

**DATE**

6/21/22

PRESENTING CLINICAL SIGNS

Progress exam/follow up to recheck enlarged adrenal left gland and liver nodule.

PATIENT

Alice Anna Knapp

Current Medications: 70mg Trilostane QD.

Lab Results: ACTH Stimulation after starting Trilostane- Pre 1.7, Post 6.4.

Date of Previous IntraPet Ultrasound: 3/1/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Boxer

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 were noted. Ureteral papillae were normal.

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 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. Similar to prior sonogram. The right kidney measured 6.5 cm. The left kidney measured 6.82 cm.

AGE

10/16/09

WEIGHT

64 Pounds

Adrenal Glands

The **right adrenal gland** was similar to the prior sonogram, measuring 3.54 cm x 0.80 cm at the caudal pole and 1.25 cm at the cranial pole. Heterogeneous changes noted.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was persistently enlarged and irregular, measuring 3.14 cm x 1.19 cm at the caudal pole and 1.1 cm at the cranial pole. Phrenic vein revealed persistent occupation, likely stable thrombus. Minor potential for neoplasia. Blood flow appeared to be present in the phrenic vein and artery on the left adrenal gland, yet appears to be occupied by approximately 50-80%. Mild enhanced fat noted around the left adrenal gland. Heterogeneous changes also noted.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT**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.

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The nodule noted on the prior sonogram was not evident and likely blending into age related changes. No evidence of disruptive pathology. 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.

INVOICE

38955

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. Trace amount of soft shadowing material noted in the pyloric outflow, not pathological. 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. 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.

PRIMARY FINDINGS

- Heterogeneous adrenal glands and persistent partial left phrenic vein occupation, slight progressive enlargement of the left adrenal gland

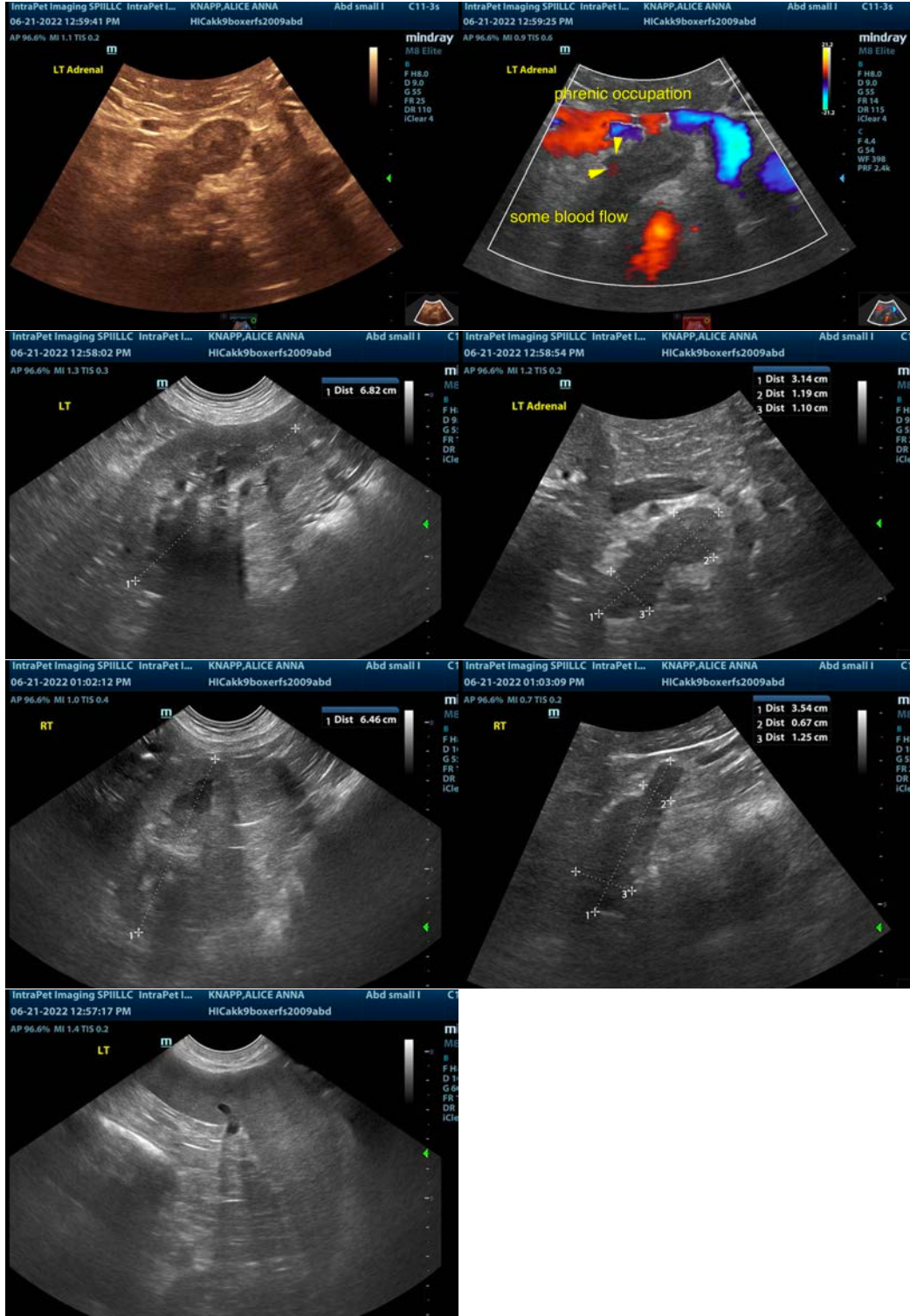
SECONDARY FINDINGS

- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Trilostane therapy, it is likely that some degenerative processes are occurring in both adrenal glands, causing progressive remodeling. It is likely that partial phrenic vein thrombosis is causing the occupation of the left adrenal gland. If uncontrolled blood pressure is an issue, then left adrenal pheochromocytoma or carcinoma could be considered, yet less likely given the paired results of the sonogram. If the patient is stable, recommend continuation of the current management with monitoring of USG, blood pressure, and general clinical status. Recheck sonogram in 3 months, earlier if deemed necessary.





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.

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