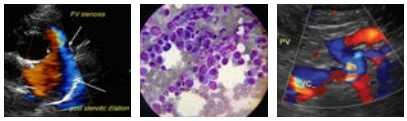
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

**DATE**

3/21/23

**PATIENT**

Ace Wade

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Intact Male

**AGE**

8/31/11

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Miller

**INVOICE**

46059

## PRESENTING CLINICAL SIGNS

Patient presents for evaluation of eyelid mass, (abbreviated PE only possible due to behavior during appt.) Labwork abnormalities noted on BW.

Current Medications: None current.
Lab Results: CBC: Reticulocytes: 124 (10 - 110). Chemistry: SDMA: 22 (0 - 14), Creatinine: 1.7 (0.5 - 1.5), Globulin: 4.1 (2.4 - 4), ALT: 244 (18 - 121), AST: 63 (16 - 55), ALP: 291 (5 - 160), Cholesterol: 359 (131 - 345), Amylase: 2,641 (337 - 1,469), CK: 241 (10 - 200). UA: 4+ protein, USG 1.038, moderate cocci, WBC > 100, RBC 6-10
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM sedation.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

The right kidney is normal in size (7.28 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.

The left kidney is normal in size (6.68 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*

The right adrenal gland is enlarged (4.03 cm long x 1.43 cm at the cranial pole and 2.39 cm at the caudal pole) with mild heterogenous parenchymal changes. Dystrophic mineralization is present within the mass. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

The left adrenal gland is small (flattened contour), measuring 2.33 cm long x 0.55 cm at the cranial pole and 0.57 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *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.

### *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.

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.

### *Gastrointestinal*
The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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 no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without any right testicular pathology. However, in the left testicle there is a 1.6 cm x 2.4 cm cystic nodule/mass.

## ULTRASONOGRAPHIC FINDINGS

- **Right adrenal mass with a concurrently flat left adrenal gland** – most consistent with a functional adrenal tumor, with an adenoma being suspected over adenocarcinoma. A pheochromocytoma can't be ruled out but is considered less likely, given the concurrently flat left adrenal gland.

- **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.

- **Benign Prostatic Hyperplasia –** Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

- **Cystic left testicular nodule/mass –** Differentials include both benign and infiltrative neoplasia/malignant disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

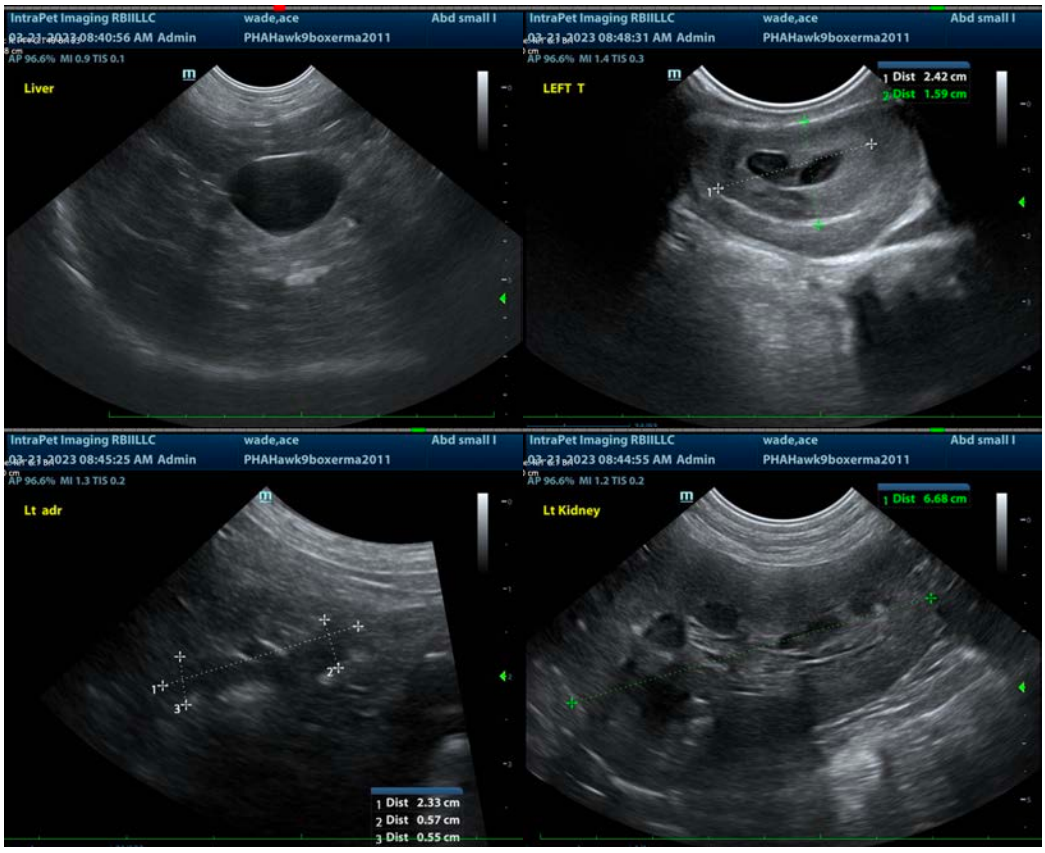
Given this patient's reported urinalysis results, a urine culture is recommended if not recently evaluated.

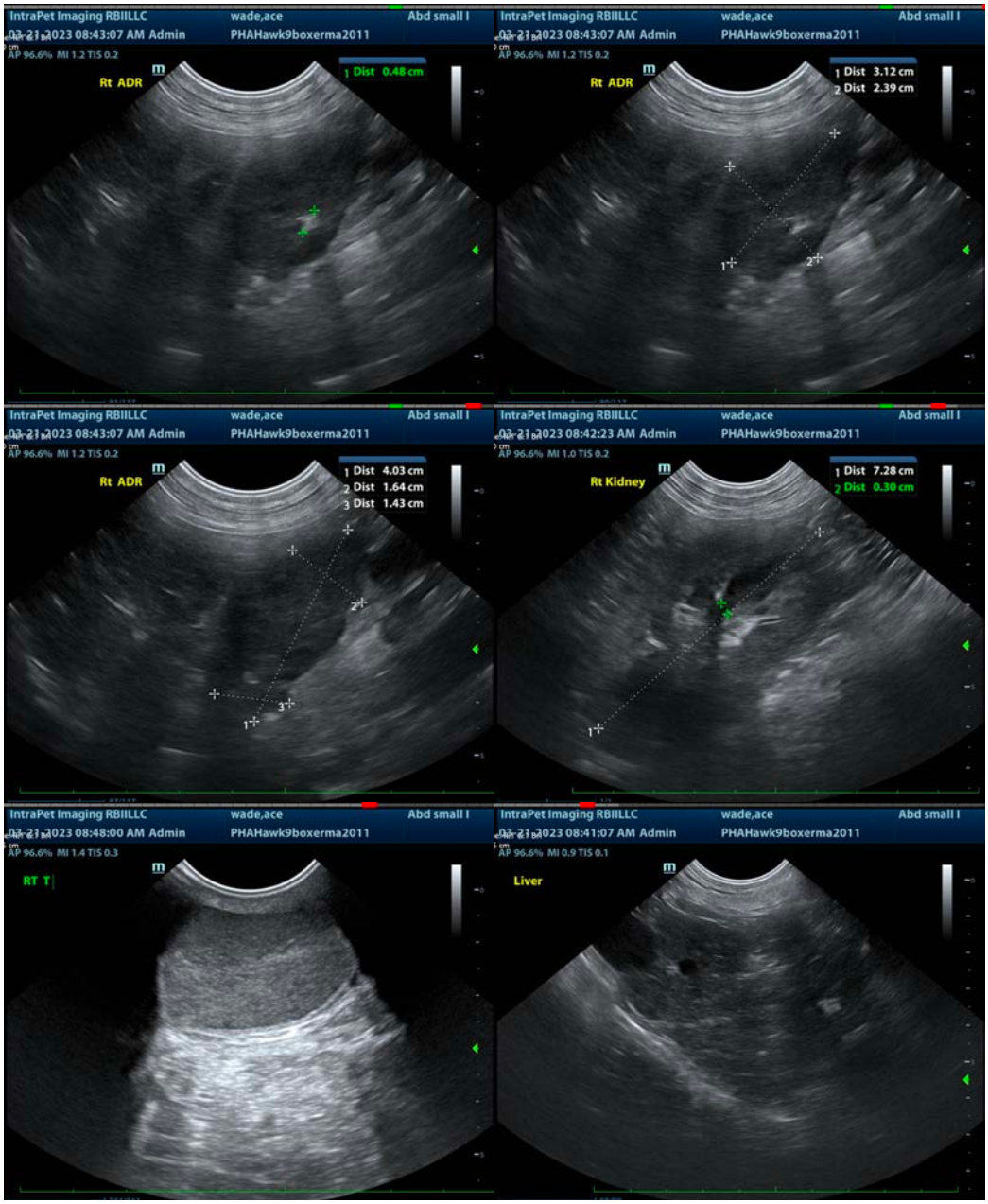
A blood pressure is recommended if not recently evaluated, given the adrenal gland findings.

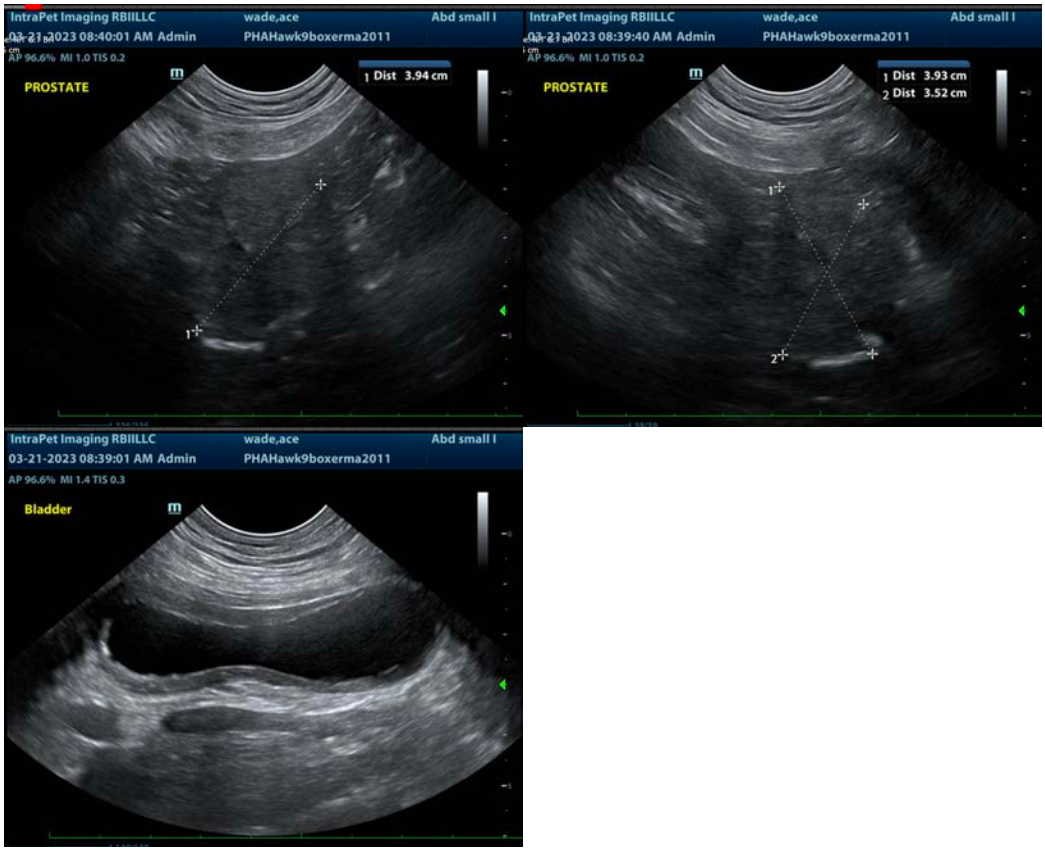
Further evaluation of the adrenal mass is recommended, beginning with a low-dose Dexamethasone suppression test, and pending results, potentially urine catecholamine testing.

Ultimately, adrenalectomy is the treatment of choice for functional adrenal tumors and is the best way to rule out malignancy. If surgery is ultimately elected, a pre-surgical planning abdominal CT scan is also recommended.

Given the testicular nodule, if surgery is pursued, or even if an adrenalectomy is not elected, neutering with submission of the left testicle for histopath is recommended.




IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 1.2 TIS 0.2
Rt ADR
1 Dist 0.48 cm
IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 1.2 TIS 0.2
Rt ADR
1 Dist 3.12 cm
2 Dist 2.39 cm
IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 1.2 TIS 0.2
Rt ADR
1 Dist 4.03 cm
2 Dist 1.64 cm
3 Dist 1.43 cm
IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 1.0 TIS 0.2
Rt Kidney
1 Dist 7.28 cm
2 Dist 0.30 cm
IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 1.4 TIS 0.3
RT T
IntraPet Imaging RBIILLC
wade,ace
Abd small I
PHAHawk9boxerma2011
Admin
AP 96.6% MI 0.9 TIS 0.1
Liver




**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
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