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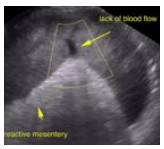
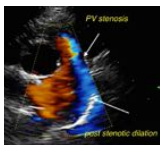
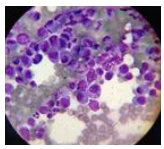
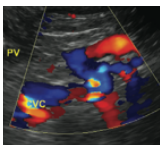

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mason Osborne

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

29.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Ammeraal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

42580

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Slowly losing weight, grazing at food. Down about 6 lbs from 06/21, no other clinical signs
Abnormal PE/Chem/CBC/UA Results: LIpoma R lateral thorax, BCS 4/9 ALT : 331 U/L , ALKP 645 U/L , rest NSF

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 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 5.75 cm and the right kidney measured 5.67 cm.

Adrenal Glands

Right adrenal gland cranial pole is enlarged with a generally heterogeneous echotexture and irregular capsular margin with no visible invasion of phrenic vasculature. Visualized from right and left aspects of abdomen. The right adrenal gland measured 4.0 cm in length x 1.0 cm at the caudal pole and 2.85 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 1.8 cm in length x 0.66 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. 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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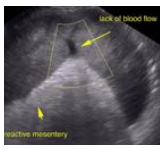
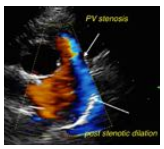
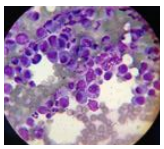
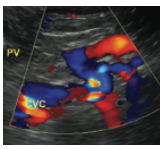

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Gastrointestinal

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 without vasculature invasion
2. Degenerative renal changes
3. Course liver parenchyma with elevated liver enzymes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right adrenal gland appears subjectively resectable with capsular expansion without obvious capsular escape or vascular invasion. CT is recommended for surgical planning. Differentials owing to sonographic architecture and clinical history include carcinoma, pheochromocytoma, pronounced adenoma/hyperplasia, cortisol secreting tumor, myelolipoma less likely. Recommend urine catecholamine for pheo detection if surgical removal is pursued as presurgical treatment of pheochromocytoma is essential.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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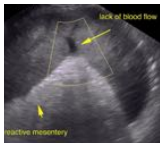
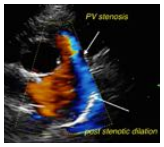
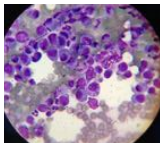
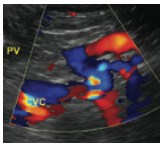

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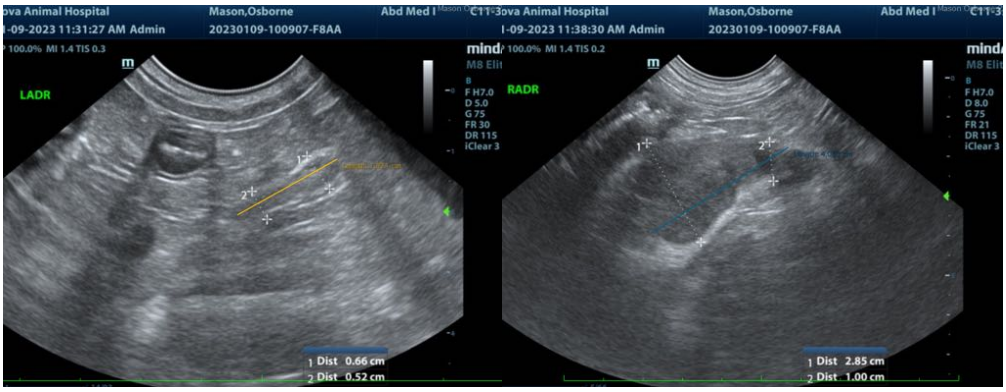
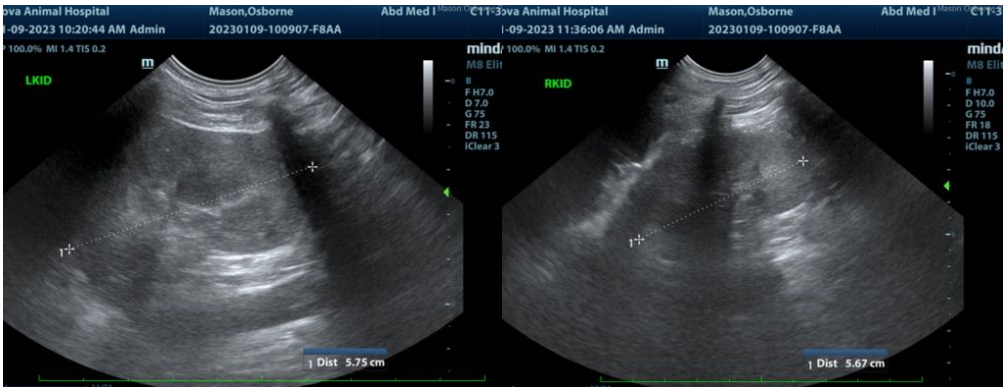
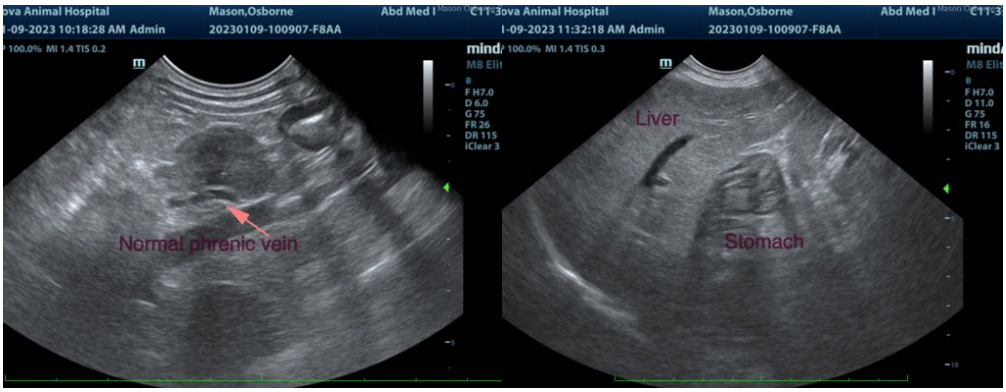
Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, metastatic disease, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, especially if any weight loss is noted or for baseline cytological assessment.







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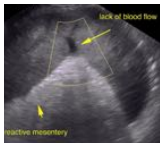
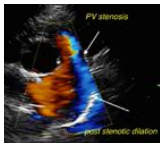
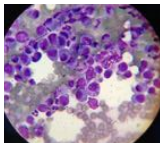
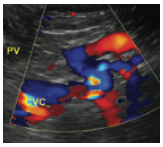

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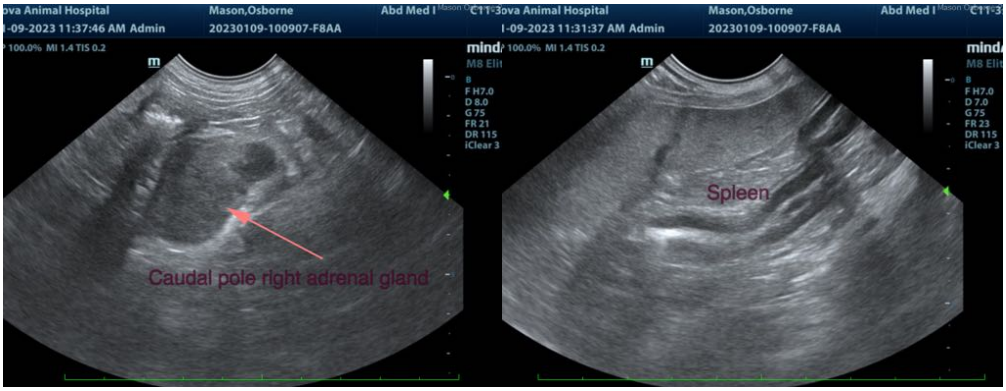

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com