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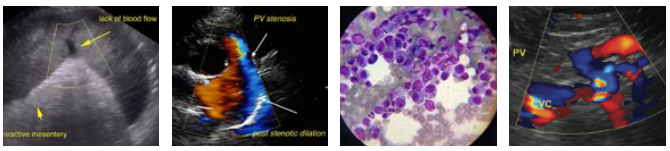


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Miley Mooney

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed female

**AGE**

13 years

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Care Center of Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

42442

**DATE**

1/31/23

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 5.7 cm. The right kidney measured 6.2 cm; however, a 3.0 cm parenchymal mass was noted and may be deriving from the cranial pole

### *Adrenal Glands*

The left **adrenal gland** was enlarged and measured 2.9 x 1.42 cm at the caudal pole and 1.38 cm at the cranial pole. The right adrenal gland was recognizable; however, there is a portion of the ventral aspect of the right adrenal gland that appeared to blend into the mass. The mass invaded or derived from the cranial ventral pole of the right kidney and extended into a long blood clot that occupied the retroperitoneal space. There was a significant amount of inflammation noted. The visible vena cava and aorta appeared to be unaffected yet impinged upon. Volume contraction of the vena cava was noted. The visible portion of the right adrenal gland measured 2.27 x 0.87 cm. The sublumbar hematoma extended caudally to the level of the urinary bladder with significant inflammation.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### *Liver*

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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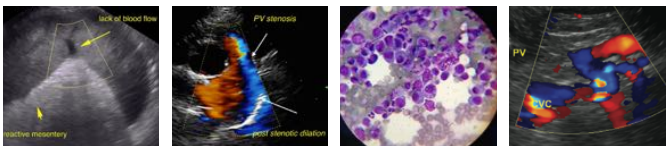


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### *Gastrointestinal*

The **gastrointestinal tract** revealed normal patent pylorus with maintained curvilinear patterns. The gastric fundus and gastroesophageal inlet revealed an annular, irregular, hypoechoic mass that encompassed the gastroesophageal inlet measuring 3.5 x 2.0 cm and impinged upon the diaphragmatic inlet.

### *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 renal and/or right adrenal mass with rupture and attached blood clot occupying the retroperitoneal space. Suspect pheochromocytoma or possible carcinoma or metastatic lesion as the underlying cause.

Gastroesophageal inlet mass. Gastrinoma versus round cell neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend CT of the abdomen and chest to assess for potential surgical approaches. The sublumbar space is occupied by hematoma; however, right nephrectomy and hematoma removal and right adrenalectomy can be considered. FNA of the gastroesophageal mass may be possible, with full sedation. Coagulation panel is warranted. FNA of the parenchymal portion of the right renal/adrenal mass can be considered some risk. However, I recommend CT evaluation first for full assessment as to the next step.

**ABOUT SONOPATH CT SERVICES:**
**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services

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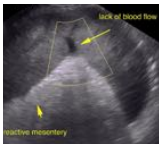
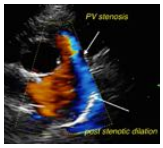
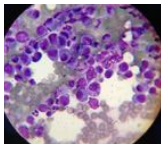
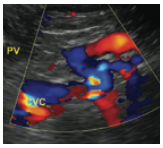

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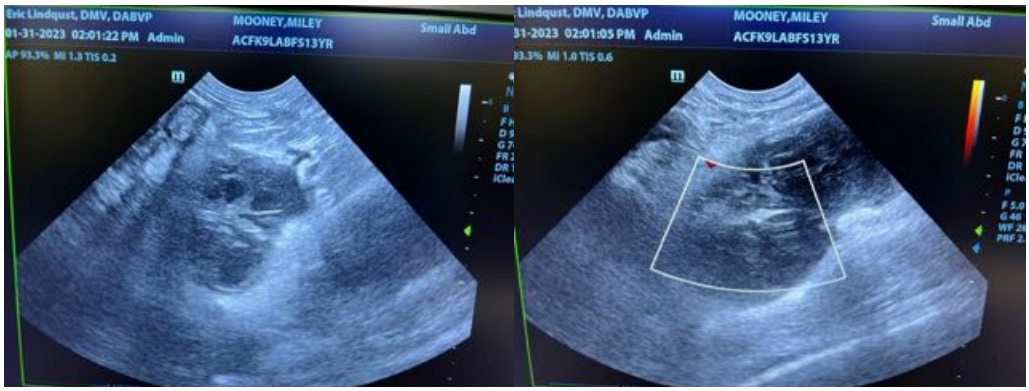


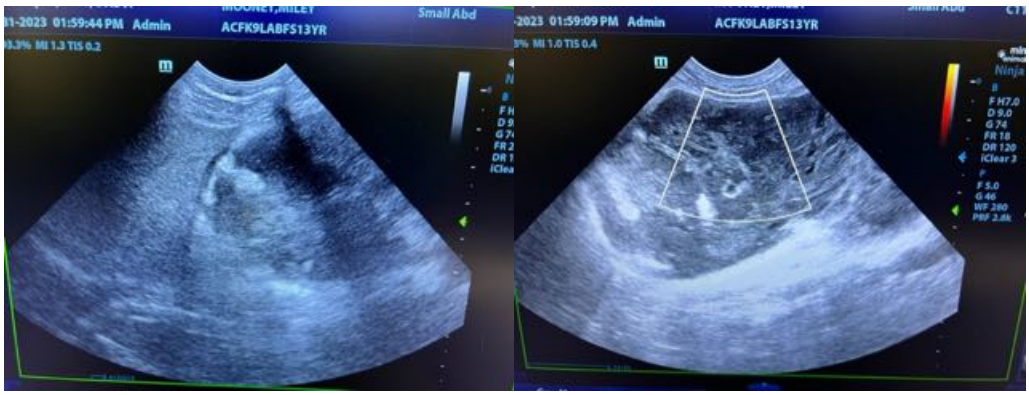


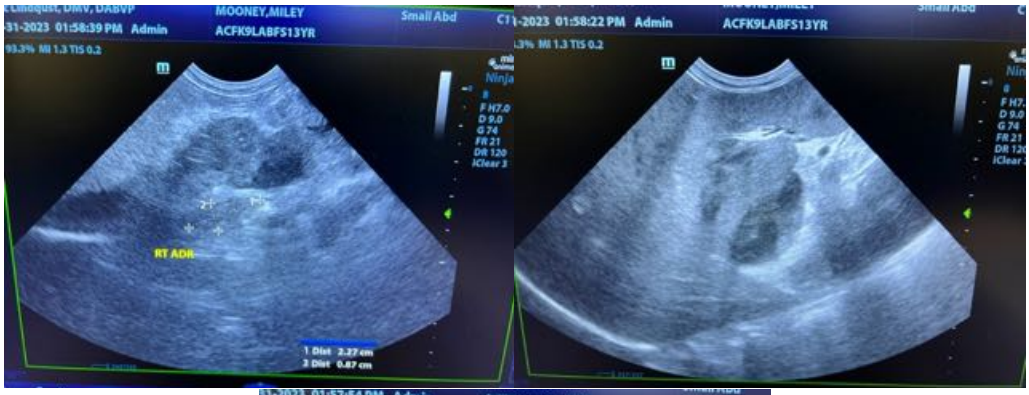


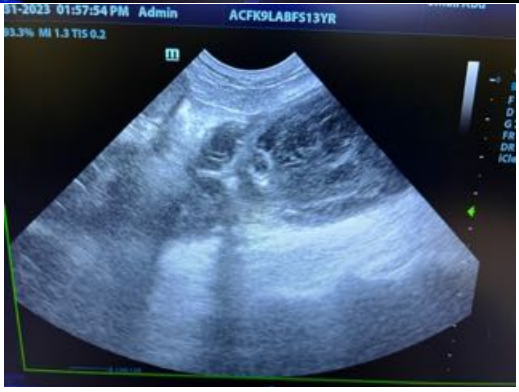

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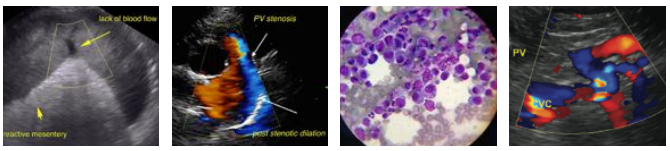

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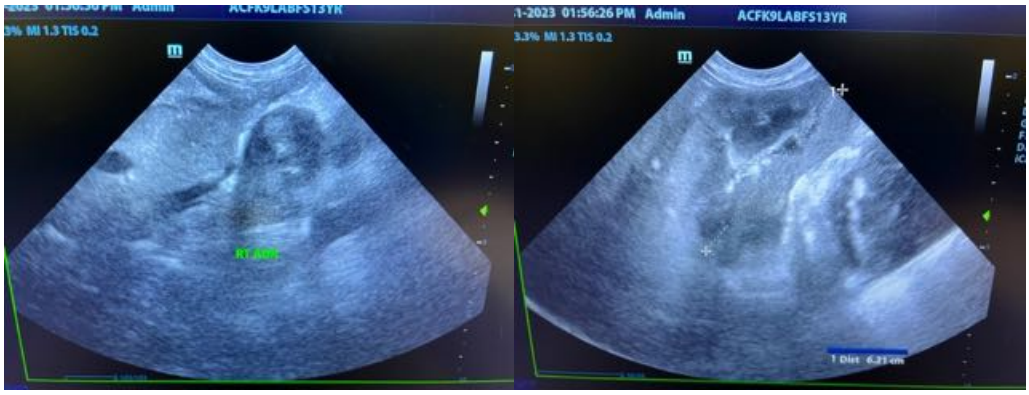


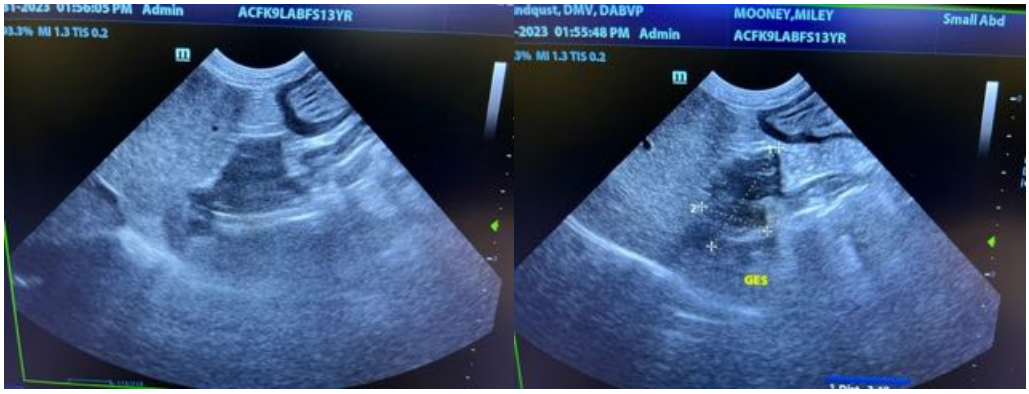


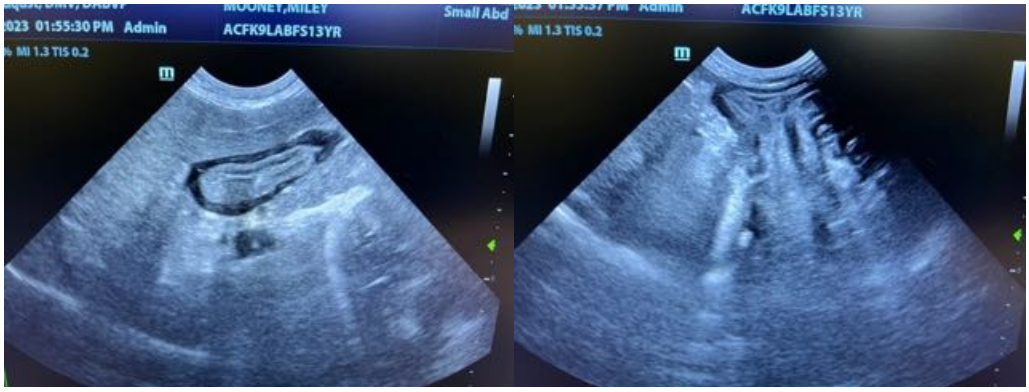

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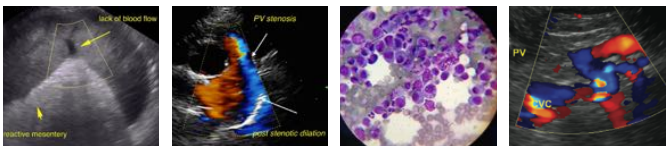

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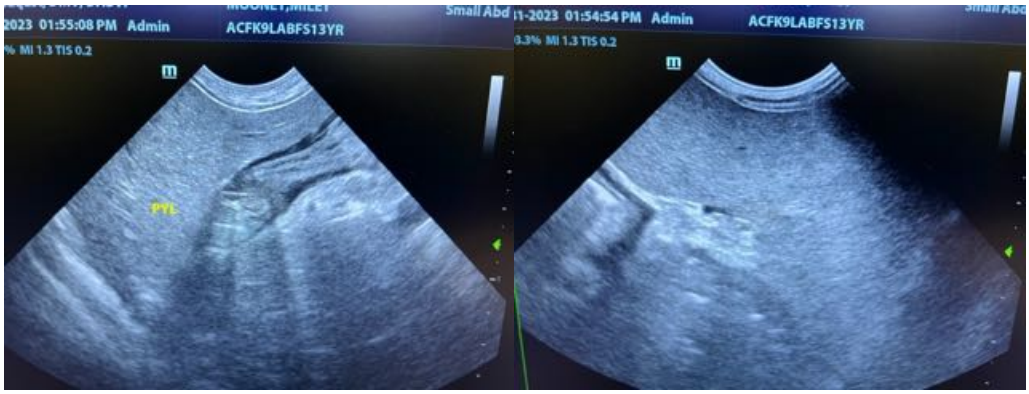


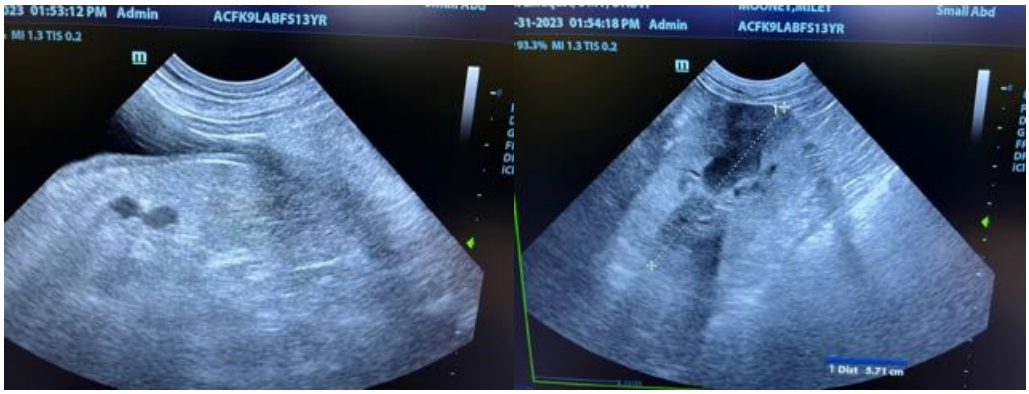


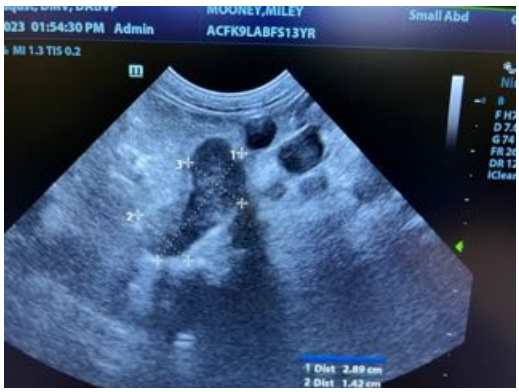


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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