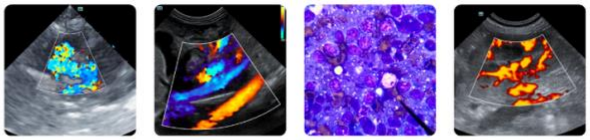


PATIENT

Ferris Wallace

SPECIES

Canine

BREED

Greater Swiss Mtn. Dog

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

53.2 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

35196

DATE

1/4/26

PRESENTING CLINICAL SIGNS

History: Presenting for night time restlessness of several weeks duration and now acute difficulty rising and yelping this morning. Decreased appetite over the past few days. Splenectomy performed 11/25/25; benign per owner. PE:Abdominal: Tense and slightly reactive upon deep palpation, unable to diagnostically palpate any abnormalities Integument: Shaved ventrum and IVC sites with partial fur regrowth from 11/25 splenectomy Musculoskeletal: Ambulatory x 4 limbs, no lameness, stiff gaited hind end with buttressing of stifles bilaterally CBC - MCV 61.1 (L), RDW 22.0 (H) Chem 15 - ALT 438 (H), ALP 1717 (H), GGT 14 (H), Cholesterol 365 (H) EPOC - Unremarkable Panc lipase - 650 (H).

Abnormal PE/Chem/CBC/UA Results: Conclusions: 1. Soft tissue mass cranial and medial to the left kidney. This may be arising from the left adrenal gland, spleen, pancreas, less likely lymph node or G.I. tract. Benign or malignant neoplasia is possible. 2. Soft tissue opaque gastric material is likely ingesta,No evidence of G.I. mechanical obstruction. 3. Mild pulmonary bronchointerstitial pattern. This is likely from age related change and atelectasis from expiration. 4. Multifocal IVDD in the cervical, thoracic, and lumbar spine. Comments/Recommendations: abdominal CT is suggested to further evaluate the mass in the left cranial abdomen. Given the body size of the patient, abdominal ultrasound may be difficult.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 8.7 cm.

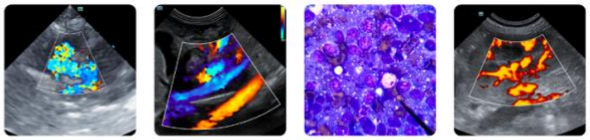
Adrenal Glands

The region of the **left adrenal gland** revealed a large mixed echogenic mass, measuring 5.3 cm. Capsular expansion was noted without capsular escape. The left adrenal mass deviated the left kidney slightly.

The **right 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 right adrenal gland measured 1.2 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

A trace amount of chyme was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

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

Free Abdomen

The mid cranial abdomen revealed variable thickening with a **focal cystic structure** adjacent to the small intestine, consistent with mesenteric abscess or necrotic cyst, measuring 1.7 cm x 1.5 cm. Cannot rule out the potential of residual pathology from the prior splenectomy.

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal mass – Large adenoma, adenocarcinoma, pheochromocytoma all possible.
- Undefined 1.6 cm structure in the cranial abdomen, adjacent to the small intestine- suspect mesenteric granuloma or possible local metastatic disease, depending upon histopathology on the prior splenectomy.
- Trace amount of chyme in the stomach
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning would be ideal, or direct surgical exploratory, left adrenalectomy and removal of the 1.6 cm cystic structure in the cranial mesentery. Thoracic radiographs are warranted to assess for metastatic disease.

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then

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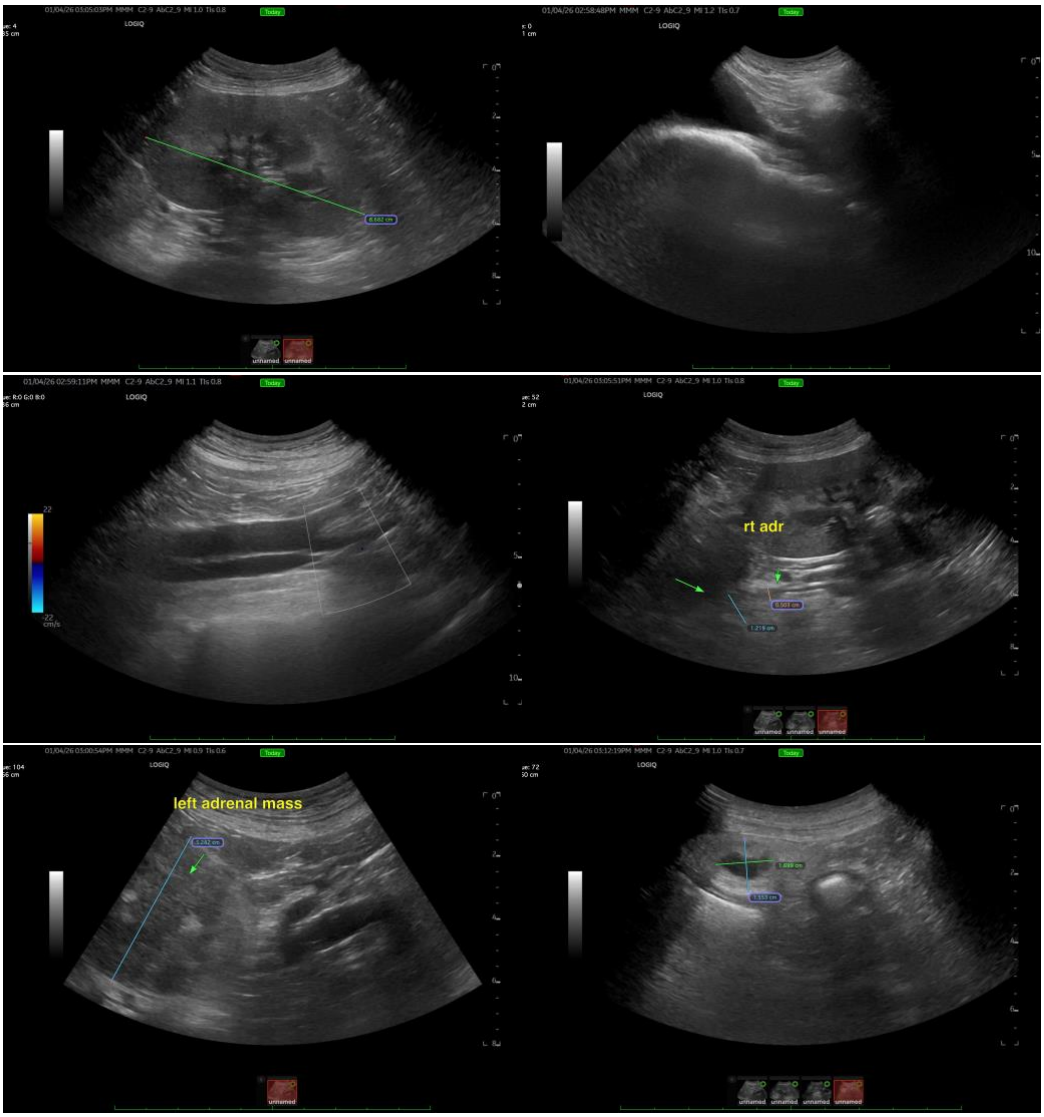
this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.al JVIM 2022



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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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com