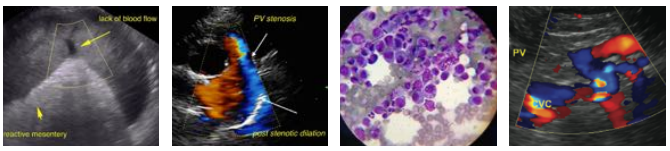

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Max Vargas

SPECIES
Canine

BREED
Pit Bull

SEX
Neutered male

AGE
8 years

WEIGHT
72 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
All Creatures Great and Small Denville

REFERRING VET
Dr. Ashmore

INVOICE
42173

DATE
10/27/22

PRESENTING CLINICAL SIGNS

History: chronic hematuria over the past year. After exercise, urine is often noticeably red. not on any meds
Abnormal PE/Chem/CBC/UA Results: cbc/chem pending; UA: increased RBCs, WBCs wnl

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. A minor amount of suspended debris was noted along with a minor amount of dependent sand. A grouping of which measured 0.6 cm and was non-obstructive. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate measured 0.5 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.77 cm and the left kidney measured 7.84 cm.

Adrenal Glands

The left adrenal gland revealed a portion of the left adrenal gland that expanded into a vascular mass with phrenic vein invasion. The mass extended into the vena cava approximately 3-4 cm. The pattern is strongly suggestive of pheochromocytoma. The left adrenal gland was imaged from the left and right approaches. The left adrenal gland measured 3.35 x 0.91 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland normal and measured 1.06 x 0.62 cm at the caudal pole and 2.54 cm in length.

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 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. 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.

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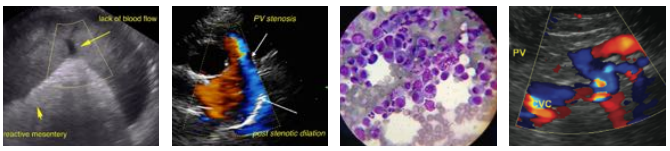

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Gastrointestinal

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. 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.

Heart

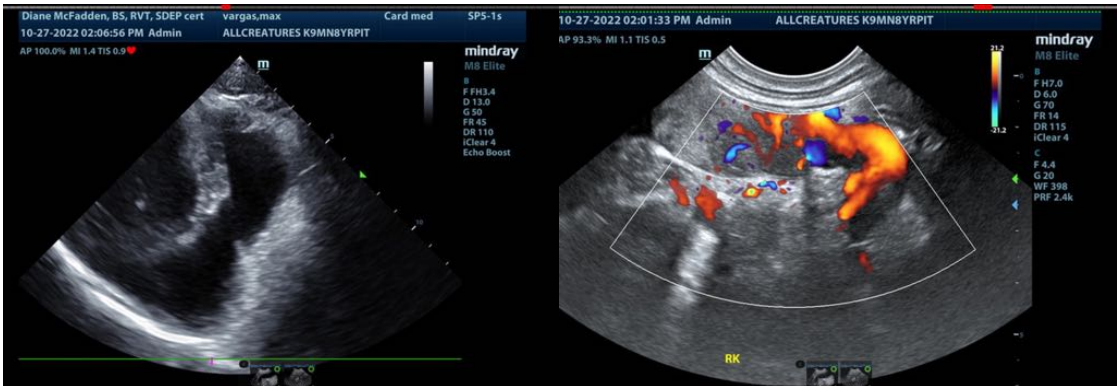
Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Left adrenal mass, invasive through the vena cava. Suspect pheochromocytoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be warranted for potential surgical planning or direct surgical intervention if the surgeon is prepared for vascular invasion approximately 3.0 cm cranially into the vena cava through the left phrenic vein. There was no organ metastasis. Urine catecholamine is warranted as well as serial blood pressure measurements and chest radiographs.



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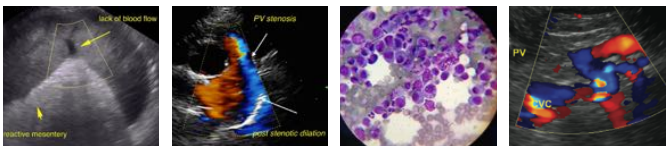

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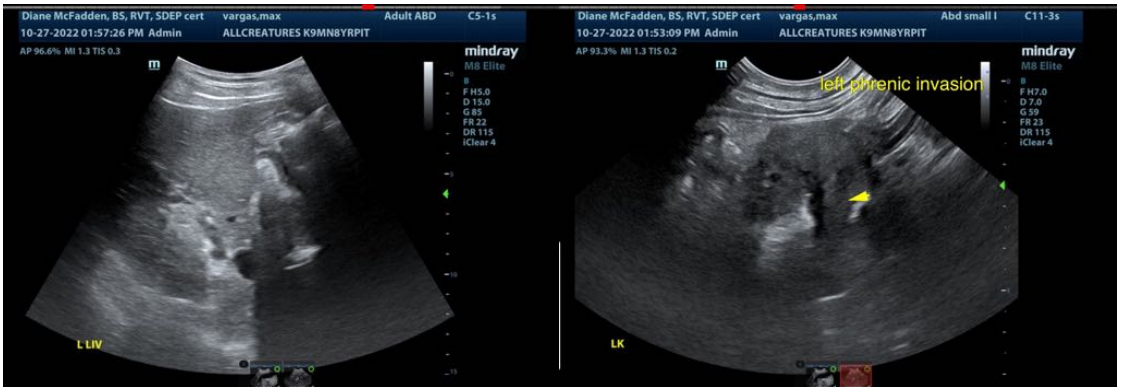

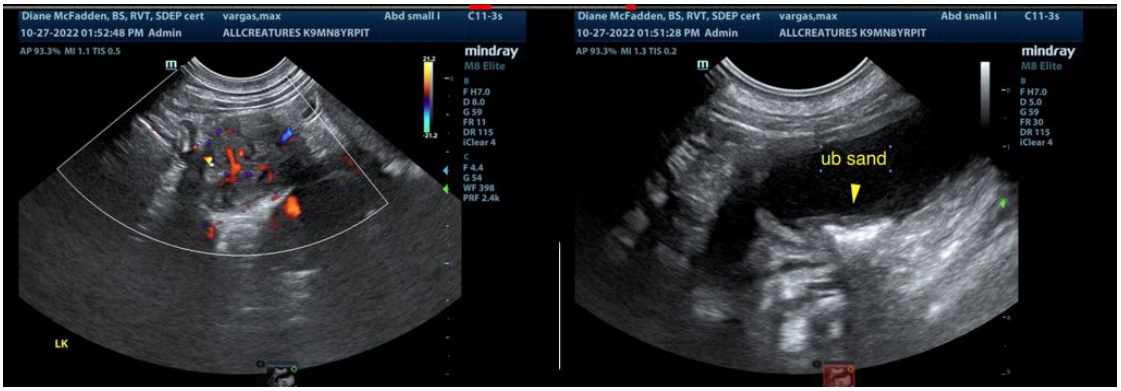

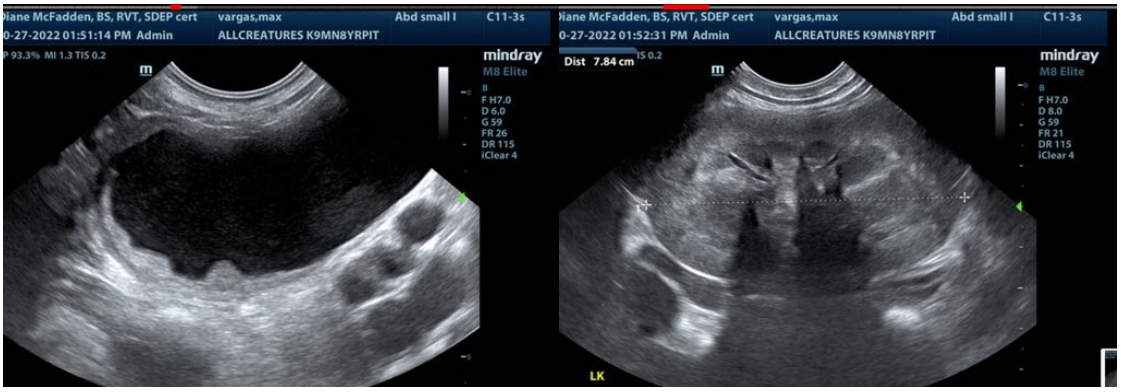

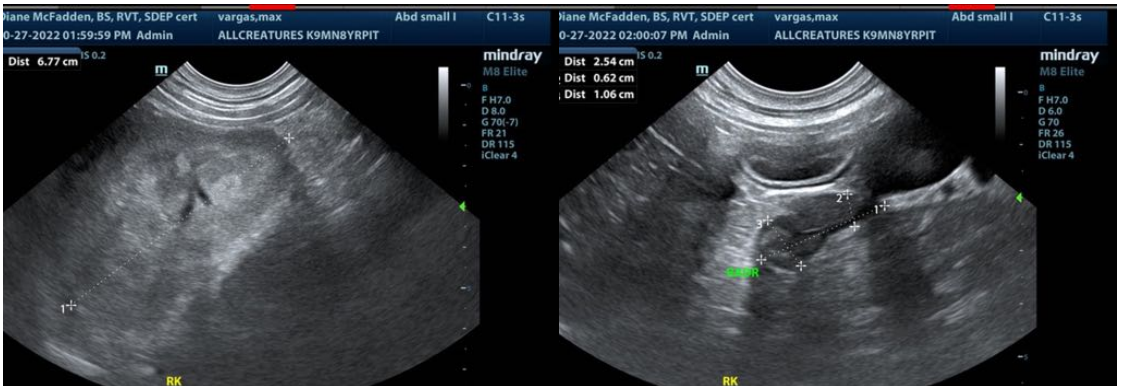

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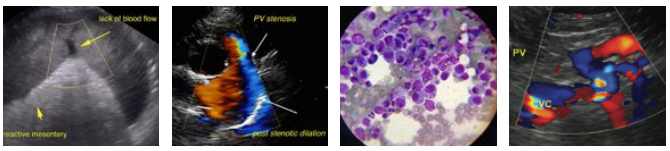

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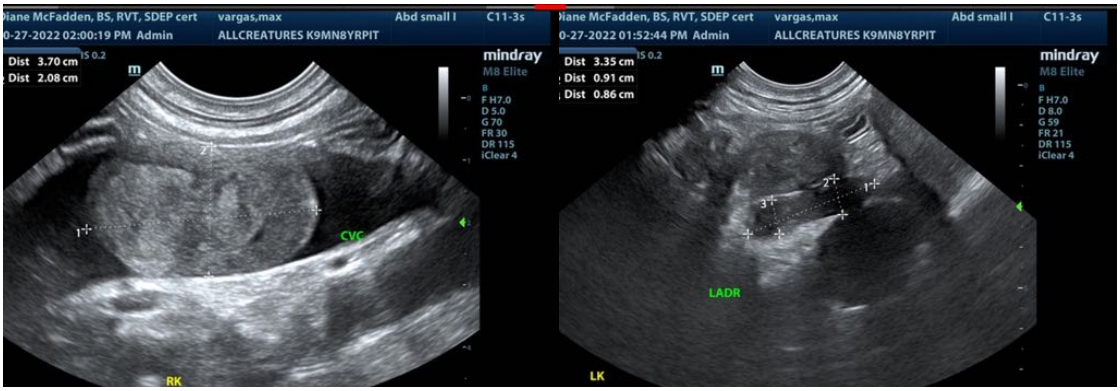

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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