

**DATE**

9/9/22

PATIENT

Bethany Mazzotta

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

1/26/12

WEIGHT

74.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Honeygo AH

REFERRING VET

Dr. Moffa

INVOICE

32816

PRESENTING CLINICAL SIGNS

Decreased appetite. 1 time emesis. 20lb weight loss in 4 months.
 Current Medications: Carprofen 100mg on and off for about 2 years.
 Radiographs: Suspicious mass in area of kidneys.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, BS, 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 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 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 left kidney measured 6.7 cm. The right kidney measured 7.33 cm.

Adrenal Glands

The left adrenal gland comprised of an expansive, mixed echogenic nodular and mineralized mass that measured 4.8 x 3.0 cm. The right adrenal gland was mildly heterogenous and slightly nodular measuring 1.37 cm at the cranial pole and 0.57 cm at the caudal pole and 3.9 cm in length.

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. Micronodular splenic changes were noted. 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Subtle hypoechoic nodular changes were noted in the liver. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastric** wall was significantly thickened up to 2.5 cm with loss of mural detail. The gastric thickening expanded into a pyloric mass. The mass is non-resectable and concentric. Regional inflammation 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

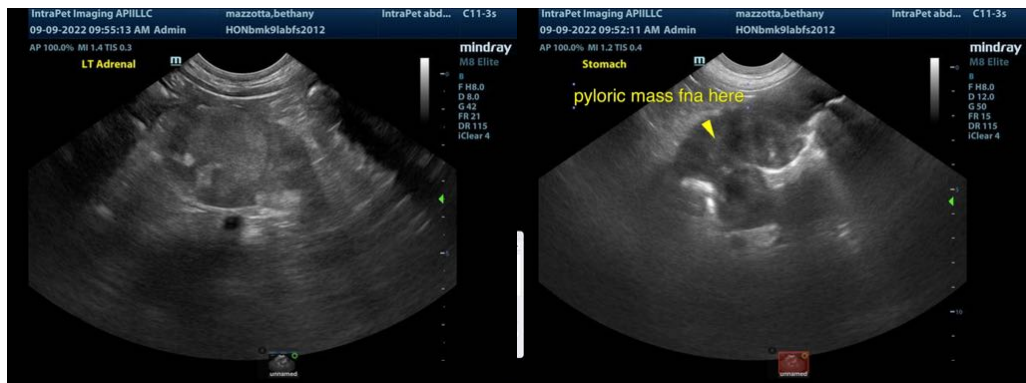
Left-adrenal mass.

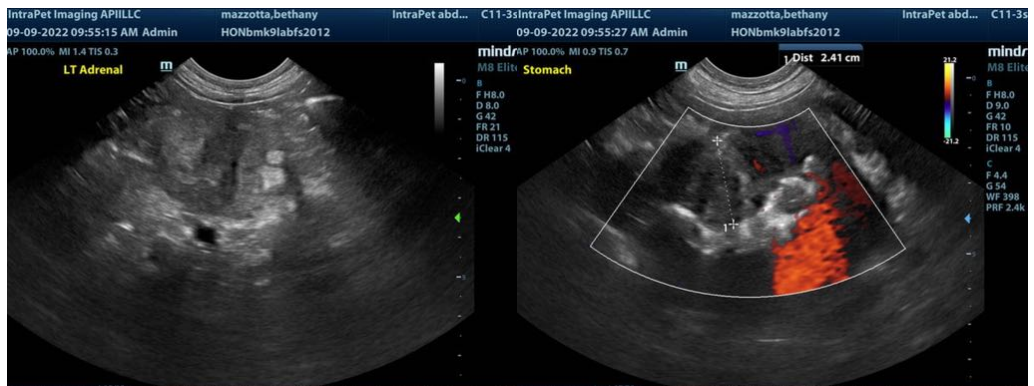
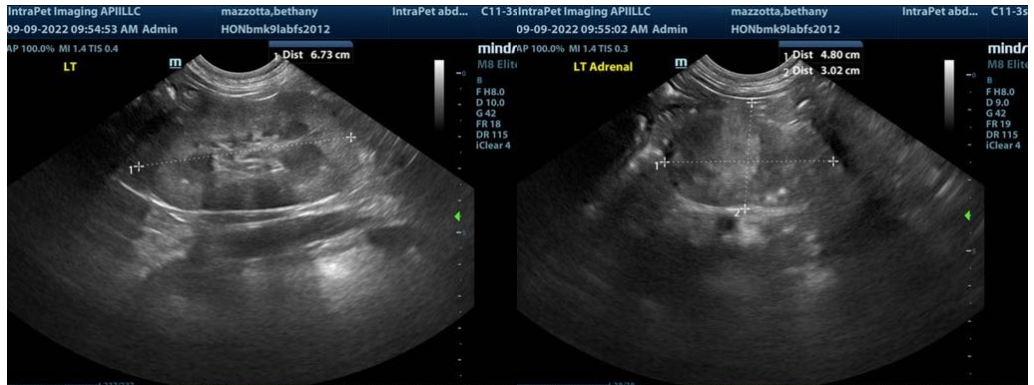
Concurrent gastric mass, likely unrelated comorbidities.

Subtle, micronodular changes noted in the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland mass reveals capsular expansion without capsular escape. No evidence vascular invasion was noted. FNA of the adrenal mass and gastric mass could be considered to assess for potential chemoreduction of the gastric mass and left adrenalectomy could both be considered. Gastric differentials include likely gastric lymphoma, possible gastric carcinoma. Granulomatous disease is unlikely. Left adrenal differentials include carcinoma versus pheochromocytoma. Potential for early metastatic disease to the spleen and liver. Serial blood pressure measurements +/- urine catecholamine is indicated.







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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