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Clinical Sonography & Telectology

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DATE

7/29/22

PATIENT

Gypsy Connors

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

8/1/14

WEIGHT

56.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Wurga
RDCS, RVT

HOSPITAL NAME

Friendly Paws VC

REFERRING VET

Dr. Price

INVOICE

39975

PRESENTING CLINICAL SIGNS

Presented for lump removal surgery but noted markedly increased 'liver' enzymes compared to normal study done 10/21. History of Mass Left Adrenal Gland, Eyelid Margin Tumor, Spondylosis. PE: Pinhead sized black lesion right eye on medial cantus, not contacting the eye. Some collapse mid back with pressure over the spine. Plum-size mass ventral sternum with alopecia. Dime-sized mass nearby, not tender. BCS 7.5/9.

Current Medications: Lactulose 10g/15ml 3-5cc up to every 8 hours

Lab Results: 10/21: Chemistry, hematology, thyroid, serology in normal range. 7/12/22: WBC 16.37 (6-17), Lym 7.09H(1-4.8), Plt 556H(200-400), Glu 86, BUN 17.4, Crea 0.8, Tot Prot 9.5H(5.3-8.4), Glob 6.0 H(2.1-4.9), Alk 9.0L(18-100), GGT 76H(0-7), T bili 0.09, Lipa 55, Amy 796.

Date of Previous IntraPet Ultrasound: 10/22/21 & 8/10/19. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The right kidney measured 6.68 cm. The left kidney measured 6.75 cm.

Adrenal Glands

The right adrenal gland was mildly heterogeneous and slightly irregular, measuring 2.94 cm x 1.03 cm at the caudal pole and 1.08 cm at the cranial pole.

The left adrenal mass has increased in size to 9.0 cm x 5.5 cm with caval invasion. Deviation of the left kidney noted. Mild inflammatory pattern noted around the left adrenal mass. The mass appears to have invaded the vena cava both cranially and caudally, extending for approximately 4-5 cm caudally, and cranially approximately 2-3 cm. The vena cava appears to be deviated as well owing to mass occupation and envelopment.

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** revealed coarse architecture with occasional hyperechoic nodule up to 1.42 cm, consistent with lipogranuloma. The gallbladder was unremarkable.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

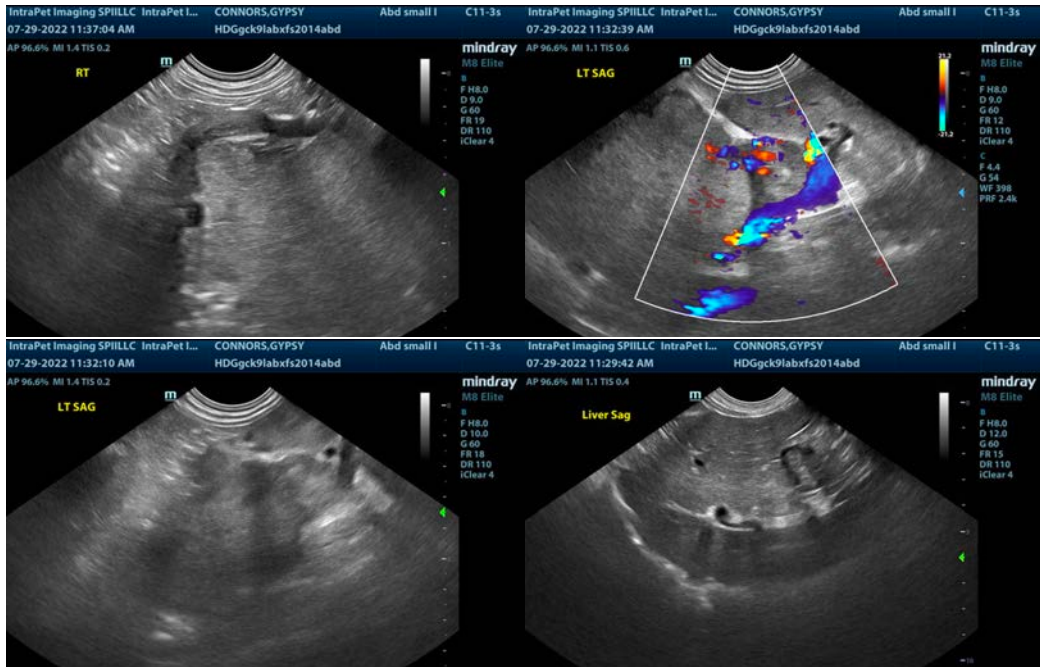
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

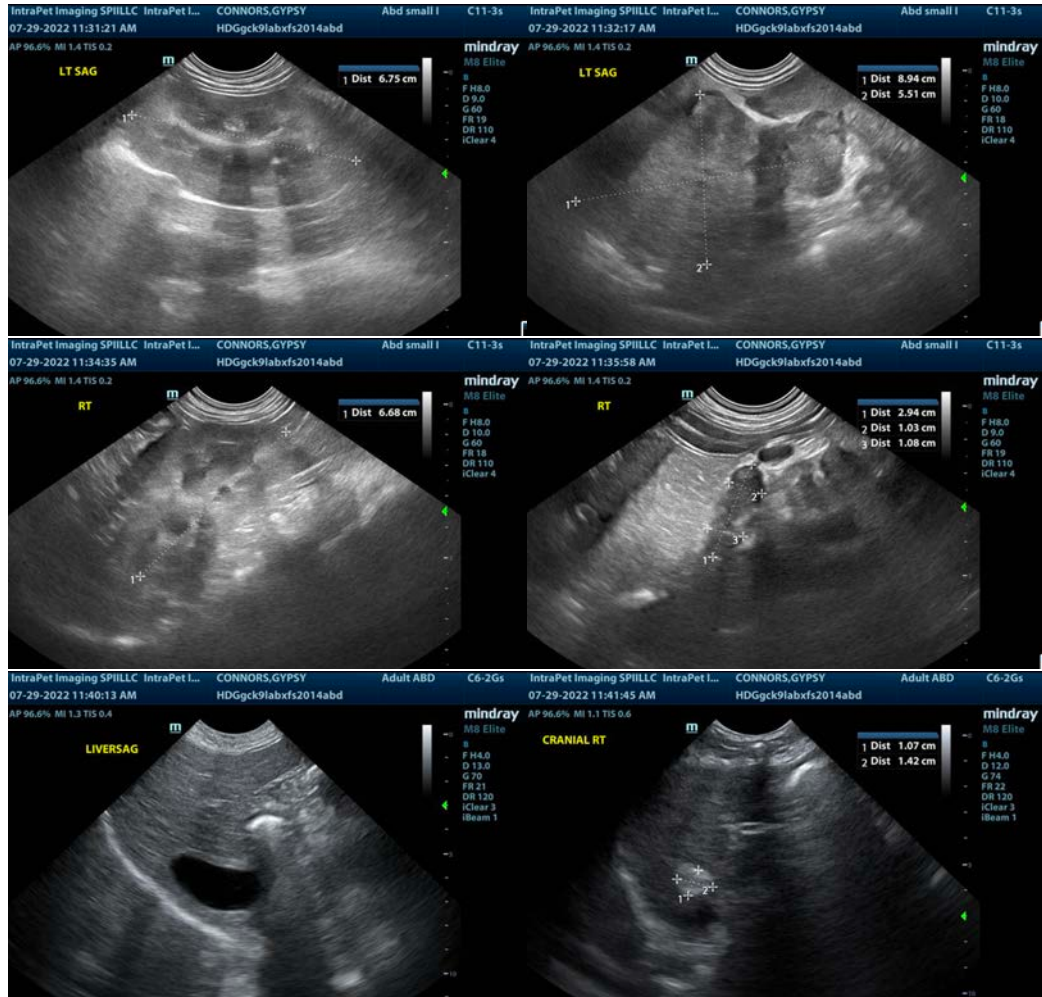
ULTRASONOGRAPHIC FINDINGS

- Expansive progressed left adrenal mass – suspect pheochromocytoma, given the growth behavior.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted if not already performed as well as urine catecholamine if not already performed. Supportive care to treat for any related hypertension as well as GI protectants for any anorexia would be indicated.





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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