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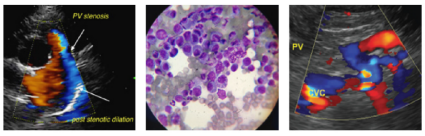

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Chumley Inglese

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered Male

AGE

15 Years

WEIGHT

21 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

INVOICE

36025

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Consistently urinates in house. Abnormal drinking habits. Otherwise no clinical signs.
Abnormal PE/Chem/CBC/UA Results: DVM noted possible mass (4cm) cranial right abdomen on palpation (in area of right kidney). See attached BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. (0.42 cm) Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (4.24 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Cortical cysts are noted.

The left kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of mineral or infarcts observed. The renal pelvis is mildly dilated, measuring 0.27 cm in the transverse view. No visible obstruction is observed. The left kidney measures 4.4 cm. Cortical cysts are noted.

Adrenal Glands

The right adrenal gland is normal in size (0.63 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is distorted in shape and contour owing to a mixed appearing mass off of the caudal pole. The cranial pole measured 0.55 cm. The caudal pole measures 0.60 cm with an additional 0.65 cm nodule/mass distorting the caudal pole. Vascular invasion cannot be ruled out, and is considered possible based on these images.

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). A 0.5 cm hypoechoic non capsule disrupting nodule is noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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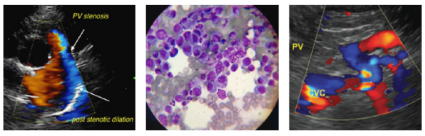

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Gastrointestinal

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 peritoneal effusion. There is no apparent lymphadenopathy.

PRIMARY FINDINGS

- Left adrenal gland mass with concern for adrenal cortical carcinoma given the distortion of normal shape and the suspicion of possible vascular invasion – Pheochromocytoma or benign adrenal cortical adenoma are possible and cannot be ruled out.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Mild pyelectasia of the left kidney and incidental bilateral cortical cysts
- Hypoechoic splenic nodule - most consistent with a benign nodular hyperplasia or extramedullary hemtopoiesis.
- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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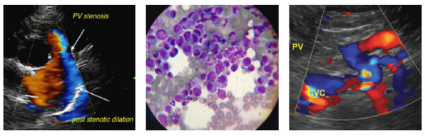

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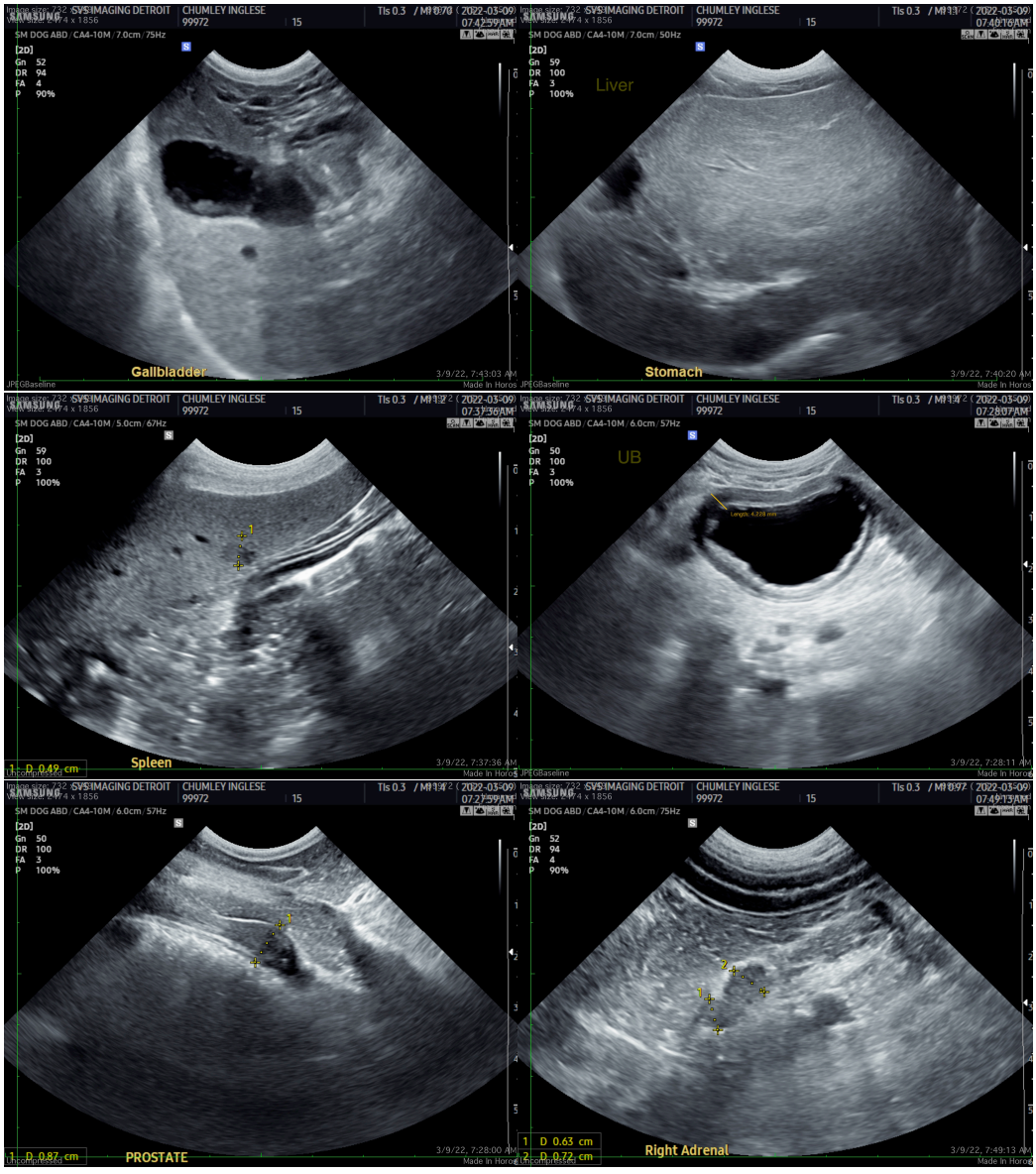
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the urinary accidents, recommendations include a urine culture to rule out an occult urinary tract infection. Adrenal cortical testing in the form of a low-dose Dexamethasone suppression test is recommended to further assess likely adrenal hormone activity contributing to clinical signs. If an adrenalectomy would be pursued, an abdominal CT scan for further evaluation of possible vascular invasion as well as surgical planning could be considered, ultimately followed by a left adrenalectomy, if elected.

If surgery is not an option, medical management could be considered based on results of hormone testing. A fine needle aspirate of the liver, given the increased ALT, could be considered if patient's coagulation status is appropriate. If not recently evaluated, 3-vew thoracic radiographs to further evaluate cardiopulmonary status and to look for evidence of metastatic disease are recommended.



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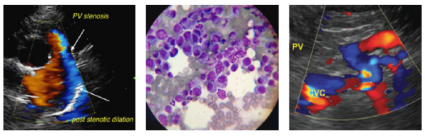

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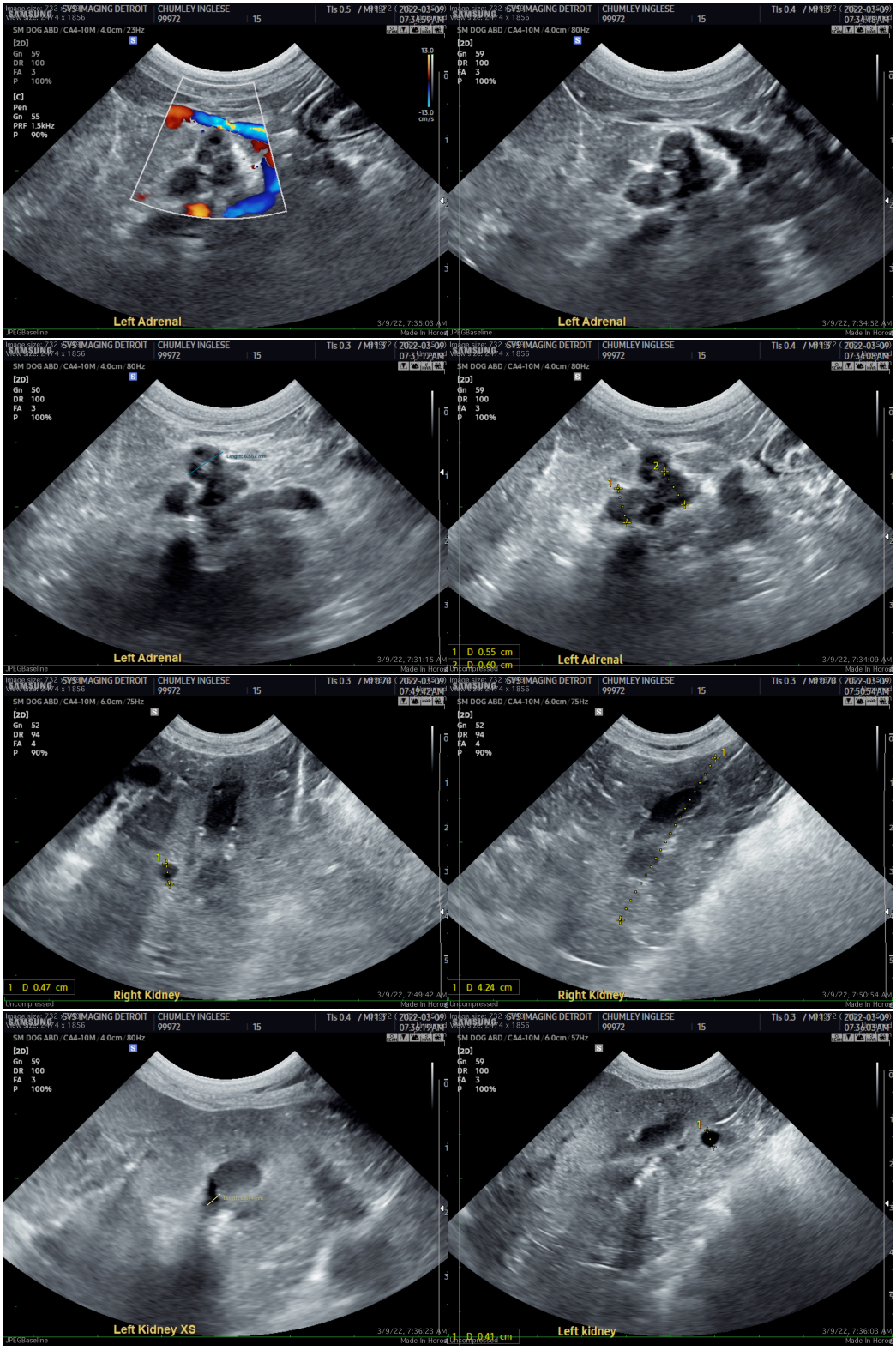

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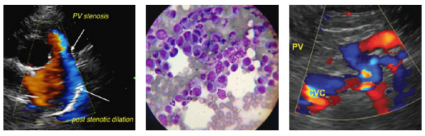

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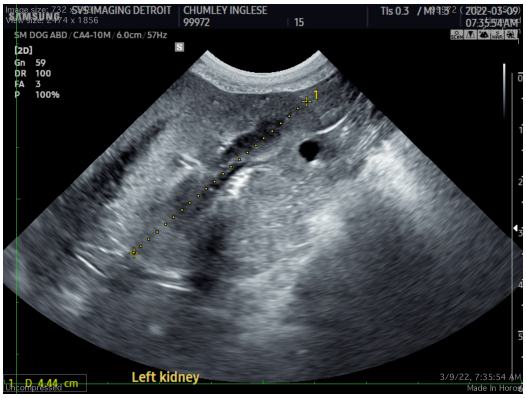

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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