

**DATE**

4/15/22

PRESENTING CLINICAL SIGNS

History of left adrenal mass - not clinical, no treatment seizures since last October- started on Gabapentin. Heart enlargement had Echo in January- no meds. Degenerative neuropathy, hind limbs Rescue - owner knows about metallic FB's from BB pellets in the chest area. Monday night ate 4 times the amount of his normal ration. Tuesday seemed distended, had large normal BM's This am week and vomited.

PATIENT

Mercy Castillo

SPECIES

Canine

BREED

English Setter Mix

SEX

Neutered Male

AGE

8/1/10

WEIGHT

37.3 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Ruby

INVOICE

14752

Current Medications: Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 7/2/21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. A small calculus was present in the urinary bladder, measuring 2.0 mm.

The **prostate** was uniform, measuring 1.29 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with moderate to near end stage 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. Pyelectasia was noted in the left kidney measuring 0.48 cm. Calculi were noted in both kidneys, nonobstructive. The largest right kidney calculus measured 0.52 cm. The right kidney measured 6.1 cm. The left kidney measured 6.06 cm. Slight cortical cysts were noted.

Adrenal Glands

The **left adrenal gland** was heterogeneous, nodular and irregular, measuring 3.28 cm x 1.06 cm at the caudal pole and 1.0 cm at the cranial pole. An isoechoic nodule was noted measuring 1.14 cm in the mid caudal body of the left adrenal gland.

The **right adrenal gland** was also enlarged, measuring 2.63 cm x 1.39 cm at the cranial pole and 1.24 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not

clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Nodular changes were present, measuring 1.6 cm in the right limb.

Free Abdomen

The **left cranial abdomen** revealed a round 6.6 cm x 5.01 cm, mixed echogenic circumscribed mass.

Other

A rapid view of the **heart** revealed no evident pathology.

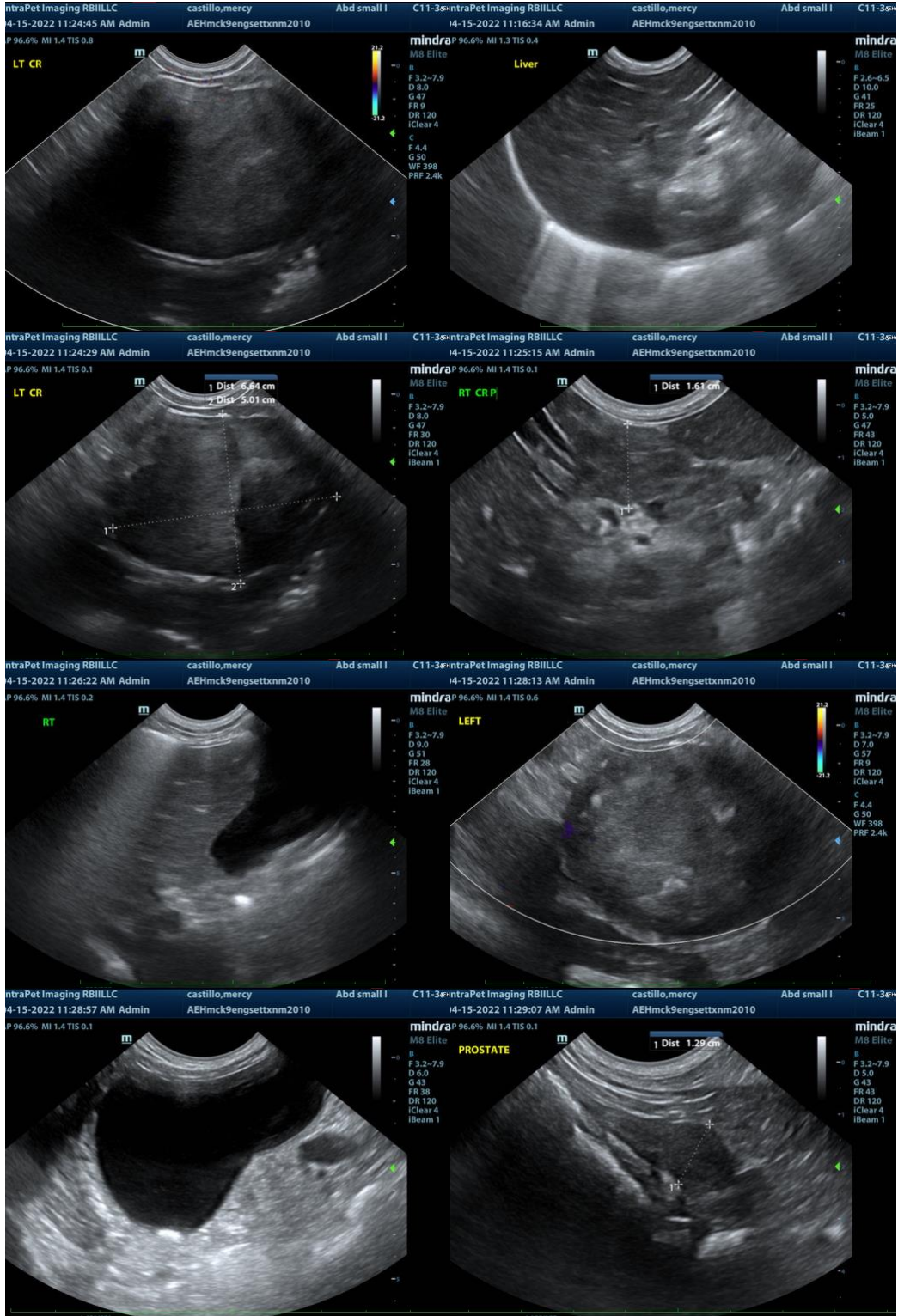
A comet tail/B-line shower curtain pattern was noted in the transdiaphragmatic view, suggestive for pulmonary disease. Chest radiographs recommended.

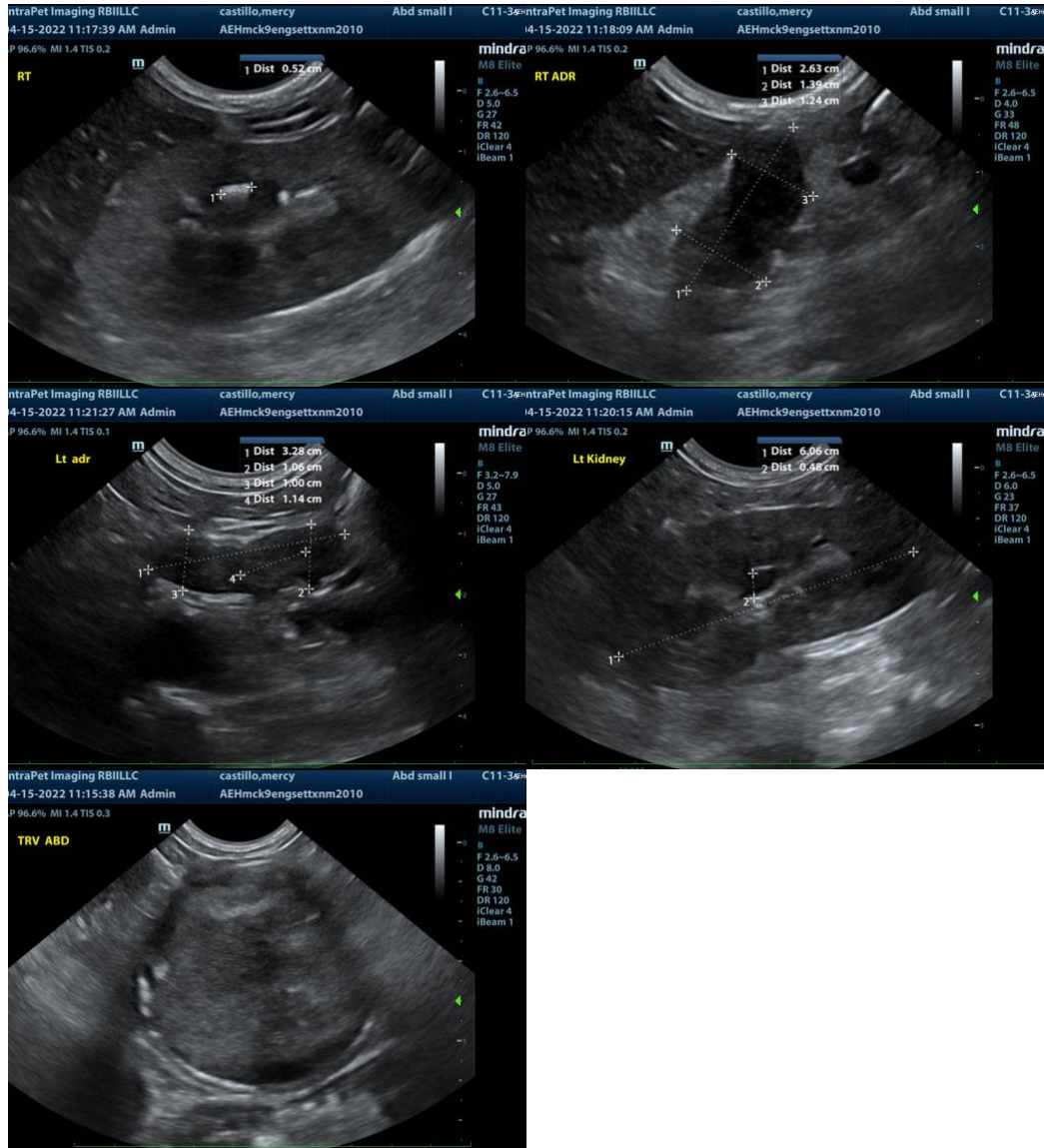
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal enlargement with nodular changes, suspect PDH
- Left cranial mass, involving intestinal wall or pancreas, likely intestinal wall
- Moderate degenerative renal changes with calculi
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left cranial mass appears to be involving the intestinal wall or pancreas. It appears potentially resectable; however, the thoracic presentation necessitates further definition. Exploratory surgery indicated. Leiomyosarcoma, carcinoma, round cell neoplasia, all possible. Non-neoplastic granulomatous disease, minimal potential.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com