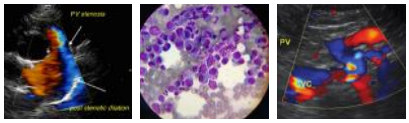
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/7/23

PATIENT

Hazel West

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

11/1/11

WEIGHT

68 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Belvedere VC

REFERRING VET

Dr. Molinelli

INVOICE

23293

PRESENTING CLINICAL SIGNS

History: Recheck of adrenal mass growth recommended by Dr. Petrus when consulting with owner they want to know. Dog is stable at this point.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 5/4/23. 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

Urinary bladder is adequately distended with primarily anechoic contents, as well as some echogenic and mineral debris. Several small cystoliths (approximately 0.3 cm in size and under) are noted. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Multiple punctate nonobstructive nephroliths are noted bilaterally. The left kidney measures 6.36 cm. The right kidney measures 5.88 cm.

Adrenal Glands

The left adrenal gland is enlarged (1.0 cm at the cranial pole and 1.25 cm at the caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape. Phrenicoabdominal vein invasion is noted, resulting in a phrenicoabdominal vein, measuring 0.92 cm dilated.

Right adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 0.7 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

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.

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 very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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 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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left adrenal gland mass with a concurrently subjectively flat right adrenal gland is suggestive of a functional cortical tumor and given the phrenicoabdominal invasion, a metastatic adenocarcinoma vs other is considered the top differential. The appearance of the mass and the vascular invasion, however, appear stable from the previous ultrasound.
- Heterogenous 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 appearance of the liver is relatively static to potentially improved given that the previously described subtle hyperechoic nodule is not well visualized in this study.
- The urinary bladder cystoliths appear similar to the previous study and are likely small enough to pass.

Secondary Findings

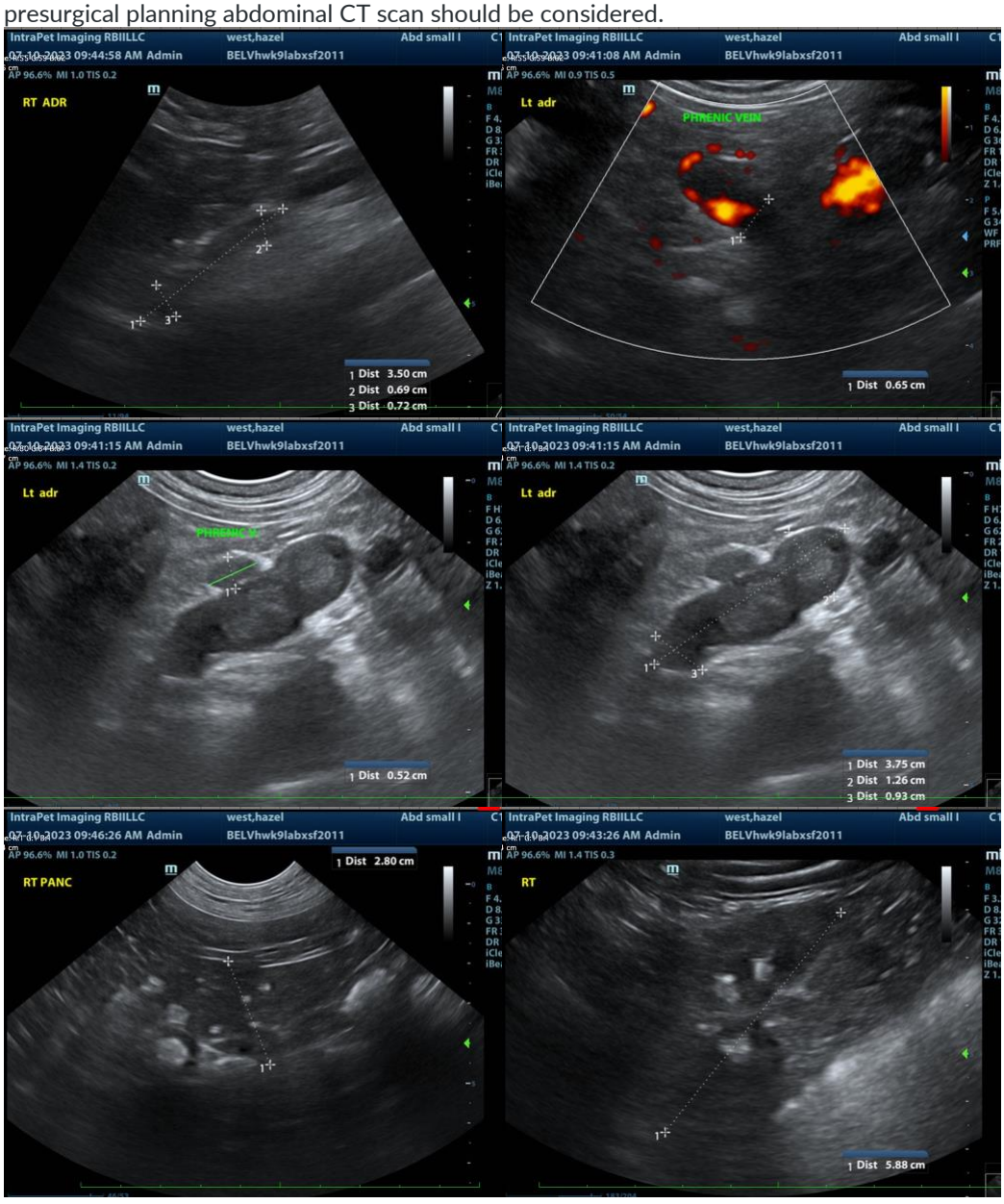
- Age-related kidney changes with punctate nonobstructive nephrolithiasis bilaterally is similar in appearance to the previous exam.
- Pancreatic age-related remodeling - The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

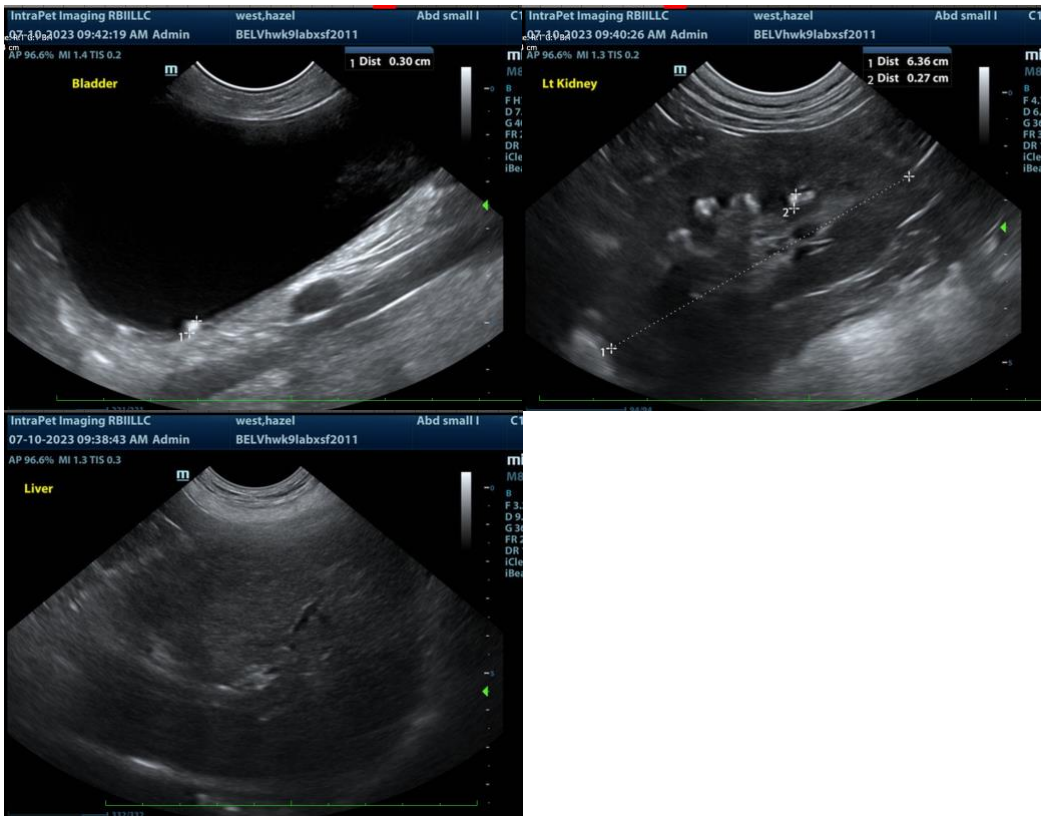
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a blood pressure is recommended, as is urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Adrenal hormone testing could be considered to further identify/confirm a functional tumor, beginning with

a LDDST. Ultimately, however, a left adrenalectomy is likely the treatment of choice and if pursued, a presurgical planning abdominal CT scan should be considered.





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
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