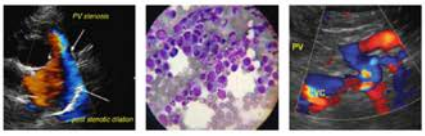
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jack Scripter

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

80 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

40739

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Abdominal pain and ADR in general. Previous prostatitis. Recent neuter.

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 prostate is mildly enlarged, measuring 2.7 cm wide. Parenchyma is diffusely homogeneous and relatively isoechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding is likely a normal patient variant, given that this patient was recently neutered as an adult. Prostatitis or even much less likely infiltrative neoplasia cannot be definitively ruled out, but are considered less likely.

The right kidney is normal in size (7.89 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 (7.32 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

In the area of the right adrenal gland, believed to be a right adrenal mass is a 4.0 cm x 6.0 cm, irregular, poorly differentiated, heterogeneous mass that appears to invade the vena cava.

The left adrenal gland is normal in size (0.50 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

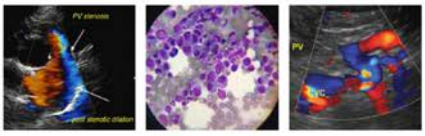
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Jack Scripter

SPECIES
Canine

BREED
American Bulldog

SEX
Neutered Male

AGE
8 Years

WEIGHT
80 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Pinecrest AH

INVOICE
40739

DATE
8/25/22

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.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Caudal to the stomach, there is a 3x4 cm heterogenous, irregular hypoechoic mass.

PRIMARY FINDINGS

- **Mass in the area of the right adrenal gland, which appears to be a right adrenal mass** – Top differential is an aggressive inflamed adenocarcinoma. Other adrenal tumors such as a pheochromocytoma or even adenoma are possible, but considered much less likely.
- **Prostatomegaly** – Consistent with recent adult aged neuter due to reported prostatitis.
- **Reactive medial iliac lymphadenopathy** – Likely also resolving from reported previous prostatitis.
- Mass caudal to the stomach differentials for which include lymph node, pancreas, other tissue of unknown origin. It's even possible that the mass is an extension of the right adrenal mass.

ULTRASONOGRAPHIC FINDINGS

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

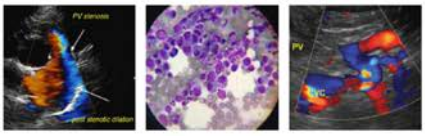
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Adrenal hormone testing could be considered in the form of a low-dose Dexamethasone suppression test for further evaluation of the mass believed to be an adrenal mass. Ultimately, however, surgical excision of the mass/adrenalectomy is likely indicated. A pre-surgical planning abdominal CT scan is recommended prior to surgery.

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jack Scripter

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

80 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

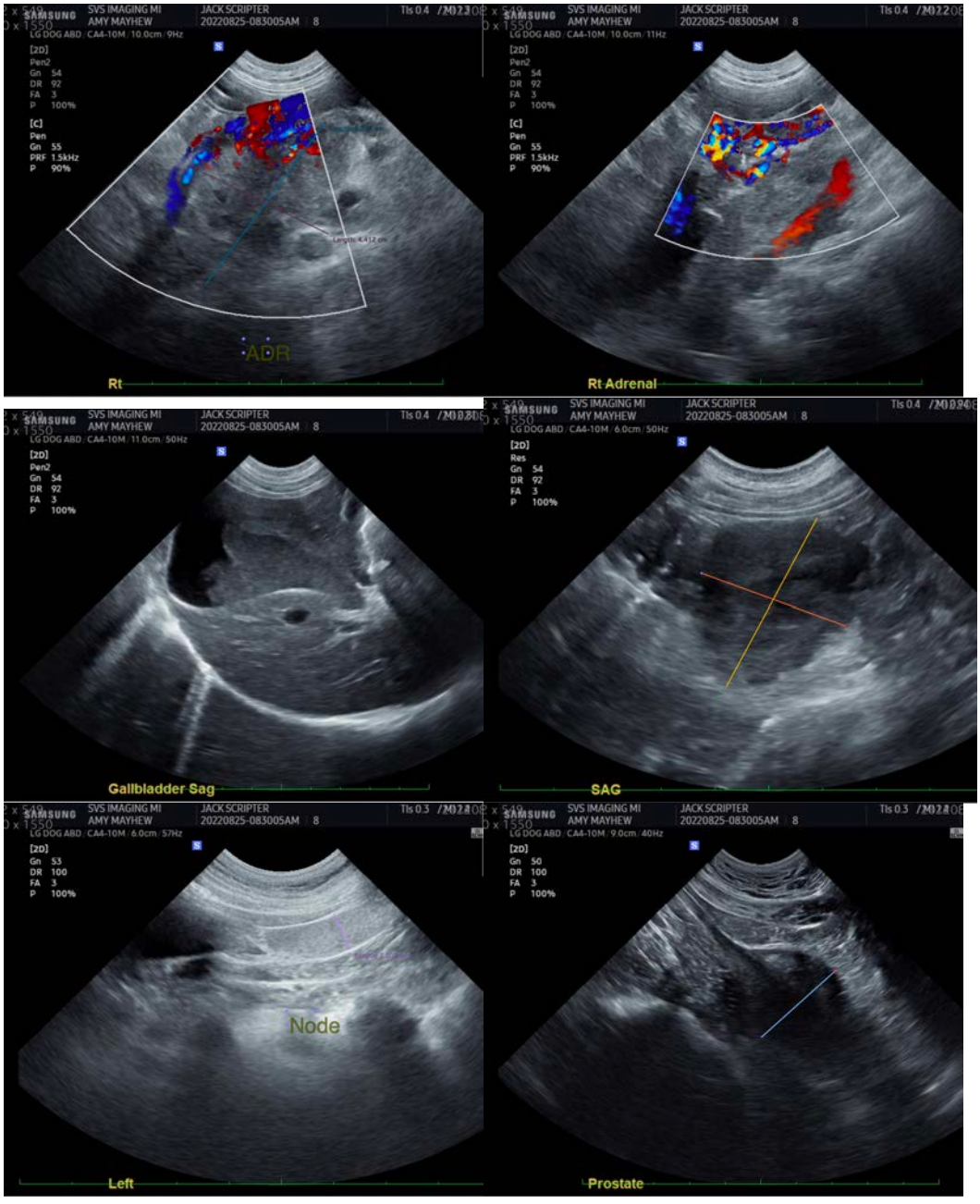
40739

DATE

8/25/22

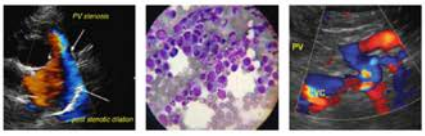
If the mass caudal to the stomach was the structure reportedly aspirated, submission for cytology and culture, if indicated based on cytology, is recommended.

A blood pressure is also recommended if not recently evaluated.



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jack Scripter

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

80 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

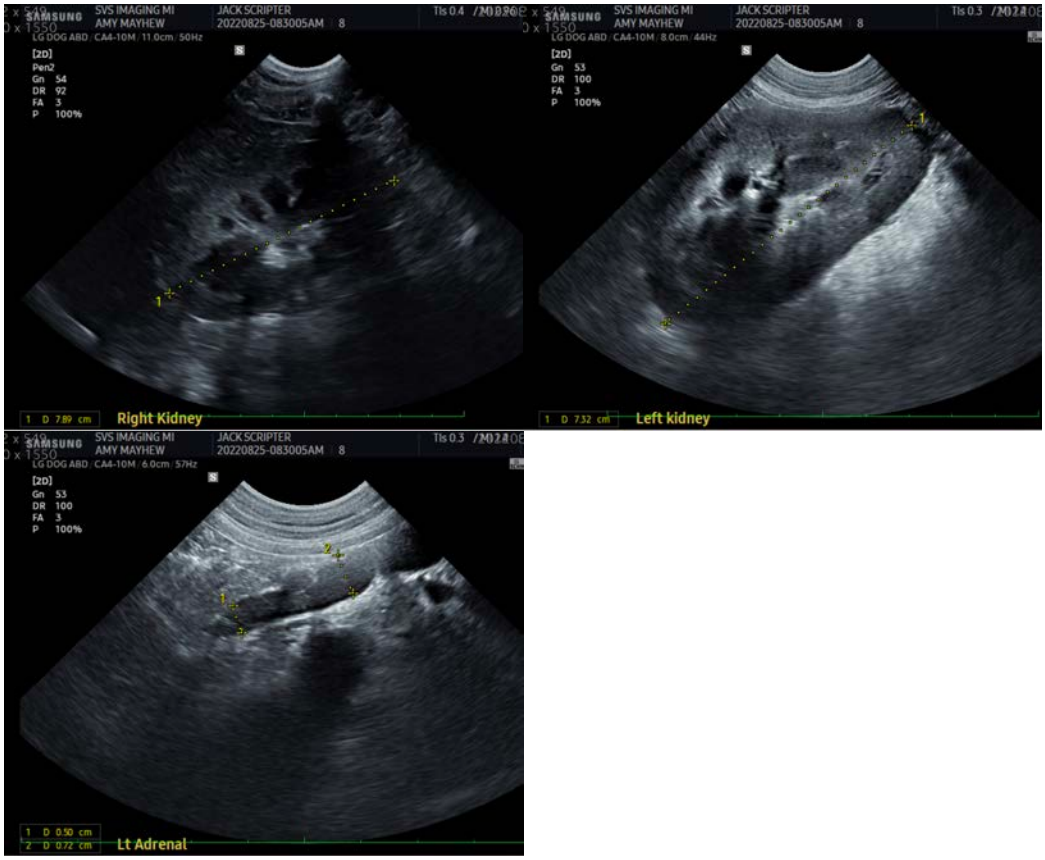
Pinecrest AH

INVOICE

40739

DATE

8/25/22



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
Beth.Johnson@sonopath.com