

**DATE**

9/26/22

PRESENTING CLINICAL SIGNS**PATIENT**

Louie Kourtesis

History: Dog presented early summer (5/2022) for signs of mild PU/PD, diminished hair coat, weight loss/loss of generalized body condition and a slightly "Pot-bellied" appearance. Blood panel showing elevation of ALKP and minor elevation of Chol. but U/A showed evidence of bacteria and moderate degree of proteinuria. Tick panel (4Dx) neg. Treatment with ABX (Clavamox) resulted in some improvement in clinical signs (water intake and urine output decreased). Dog stable and condition unchanged up to most recent examination eye and facial drooping (8/27/2022) which was determined to be Horner's Syndrome. The dog was found to have lost more weight/body condition down to 56.2 lbs from 64.4 lbs in (4/2022).

SPECIES

Canine

Current Medications: None currently.

BREED

Boxer Mix

Lab Results: U/A (5/3/2022) +2 proteinuria; moderate population of bacterial found in urine. Blood panel (5/1/2022): Alkp 2077 (5-160)

Chol 353 (131-345), GGT 14 (0-13)

Date of Previous IntraPet Ultrasound: No previous.

SEX

Neutered Male

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

2/21/12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

56.4 Pounds

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Left kidney is normal is size (7.42 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 infarcts observed. Nonobstructive dystrophic mineralization was noted.

HOSPITAL NAME

Fork VH

Right kidney is normal is size (6.32 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, or infarcts observed. Nonobstructive dystrophic mineralization was noted.

REFERRING VET

Dr. Doherty

Adrenal Glands

In the area of the left adrenal gland, there is a large, at least 6.0 cm x 4.0 + cm in size, mixed heterogeneous, partially cavitated and mineralized mass that invades the vena cava, evidenced by mineralized heterogeneous tissue within the vena cava, as well as a potential clot within the vena cava.

INVOICE

17471

Right adrenal gland is normal in size (2.5 cm long x 1.0 cm at cranial pole and 1.0 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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 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. 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 a marked amount of enhanced hyperechoic tissue surrounding the left adrenal gland. No free fluid or lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A heterogeneous mineralized left adrenal mass with vascular invasion, most consistent with infiltrative malignant neoplasia, such as an adrenal adenocarcinoma or potentially a pheochromocytoma. Benign disease with a concurrent clot in the vena cava, given the hypercoagulable state caused by adrenal disease is possible but considered exceedingly less likely, given the marked loss of normal architecture of the gland and appearance of mineralized tissue within the vessel.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

Secondary Findings

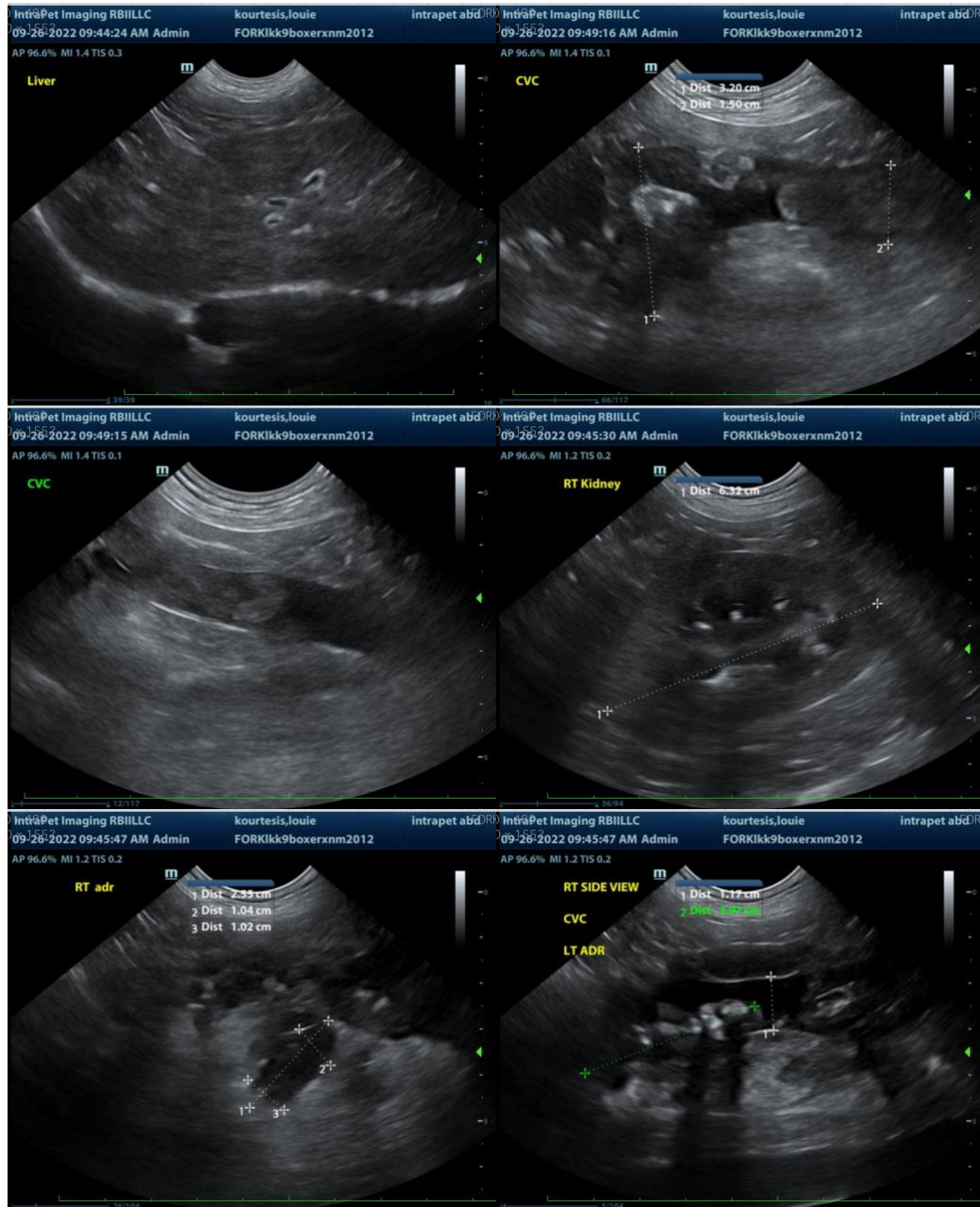
- Nonobstructive dystrophic mineralization bilaterally in the kidneys

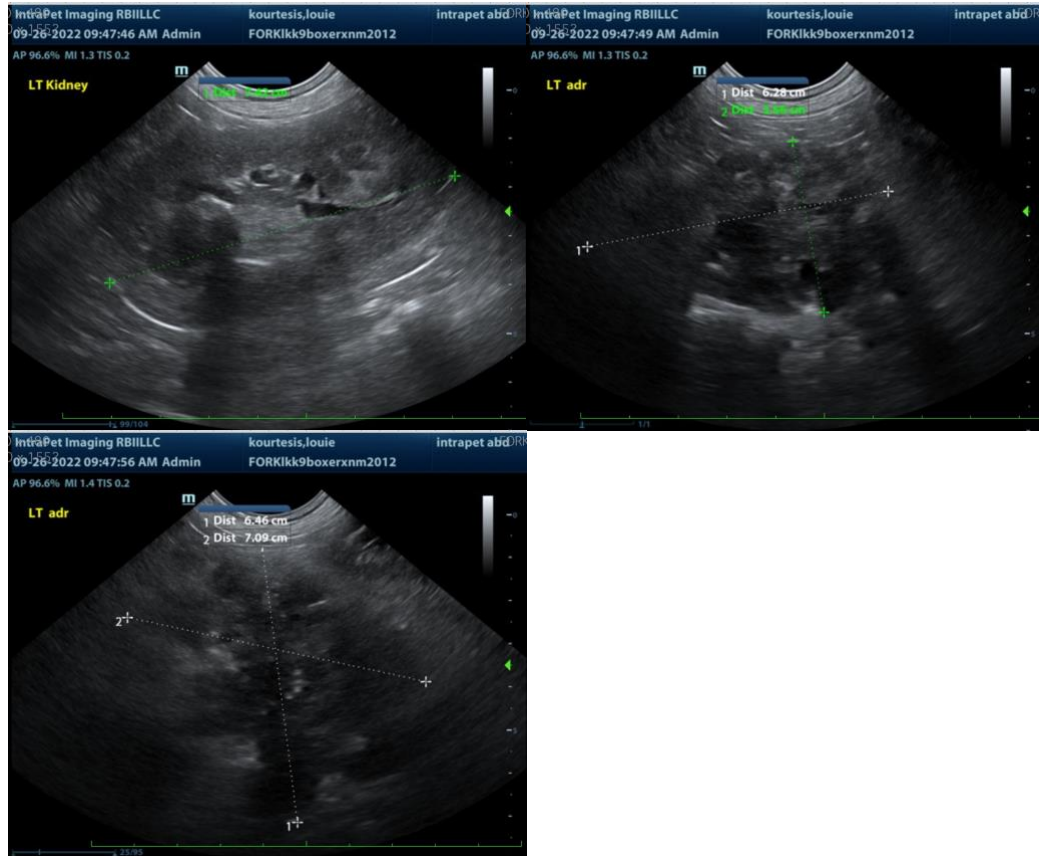
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A blood pressure is recommended if not recently evaluated.

A low dose dexamethasone suppression test could be considered for more definitive evidence of adrenal function, etc., however, ultimately, the recommended treatment is going to likely be an adrenalectomy of the left adrenal gland. A presurgical planning abdominal CT scan could be considered for a more definitive planning of resectability, etc.





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.

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