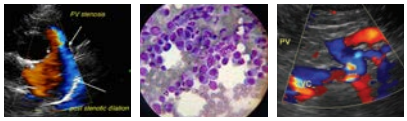
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/10/23

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

44602

PRESENTING CLINICAL SIGNS

Hypercalcemia and mild ALP/AST and inflamed abdominal mass re-evaluation.

Current Medications: Metronidazole 500mg tablet 6/29/2023, PRO-PECTALIN TABLETS 6/29/2023 Cerenia Injection 10mg/mL 6/26/2023, Cerenia 160mg tablet 6/26/2023
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 6/29/23. See attached.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Additionally, there is some sand/mineral non-shadowing debris noted. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (7.28 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 (7.08 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, or mineral observed. A chronic infarct is noted in the cranial pole.

Adrenal Glands

The right adrenal gland is normal in size (0.54 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. A hyperechoic nodule is noted in the caudal pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

In the area of the left adrenal gland there is a 2.8 cm x 3.45 cm, heterogeneous, primarily hypoechoic vascular mass that appears to be the cranial pole of the left adrenal gland. The caudal pole of the left adrenal gland is more normal in appearance and measures 0.80 cm wide. There is very little normal architecture in the cranial pole of the left gland with capsular escape and suspect 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). 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 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 (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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The left cranial abdominal mass believed to be the cranial pole of the left adrenal gland is largely unchanged with subjectively mild improvement in the previously noted free fluid and hyperechoic enhanced mesenteric fat, neither of which are noted today.

- Hyperechoic adrenal nodule in the right adrenal gland – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

- Mineral/sand urinary bladder debris

- Chronic infarct in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

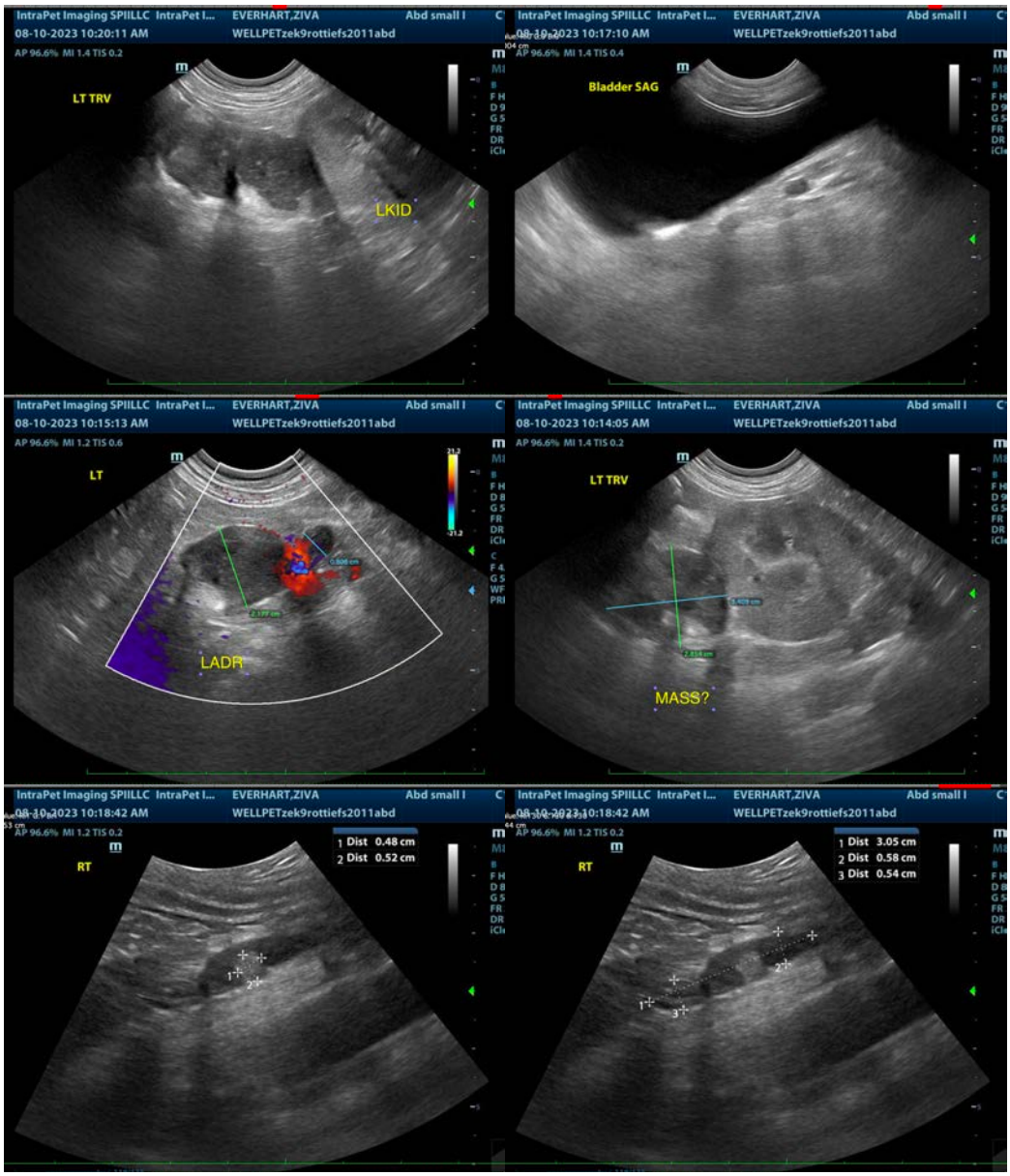
Recommendations are dependent on diagnostics and treatments since the previous scan as well as current patient clinical status, etc., but could include further evaluation of the hypercalcemia, if hypercalcemia is still present, in the form of a malignancy panel to include PTH, PTHrP, and ionized calcium.

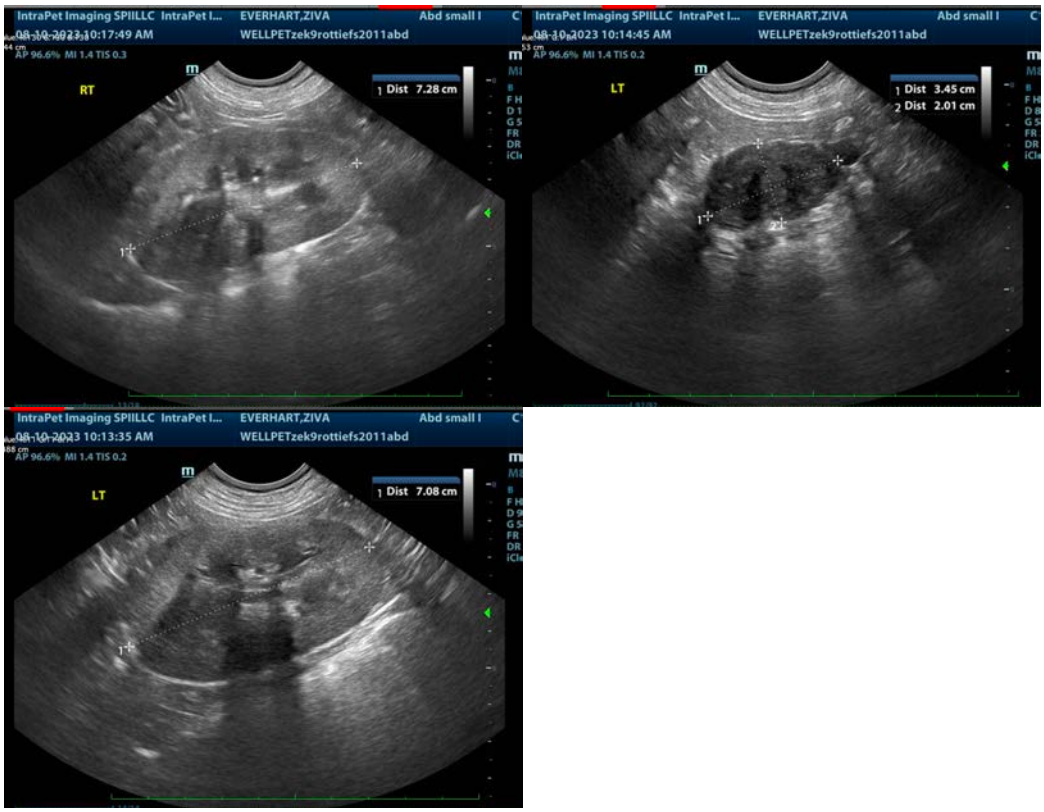
If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Additionally, a blood pressure should be considered if not recently evaluated.

Hormone testing in the form of a low-dose Dexamethasone suppression test could be considered.

Finally for further differentiation/staging, etc., an abdominal contrast CT scan could be considered.





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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