

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Chronic skin issues being treated by dermatologist. Has been treated by him with ketokonazole and fluconazole. Liver values have been elevated since therapy. Seen last at Chadwell on 11/3/21 following course of fluconazole. Liver values elevated, also PU/PD, lethargic and whining.

PATIENT

Niyah Zoch

Current Medications: Galliprant 60mg #1PO QD, Fluconazole 200mg #1 q 1-2 days (8/24/21)

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required for scan.

Stat Report: Not requested.

Canine

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Pitbull

Urinary System

The **urinary bladder** presented dorsal apical wall thickening with polypoid changes and transmural tissue proliferation (1.24 cm).

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.08 cm. The right kidney measured 7.29 cm.

AGE

2008

WEIGHT

58.4 lbs

Adrenal Glands

The **left adrenal gland** was irregular and nodular, measuring 2.94 cm x 1.04 cm at the cranial pole and 0.98 cm at the caudal pole. The phrenic vein appears to be occupied.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right adrenal gland** was enlarged, irregular and nodular, measuring 5.16 cm x 2.78 cm at the cranial pole and 2.09 cm at the caudal pole. The right adrenal gland appears particularly vascular. Focal areas of mineralization were noted.

IMAGING PERFORMED BY**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Rachel Brillhart RDMS

HOSPITAL NAME

Chadwell AH

Liver

The **liver** was swollen with irregular contour and multifocal coalescing heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Oliveri

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to

INVOICE

12510

malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

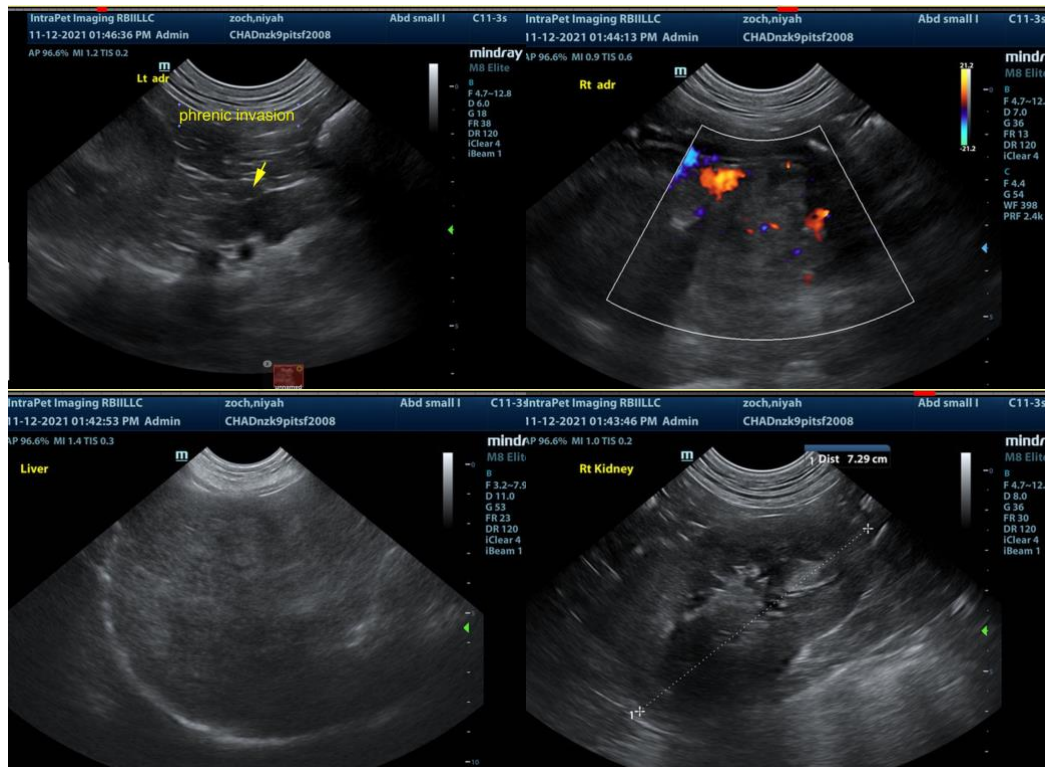
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

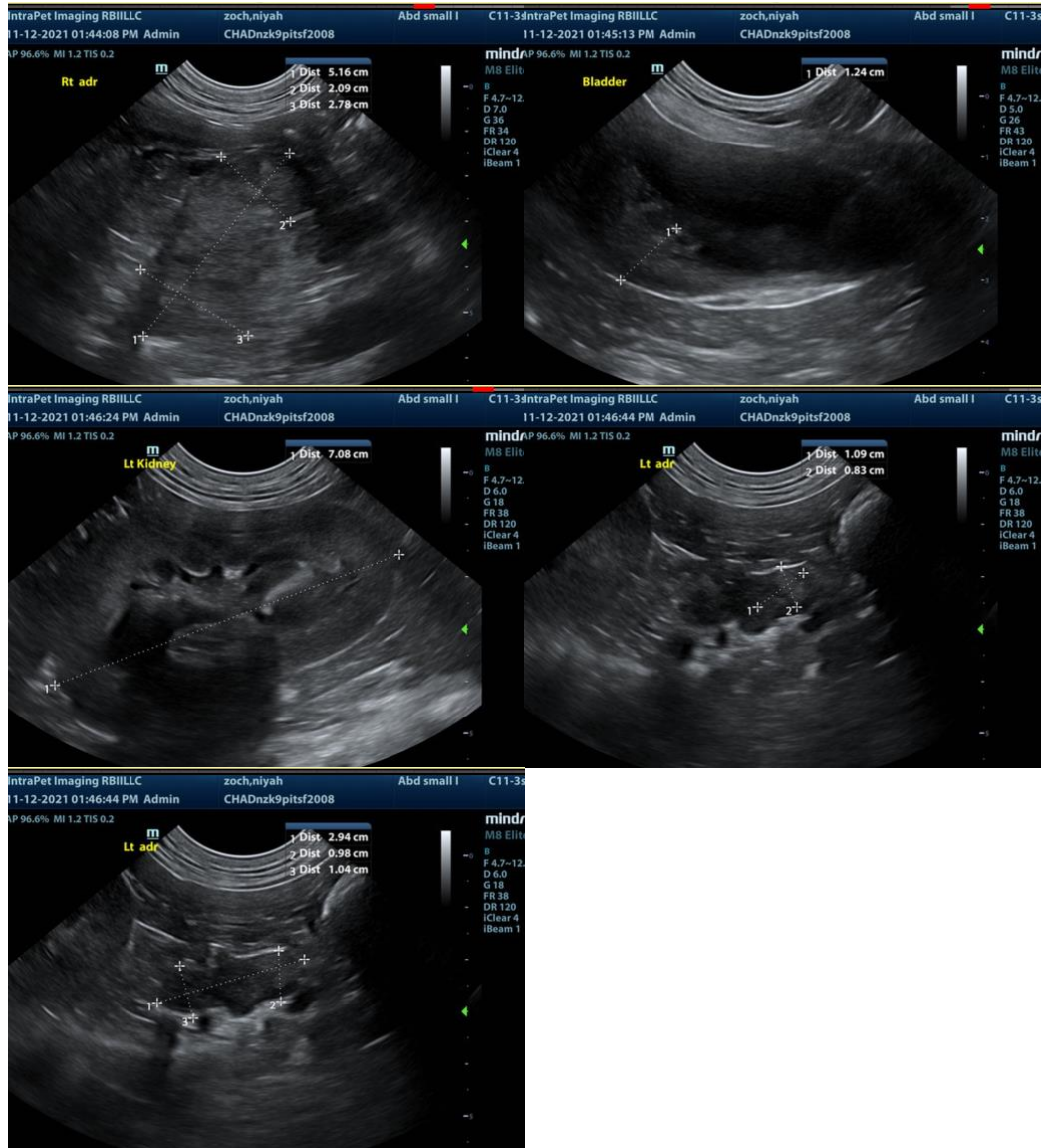
ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass. Enlarged and irregular left adrenal, possibly bilateral adrenal neoplasia
- Chronic cystitis bladder pattern
- Nodular hyperplasia liver pattern. Mild potential for hepatocutaneous syndrome.
- Age-related renal, splenic and GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the adrenal glands in this patient, particularly the left adrenal gland appears to be invading the phrenic vein. Carcinoma versus pheochromocytoma on either adrenal gland. Hyperplasia possible yet less likely given the sonographic parameters. Bile acid profile warranted with liver biopsy or aspiration. CT evaluation to further assess the adrenal glands would be appropriate. Prognosis is guarded long term. No overt invasion of vena cava noted with the right adrenal.





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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