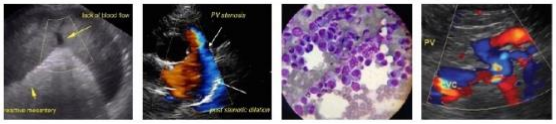


PATIENT

Skye Gaspar

SPECIES

Canine

BREED

Barded Collie

SEX

Intact Female

AGE

14 Years

WEIGHT

17 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Coghlan

INVOICE

23934

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: seen at the end of July for not eating, lethargic, PU/PD. Dental dz, several fractured teeth. NAF on auscultation, mm mass loss treated for UTI based on routing urinalysis Still not doing well, recheck u/a showed no bacteria but lots of RBCs ABNORMAL Labwork Values pending, last bloodwork done in March was unremarkable, repeating bloodwork when comes for u/s

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

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, mineral or infarcts observed. Left kidney measures 6.5 cm. Right kidney measures 5.75 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left adrenal gland measures 1.0 cm at the cranial pole and 0.63 cm at the caudal pole. A hyperechoic nodule is noted in the cranial pole of the left adrenal gland. Nodule does not disrupt normal shape and/or architecture. Right adrenal gland measures 1.3 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.

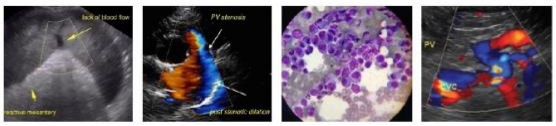
Liver

Liver is subjectively 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. An approximately 7.0 cm in diameter, mildly heterogenous, primarily isoechoic mass is noted in the mid deep liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. Medial iliac lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

Other

Both ovaries are visualized without evident ovarian pathology.

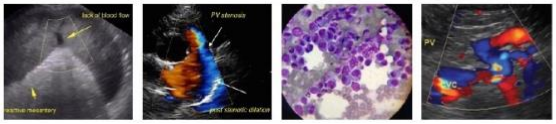
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly heterogenous liver mass could represent infiltrative neoplasia, such as hepatocellular carcinoma vs sarcoma vs round cell neoplasia vs other, however, benign hepatoma/adenoma, marked nodular hyperplasia, etc., cannot be ruled out without tissue sampling.
- Aggressive medial iliac lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. This finding should be interpreted in combination with the location of the reported mammary mass.
- Bilateral adrenomegaly with hyperechoic left adrenal nodule – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism. Differentials for the hyperechoic nodule in the cranial pole of the left adrenal gland 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.

Secondary Findings

- Age-related kidney changes
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial



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abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

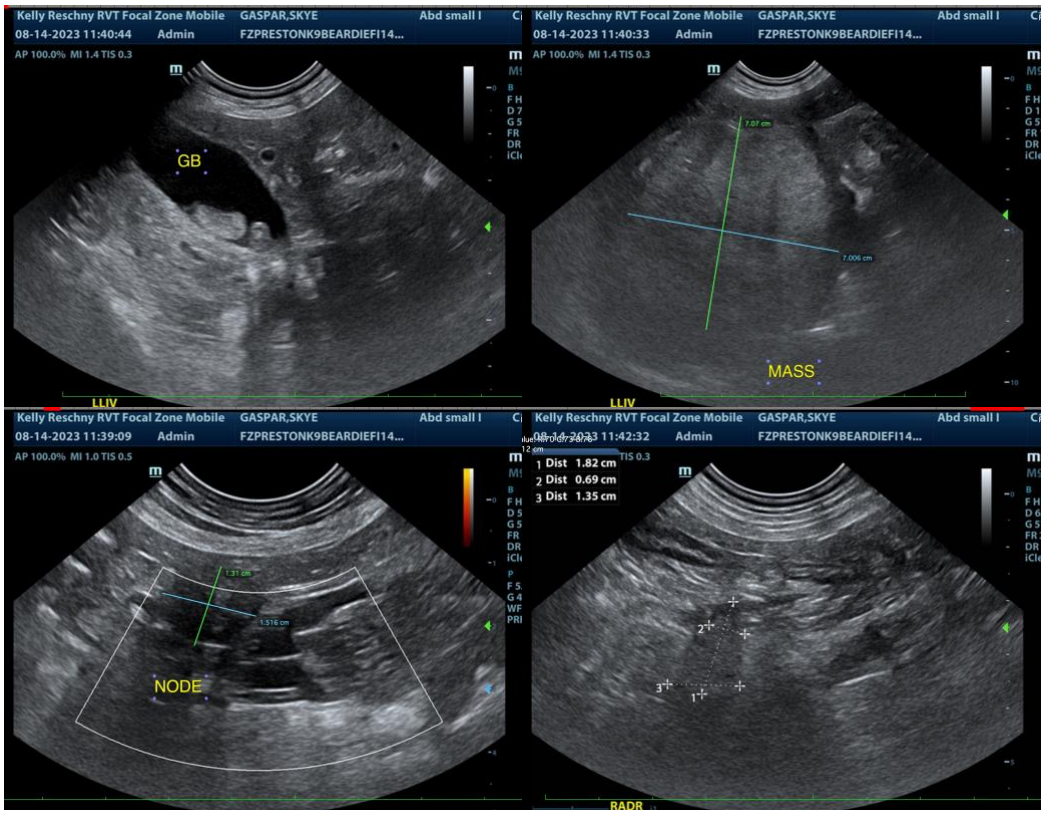
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a recheck general metabolic health screen is recommended in the form of CBC/chemistry panel, electrolytes and 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.

Fine needle aspirates of the liver mass, as well as the medial iliac lymph nodes are recommended if patients coagulation status is appropriate.

If not recently evaluated, 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.

The adrenal gland changes could represent a hormone imbalance, i.e., hyperadrenocorticism, that could be contributing to the reported PU/PD, however, hyperadrenocorticism does not result typically in decreased appetite, lethargy, etc., except in the less common presentation of a pituitary macroadenoma. Therefore, further evaluation of the other pathology, i.e., mammary mass, hepatic mass, etc., is recommended prior to further pursuing hyperadrenocorticism. The exception of this is if pituitary imaging, in the form of a CT or MRI, are considered to look for evidence of a macroadenoma.



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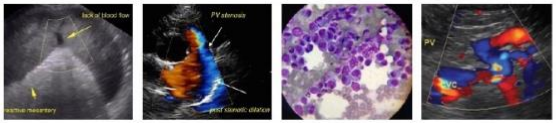

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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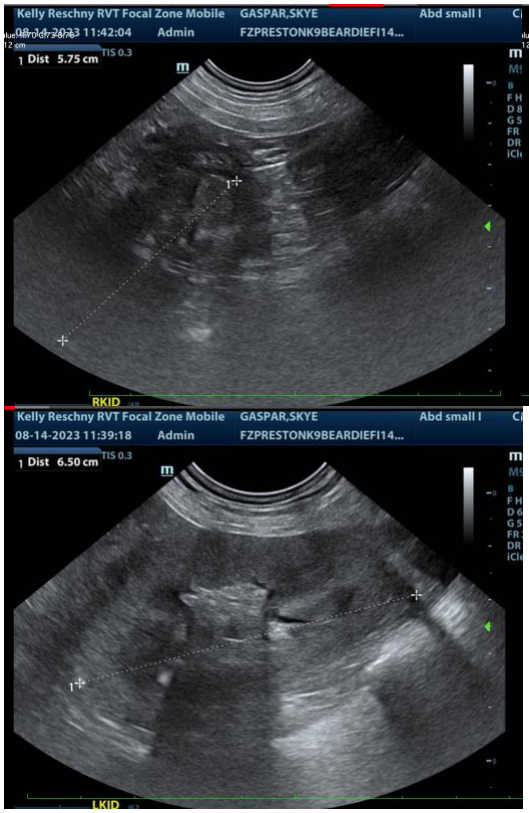

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com