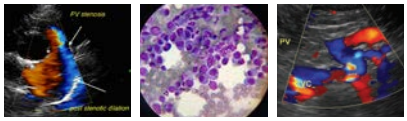
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6/28/23

PATIENT

Sadie Higgins

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

1/11/14

WEIGHT

29.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Everhart Vet Hospital
Cross Keys

REFERRING VET

Dr. Notarangelo

INVOICE

43559

PRESENTING CLINICAL SIGNS

Left adrenal mass noted at last ultrasound – Most consistent with adenoma. Did not pursue surgery at that time, elected monitoring. Pet has been on 60 mg trilostane SID. Pet is still very PU/PD, drinks 8+ cups/day per owner. Intermittent soft stool per owner. Owner declines updating labs prior to ultrasound so last labs same as previous ultrasound.

Current Medications: Trilostane 60 mg SID, Thyroxine 0.2 mg BID
Lab Results: 1/25/23: ACTH stim: pre 2.3, post 6.8. U/A SG 1.031, 1+ protein. 1/10/23: T4 1.7
12/22/22: ALT 168, ALKP 288, Crea 0.3, Na 156, K+ 5.6, chol 333, neu 10956, FT4 15.4, T4 0.6
11/8/22: ACTH stim pre 5.3, post 8.1. 11/1/22: urine cortisol/crea ratio 136. 9/21/22: urine cortisol/crea ratio 127. 9/13/22: ACTH stim pre 3.8, post 18.3
Date of Previous IntraPet Ultrasound: 2/1/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (6.26 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 (5.34 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 mineral or infarcts observed. Pyelectasia is noted measuring 0.17 cm in the sagittal view.

Adrenal Glands

The right adrenal gland is small (flattened contour), measuring 0.46 cm at the cranial pole and 0.53 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is enlarged (2.76 cm x 2.76 cm) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape. There is some concern for possible early phrenicoabdominal vein invasion. This is not a definitive finding but can't be ruled out.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

ULTRASONOGRAPHIC FINDINGS

- **Left adrenal mass** – most consistent with an adenoma, given the concurrent contralateral right adrenal gland, or possibly adenocarcinoma, especially given the mild concern for possible early phrenicoabdominal vein invasion. A pheochromocytoma is possible but considered 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.

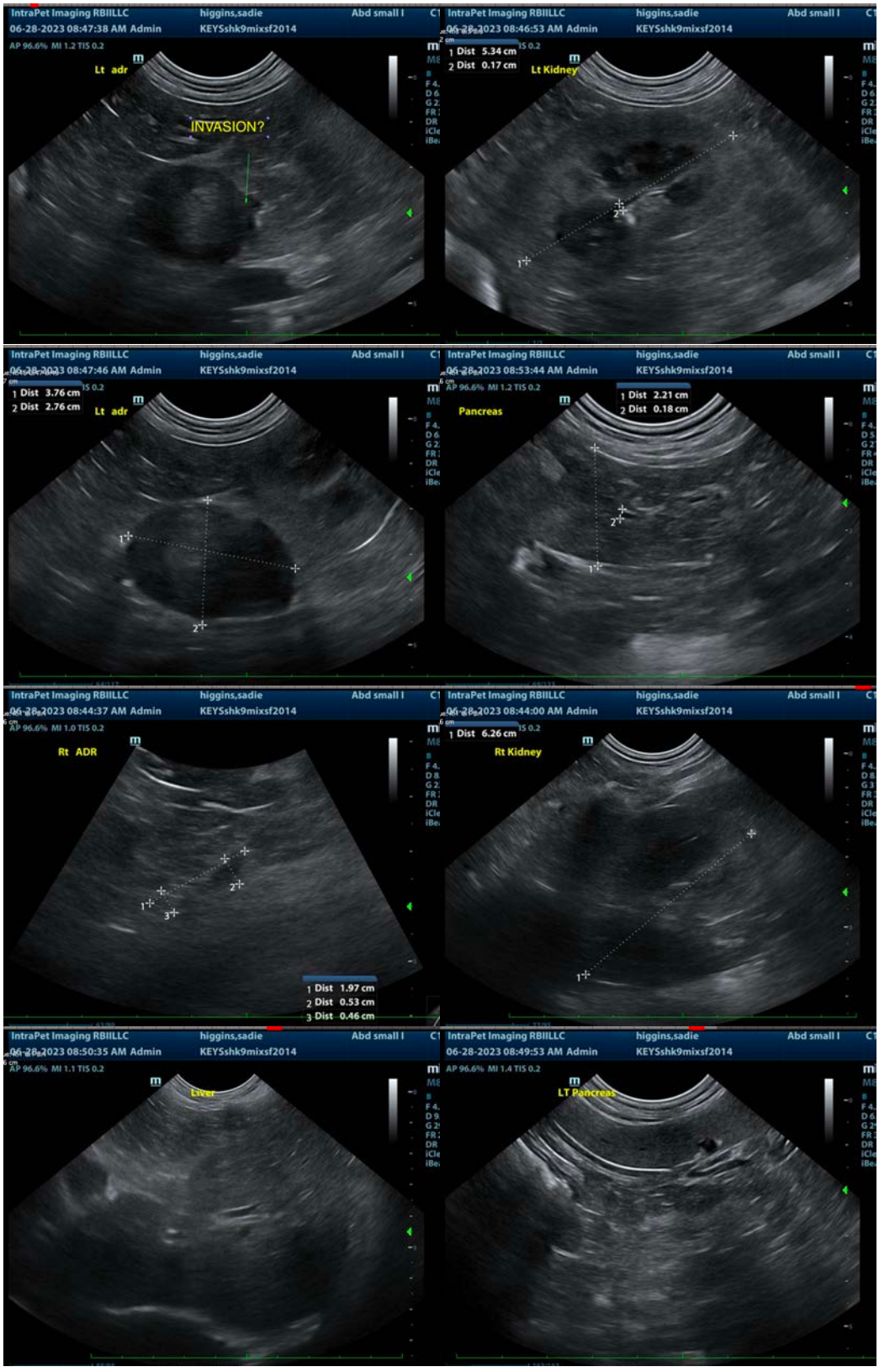
- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

- **Trace left kidney pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The treatment of choice for the adrenal mass is an adrenalectomy. Therefore, an adrenalectomy could be considered, and if elected, a pre-surgical planning abdominal CT scan is recommended to help further assess vascular invasion, etc.

In the meantime, or if continued medical management is recommended, then a recheck general metabolic health screen is recommended in the form of a CBC/chem panel, electrolytes, and urinalysis to help rule out contributing factors to this patient's reported clinical sings (i.e., PU/PD), but following that, recommendations are a transition from once daily to twice daily Vetoryl while maintaining the same or even decreased total daily dose. Many patients due better on lower twice daily doses than higher once daily doses. If that doesn't help, then transition from Vetoryl to Mitotane could be considered.


IntraPet Imaging RBIILLC
higgins,sadie
Abd small I
06-28-2023 08:47:38 AM Admin
KEYSshk9mixsf2014
Lt adr
INVASION?
IntraPet Imaging RBIILLC
higgins,sadie
Abd small I
06-28-2023 08:46:53 AM Admin
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1 Dist 5.34 cm
2 Dist 0.17 cm
Lt Kidney
IntraPet Imaging RBIILLC
higgins,sadie
Abd small I
06-28-2023 08:47:46 AM Admin
KEYSshk9mixsf2014
1 Dist 3.76 cm
2 Dist 2.76 cm
Lt adr
IntraPet Imaging RBIILLC
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Abd small I
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Pancreas
1 Dist 2.21 cm
2 Dist 0.18 cm
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KEYSshk9mixsf2014
Rt ADR
1 Dist 1.97 cm
2 Dist 0.53 cm
3 Dist 0.46 cm
IntraPet Imaging RBIILLC
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Abd small I
06-28-2023 08:44:00 AM Admin
KEYSshk9mixsf2014
1 Dist 6.26 cm
Rt Kidney
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KEYSshk9mixsf2014
Liver
IntraPet Imaging RBIILLC
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LT Pancreas

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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