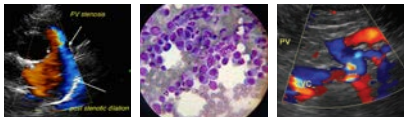
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

7/6/22

PATIENT

HoneyBear Kelly

SPECIES

Canine

BREED

Dachshund

SEX

Intact Female

AGE

1/12/15

WEIGHT

19.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Essex Middle River Vet Center

REFERRING VET

Dr. Zulty

INVOICE

39250

PRESENTING CLINICAL SIGNS

Marked ascites, intact; no clinical issues.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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 kidneys are normal in size but bilaterally and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left is 5.84 cm. The right is 5.99 cm.

Adrenal Glands

The right adrenal gland is small (flattened contour), measuring 1.95 cm long x 0.61 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 completely displaced by a heterogeneous 5.0 cm mass that escapes the normal adrenal capsule and results in a complete loss of normal architecture. Echogenic tissue is noted within the vena cava, adjacent to the left adrenal mass, concerning for vascular invasion. A separate thrombus secondary to the hypercoagulable state created by hyperadrenocorticism can't be ruled out, but is considered less likely than tumor vascular invasion.

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 1.0 cm hypoechoic nodule is noted, non-capsule disrupting at the head of the spleen. 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 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

The uterus and right ovary are visible without evident pathology. The left ovary is unable to be visualized.

There is no visible lymphadenopathy noted in these images, and no evidence of pericardial effusion or disease. However, there is a very large amount of free abdominal fluid, likely secondary to vena caval occlusion.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass with occlusion of the vena cava – Top differential for this adrenal mass and vascular change is infiltrative malignant neoplasia such as adrenal adenocarcinoma or pheochromocytoma with vascular invasion. A benign adrenal adenoma with a secondary thrombus as a result of the hypercoagulable state created by hyperadrenocorticism is possible, but considered much less likely than a malignant tumor with vascular invasion. Given the flat appearance to the right adrenal gland, a functional tumor such as an adenocarcinoma is considered most likely.

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

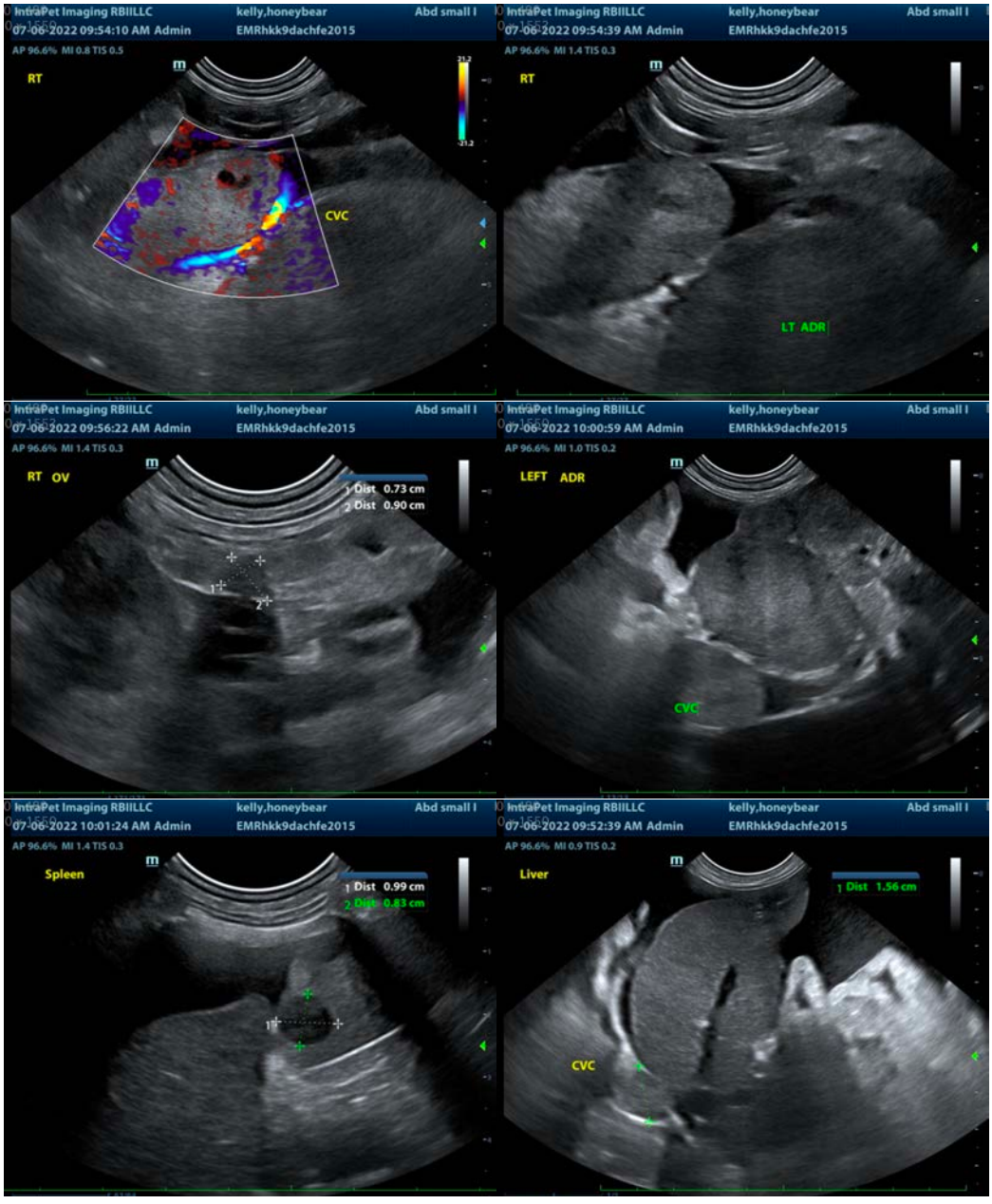
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.

- Consultation with a board certified surgeon is recommended regarding an adrenalectomy of the left adrenal gland, which is the recommended course of treatment. A pre-surgical planning CT scan may be warranted.

- A blood pressure is recommended if not recently evaluated.

**Normal appearance of the organs is slightly altered by the large amount of anechoic free fluid and clumped floating mesentery.


IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
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EMRhkk9dachfe2015
AP 96.6% MI 0.8 TIS 0.5
RT
CVC
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
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EMRhkk9dachfe2015
AP 96.6% MI 1.4 TIS 0.3
RT
LT ADR
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
07-06-2022 09:56:22 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.4 TIS 0.3
RT OV
1 Dist 0.73 cm
2 Dist 0.90 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
07-06-2022 10:00:59 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.0 TIS 0.2
LEFT ADR
CVC
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
07-06-2022 10:01:24 AM Admin
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AP 96.6% MI 1.4 TIS 0.3
Spleen
1 Dist 0.99 cm
2 Dist 0.83 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small l
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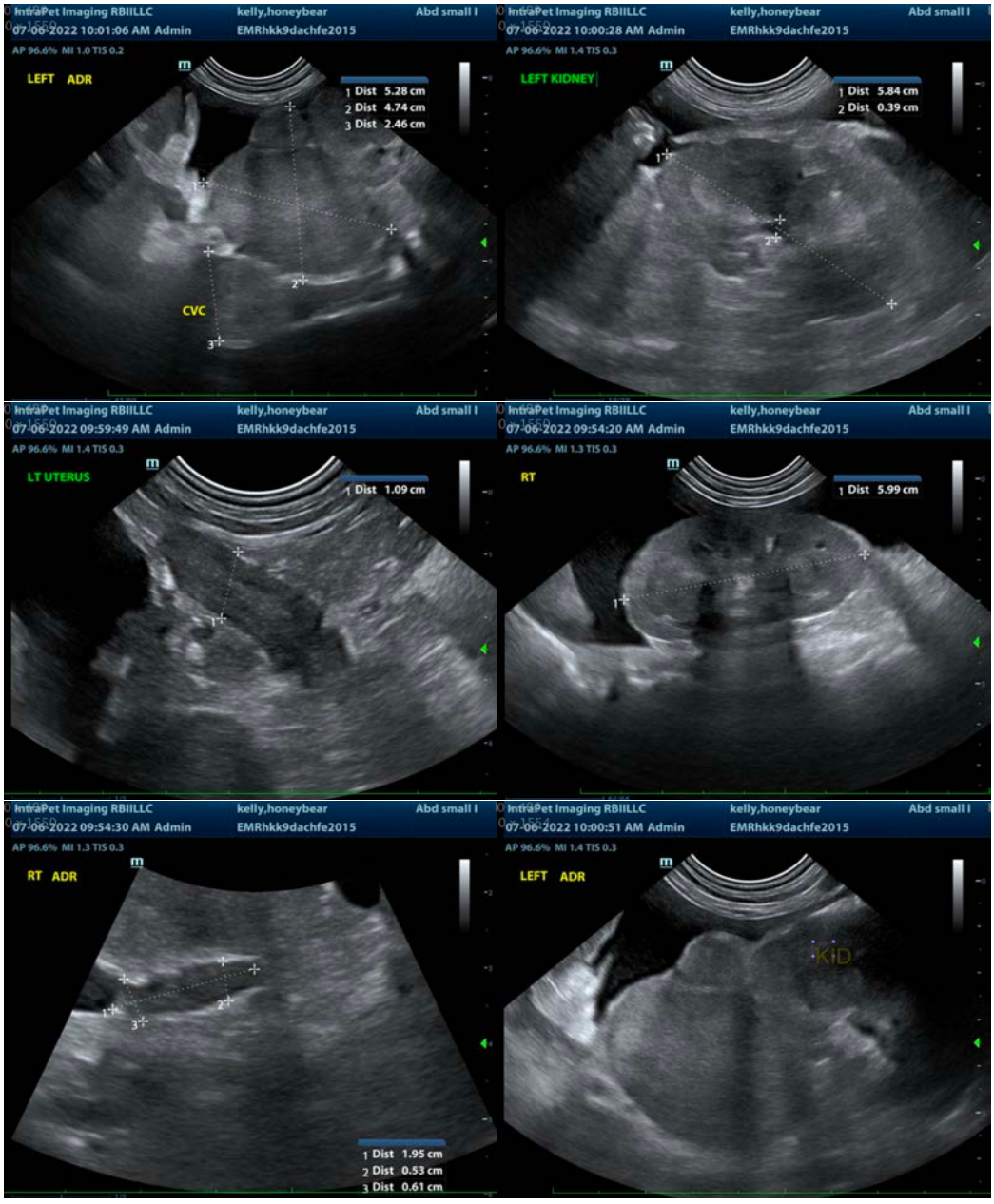
AP 96.6% MI 0.9 TIS 0.2
Liver
1 Dist 1.56 cm
CVC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kelly,honeybear
Abd small I
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EMRhkk9dachfe2015
AP 96.6% MI 1.0 TIS 0.2
LEFT ADR
1 Dist 5.28 cm
2 Dist 4.74 cm
3 Dist 2.46 cm
CVC
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small I
07-06-2022 10:00:28 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.4 TIS 0.3
LEFT KIDNEY
1 Dist 5.84 cm
2 Dist 0.39 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small I
07-06-2022 09:59:49 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.4 TIS 0.3
LT UTERUS
1 Dist 1.09 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small I
07-06-2022 09:54:20 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.3 TIS 0.3
RT
1 Dist 5.99 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small I
07-06-2022 09:54:30 AM Admin
EMRhkk9dachfe2015
AP 96.6% MI 1.3 TIS 0.3
RT ADR
1 Dist 1.95 cm
2 Dist 0.53 cm
3 Dist 0.61 cm
IntraPet Imaging RBIILLC
kelly,honeybear
Abd small I
07-06-2022 10:00:51 AM Admin
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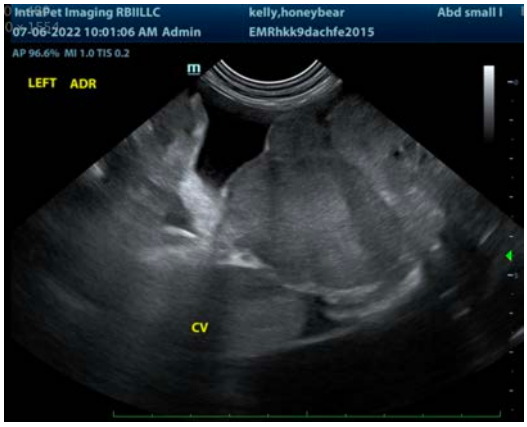
AP 96.6% MI 1.4 TIS 0.3
LEFT ADR
KID



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.

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