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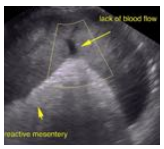
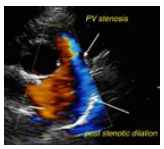
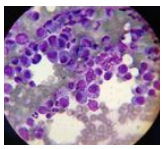
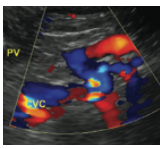

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1-800-838-4268 info@sonopath.com

PATIENT
Charlie Fertel

SPECIES
Canine

BREED
Redbone Coonhound

SEX
Neutered male

AGE
15 years

WEIGHT
83.2 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Hornbuckle

HOSPITAL NAME
Golden Isles AH

REFERRING VET
Dr. Hornbuckle

INVOICE
42579

DATE
1/9/23

PRESENTING CLINICAL SIGNS

History: Positive low dose dex test, Ultrasound ordered to review adrenal glands.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 6.93 cm and the right kidney measured 6.65 cm.

Adrenal Glands

Right adrenal gland is enlarged with a generally heterogeneous echotexture and an enlarged caudal pole with effacement of normal architecture with heterogenous mass tissue and irregular capsular margin. Concern for invasion of phrenic vasculature. The right adrenal gland measured 3.5 cm in length x 1.6 cm at the caudal pole and 1.0 cm at the cranial pole.

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.2 cm in length x 0.56 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The spleen was normal in size with a slightly mottled or coarse parenchyma and smooth capsule. Perivascular hyperechoic nodules are most consistent with benign myelolipomas. Normal splenic vasculature with no signs of congestion or thrombosis

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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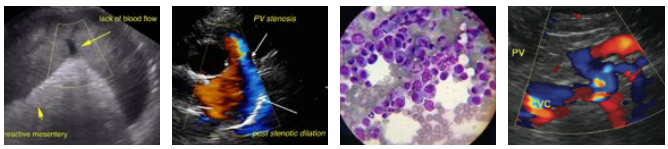

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Right adrenal gland mass with vascular invasion.
2. Splenic parenchymal changes with smooth capsule
3. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right adrenal gland mass is irregular and appears to be invading surrounding vasculature. Differentials owing to sonographic architecture and clinical history include cortisol secreting tumor, carcinoma, pheochromocytoma, pronounced adenoma/hyperplasia, myelolipoma less likely. Consider urine catecholamine for pheo detection if attempted surgical removal is pursued. CT recommended for surgical planning. Splenic changes are a common age related change and nodules are most consistent with benign myelolipomas. but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment. Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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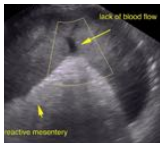
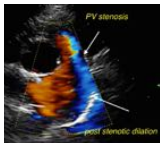
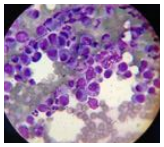
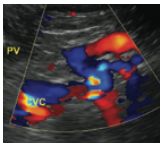

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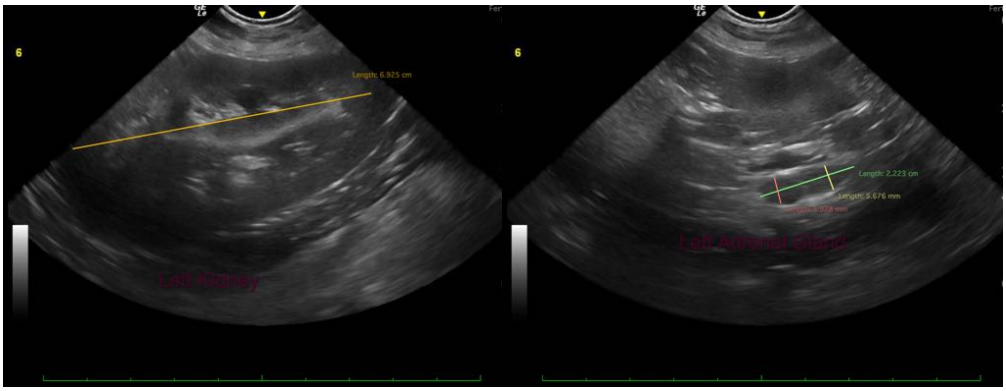

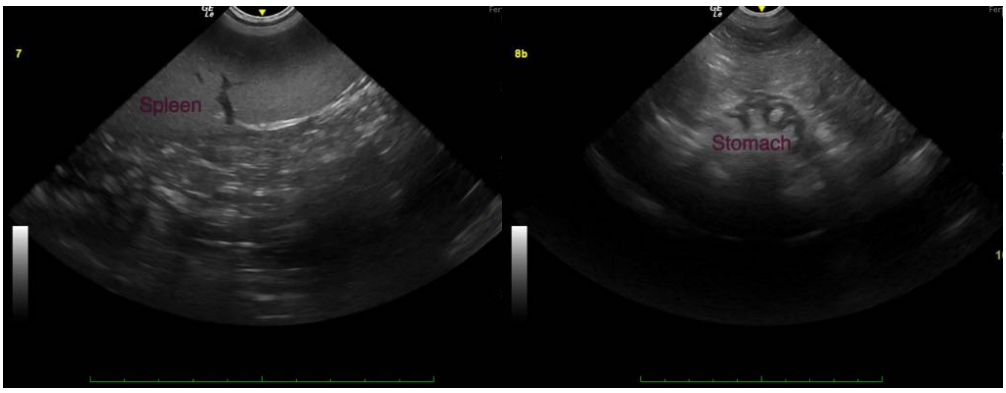

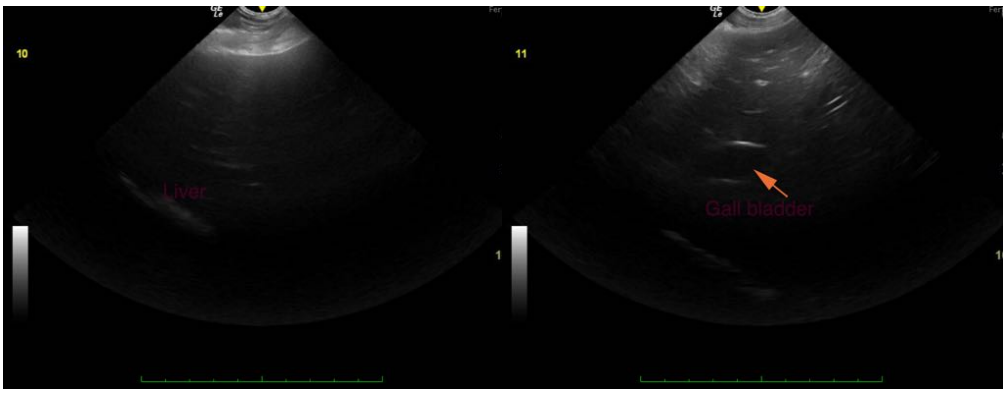

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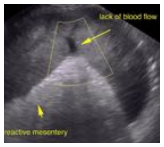
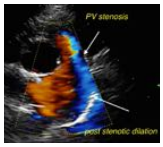
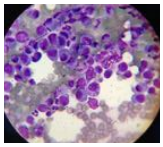
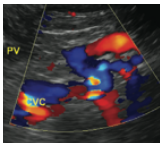

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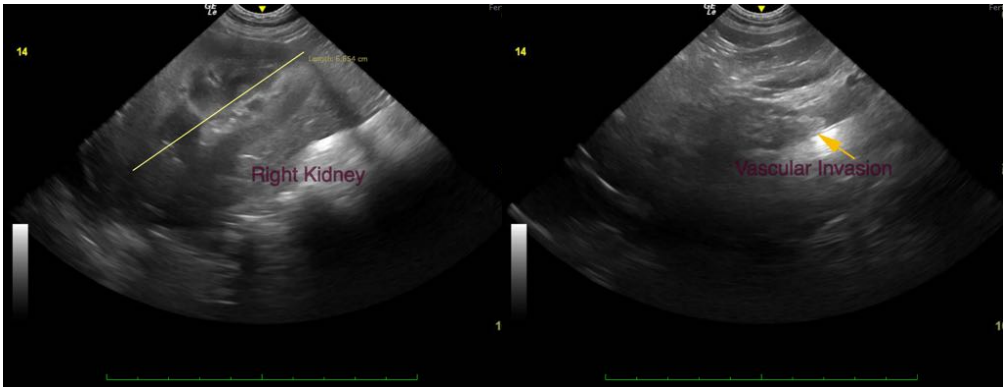

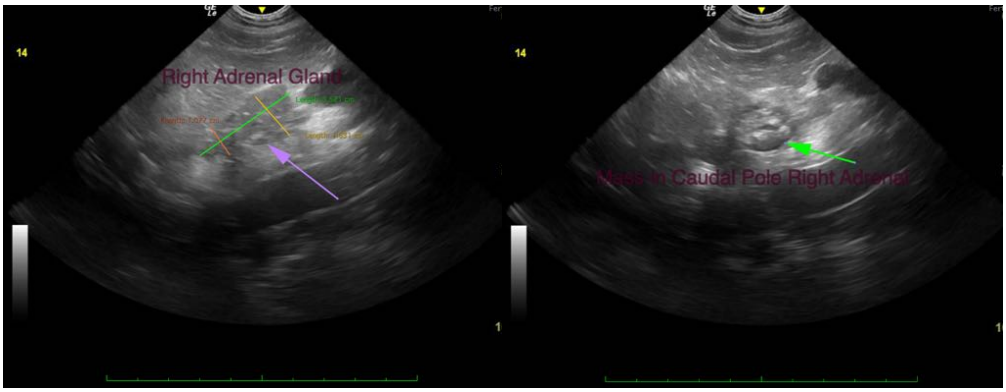

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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