



PATIENT

Curly Sue Parker

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed female

AGE

14 years

WEIGHT

19.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sheridan

INVOICE

39916

DATE

10/4/22

PRESENTING CLINICAL SIGNS

History: Owner reports PU/PD and leaking urine. Sedated with Butorphanol IV.
Abnormal PE/Chem/CBC/UA Results: ALT 267, ALP 569, GGT 23. Serum Lipemic.

UA: SG 1.026, Prot ++ BP (done after US, on Torb): 140 systolic

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.98 cm. The left kidney measured 4.28 cm.

Adrenal Glands

The right adrenal gland was swollen and irregular with an expansive, mineralized mass that measured 2.0 x 1.84 cm and was deriving from the cranial pole. The right adrenal mass appears to occupy the phrenic vein, suggestive for vascular invasion. However, the vena cava appeared free of evident pathology. This is strongly suggestive for neoplasia. The right adrenal gland measured 3.14 x 0.78 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.66 x 0.7 cm at the cranial pole and 0.66 cm at the caudal pole. A left adrenal gland nodule was noted. This is consistent with hyperplasia or adenoma with a minor potential for more significant disease.

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

Liver

The right **liver** revealed a hyperechoic nodule/mass that measured 3.0 cm with increased portal markings noted elsewhere. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal nodules and right adrenal mass. The right adrenal mass is likely, adenocarcinoma with a potential for adenoma. The mass occupied the phrenic vein.

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Right medial liver nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that hypertension is not an issue then pheochromocytoma is unlikely; however, carcinoma is a strong potential. FNA of the right medial liver nodule would be ideal for staging purposes. Otherwise, right adrenalectomy should be considered with right medial liver biopsy.

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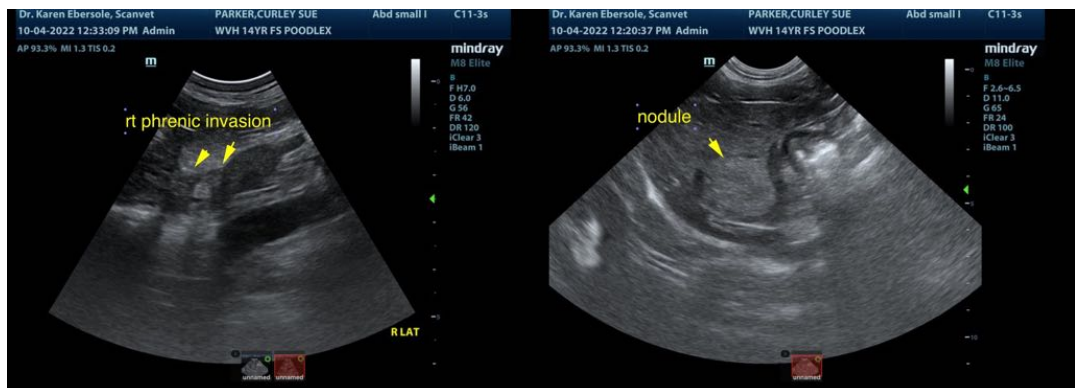
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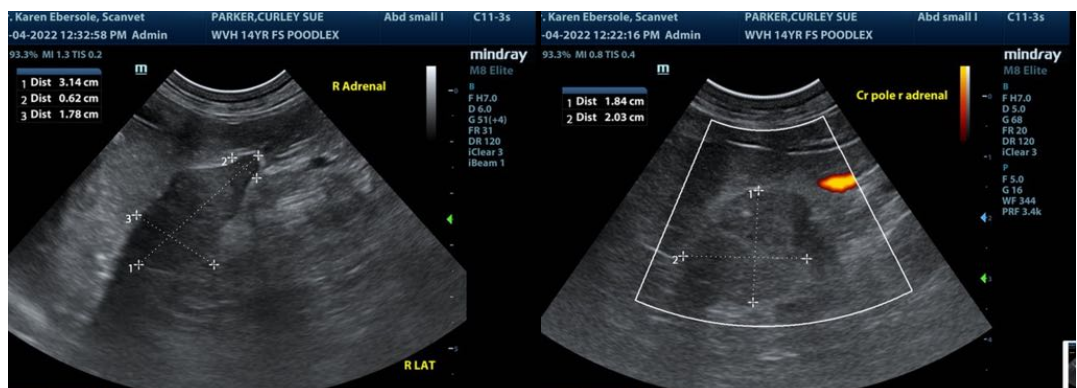
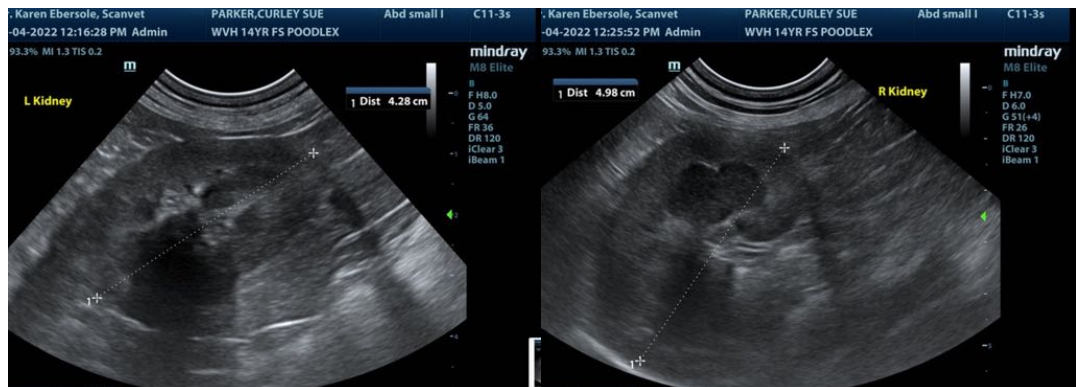
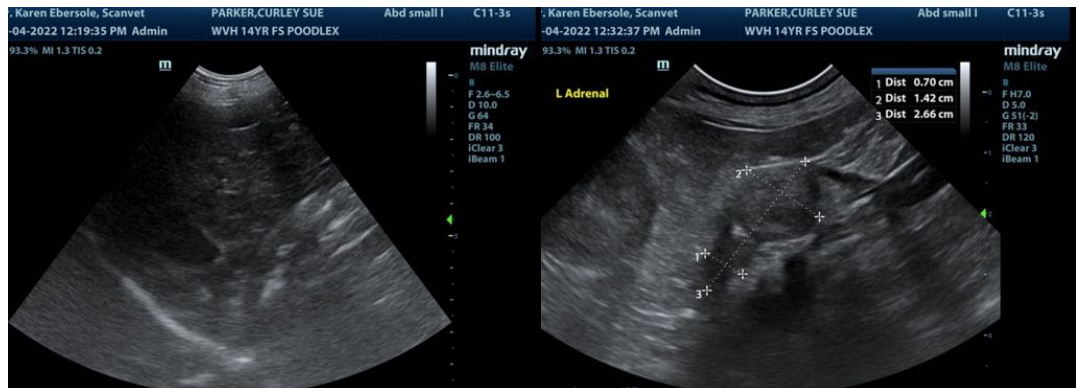
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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