

**DATE**

8/23/22

PRESENTING CLINICAL SIGNS

History: Patient presents for evaluation of staging and grading for MCT on lateral neck. BW, chest radiographs, and AUS to be performed today. Patient has no other pertinent medical history.

PATIENT

Roxy Baker

Current Medications: None.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

4/22/15

WEIGHT

75 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

17013

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.

Left kidney is normal is size (6.48 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.

Right kidney is normal is size (7.41 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 left adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 2.8 cm long x 0.5 cm at the cranial pole and 0.52 cm at the caudal pole.

Right adrenal gland is normal in size (3.6 cm long x 1.4 cm at cranial pole and 0.95 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. Several non-capsular-escaping hyperechoic nodules were present throughout the gland. A (1.5 cm) hyperechoic nodule, that results in some capsular expansion, but not escape, is present in the cranial pole. A (0.9 cm) hyperechoic nodule is present in the caudal pole and a (0.9 cm in diameter) hyperechoic nodule is present in the middle of the adrenal gland.

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. No focal lesions are observed. 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 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. 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

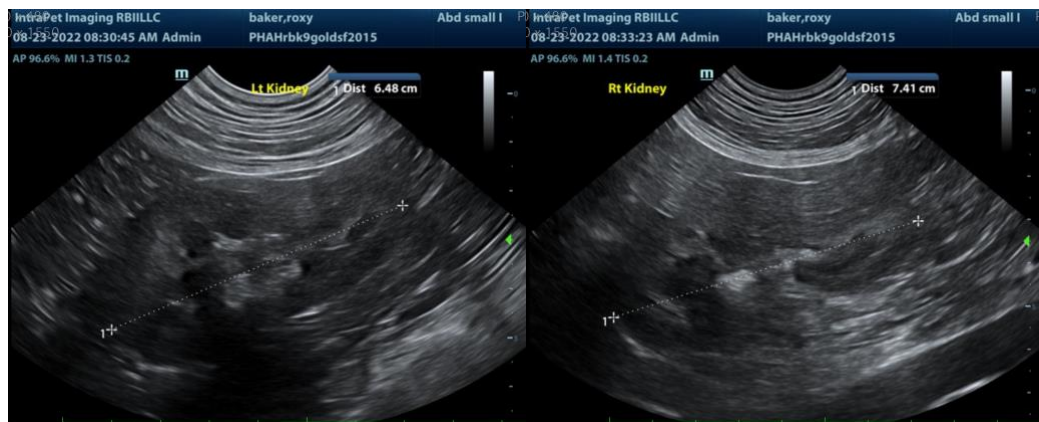
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

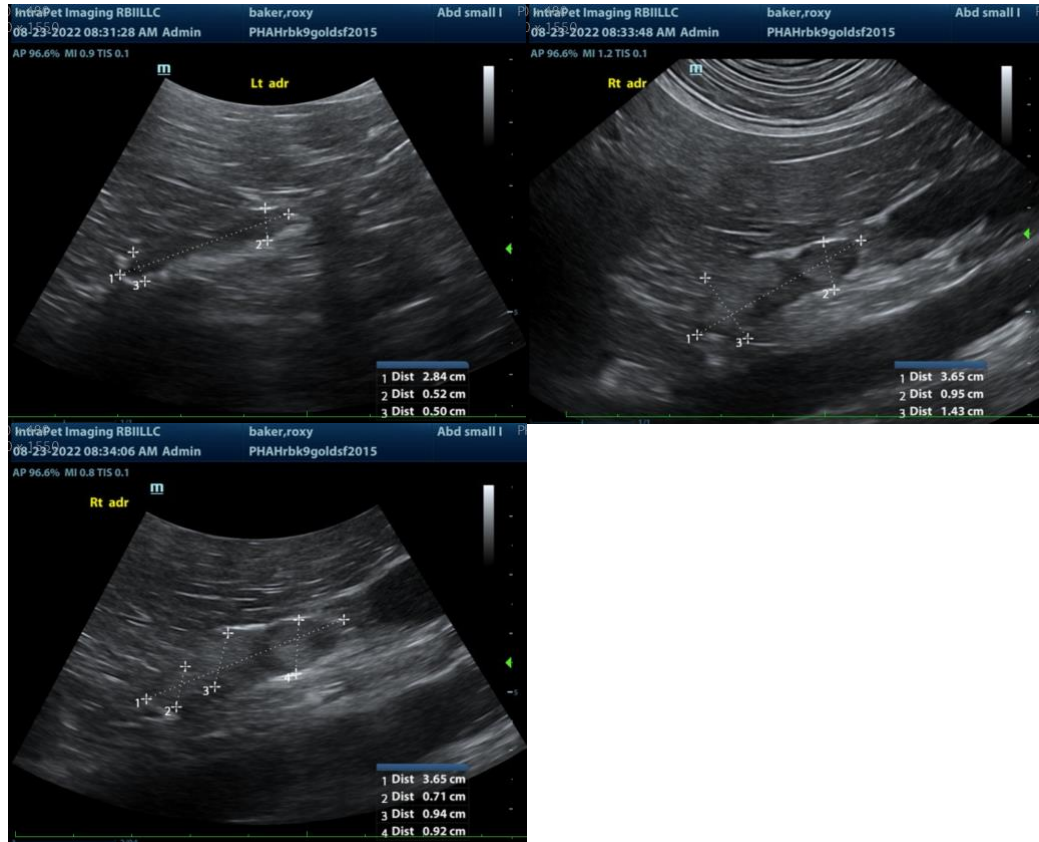
ULTRASONOGRAPHIC FINDINGS

- Several hyperechoic adrenal nodules, differentials for which include primary adrenal cortical adenoma, adrenal hyperplasia secondary to pituitary disease, myelolipomas or much less likely adenocarcinoma or pheochromocytoma. Metastatic disease, and in this patient, metastatic mast cell tumor, is possible, but considered rare and much less likely. Given the concurrently flat left adrenal gland, a functional adrenal cortical adenoma is considered the top differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include the continued staging and management of this patient's mast cell tumor, as is reportedly planned. Following recovery from surgery, if performed, etc., if clinical signs of hyperadrenocorticism are present, then testing for hyperadrenocorticism, in the form of a low dose dexamethasone suppression test is warranted. However, without clinical signs, recommendations at this stage include monitoring of the adrenal nodules ultrasonographically and/or pursuing testing if/when clinical signs develop. A blood pressure is recommended, if not recently evaluated.





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
Beth.Johnson@SonoPath.com