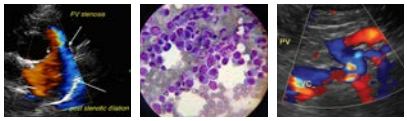
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/29/23

PATIENT

Ziva Everhart

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

6/11/11

WEIGHT

86.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Goodman

INVOICE

43616

PRESENTING CLINICAL SIGNS

Vomiting on saturday, has not vomited or eaten since then , noticed P was panting heavy, unstable on feet and fell over, felt lump near rib cage. Mentioned when vomited the food was not digested and feels it was the food from night before and morning, lethargic, typically lazy but now laying around all day only getting up to take a drink

Current Medications: given 6/26- Cerenia 10mg/ml- 4ml SQ scruff (eb), DexSP@4mg/ml ___ IM 4pm
Cerenia 80mg every 24 hours
Lab Results: calcium elevated to 13, liver values increased
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Declined at this time.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 (6.78 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 (7.63 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 normal in size (0.71 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

In the area of the left adrenal gland there is a large 5.2 cm x 7.0 cm heterogeneous, primarily hypoechoic, vascular mass with very little normal architecture and capsular escape, suspect vascular invasion, and the mass is surrounded by anechoic free fluid and enhanced hyperechoic mesenteric fat.

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

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. 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 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 a scant amount of anechoic free fluid noted adjacent to the suspected left adrenal mass.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

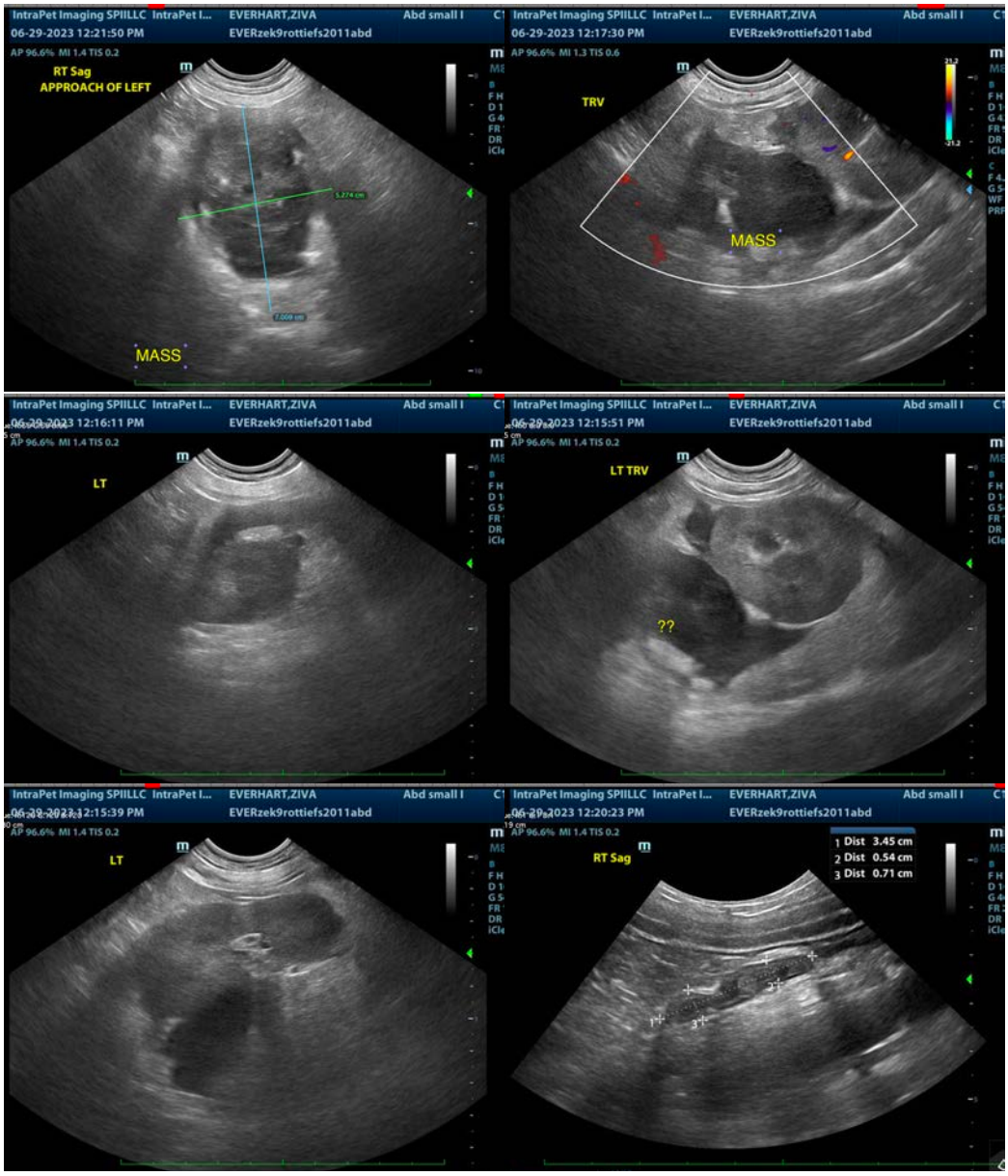
- Medial to the left kidney is a heterogeneous mass surrounded by free fluid and enhanced mesenteric fat, which appears to be adrenal in origin. However, given the lack of normal architecture and marked degree of pathologic change in the area, definitive origin is difficult to determine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the mass described above combined with this patient's hypercalcemia, etc., infiltrative neoplasia is considered the top differential (i.e., adenocarcinoma if this tumor is originating from the adrenal gland). Other differentials include an enlarged, possibly cystic lymph node versus other.

If possible, an abdominal contrast CT scan is recommended to further identify the origin of the mass as well as further stage the suspected neoplasia, etc. prior to what ultimately will most likely be recommended, which is an exploratory laparotomy for mass removal.

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.


IntraPet Imaging SPIILLC IntraPet I... EVERHART,ZIVA Abd small I
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AP 96.6% MI 1.4 TIS 0.2
RT Sag
APPROACH OF LEFT
MASS
IntraPet Imaging SPIILLC IntraPet I... EVERHART,ZIVA Abd small I
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LT
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AP 96.6% MI 1.4 TIS 0.2
LT TRV
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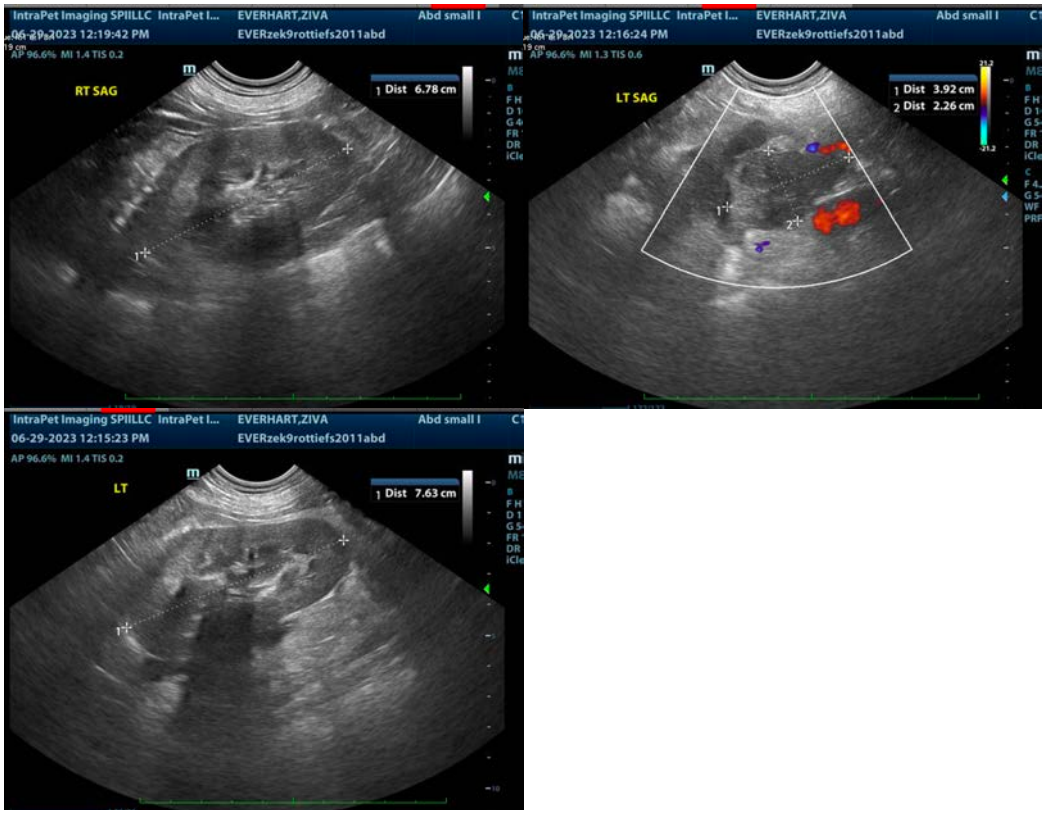
IntraPet Imaging SPIILLC IntraPet I... EVERHART,ZIVA Abd small I
AP 96.6% MI 1.4 TIS 0.2
LT
IntraPet Imaging SPIILLC IntraPet I... EVERHART,ZIVA Abd small I
06-29-2023 12:20:23 PM EVERzek9rottiefs2011abd
AP 96.6% MI 1.4 TIS 0.2
RT Sag
1 Dist 3.45 cm
2 Dist 0.54 cm
3 Dist 0.71 cm



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
info@sonopath.com