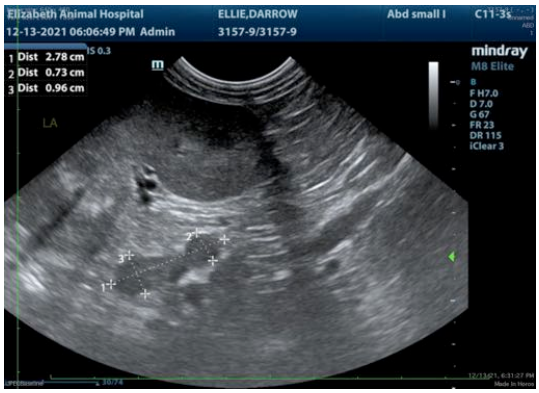

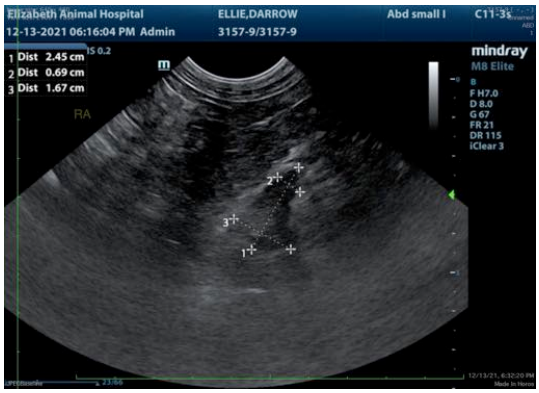

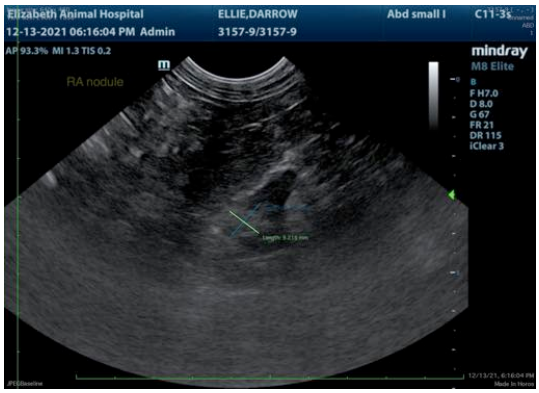

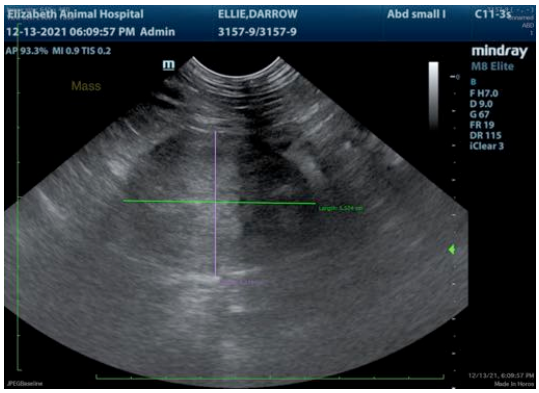

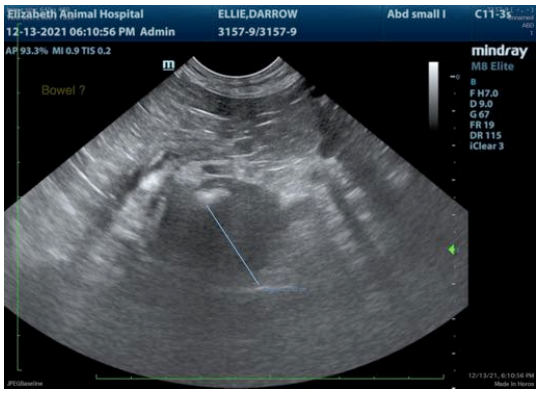

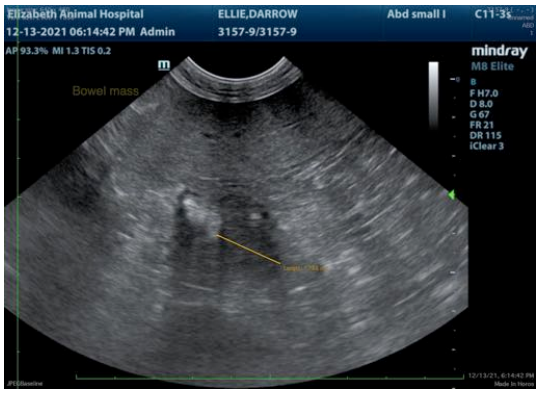

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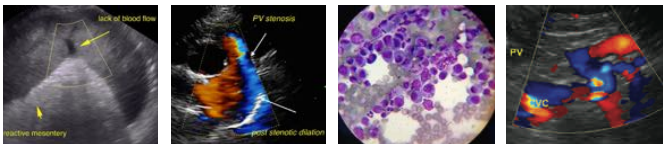

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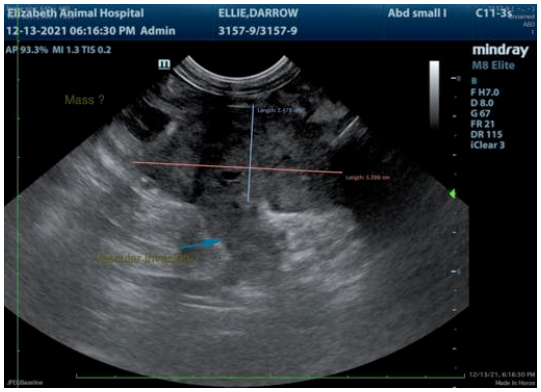

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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