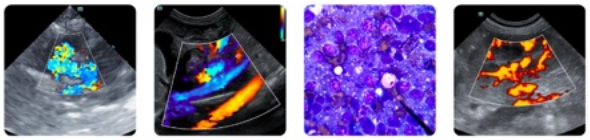


PATIENT

Maggie Smith

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed female

AGE

14 years

WEIGHT

33.6 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Alivernini

INVOICE

71256

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Hx hypertension but off meds until recently
- increased LES, renal values, UTI
- Glob 3.7, GGT 27, AST 67, ALT 246, AlkP 411, SDMA 21.8, PSL 225, K 3.3, creat 1.9, BUN 54, USG 1.008 with rods and WBC, hx anaplasma positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses. The urine in the bladder contained a large number of cells that were suspended and gravity dependent. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** had overall decreased corticomedullary definition with the changes more severe in the right kidney when compared to the left. There was also mild renal pelvic dilation present with the left renal pelvis measuring 0.35 cm in width. The left kidney also had multiple, small, anechoic cortical cysts present. The left kidney was 6.8 cm and the right kidney was 4.7 cm in length.

Adrenal Glands

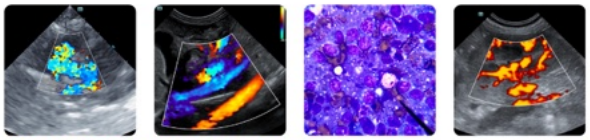
The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The right adrenal gland was 2.0 cm by 0.75 cm by 0.57 cm in size. The left adrenal gland was abnormal in appearance being a discrete left adrenal gland mass with a hypoechoic and mixed echogenicity and loss of normal shape and contour. There was no evidence of vascular invasion present from the left adrenal gland mass.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis. There were multiple, small, hyperechoic myelolipomas present along the splenic vasculature.

Liver

The **liver** presented with an abnormal appearance with generalized hepatomegaly, hyperechoic and coarse echogenicity. There was a mild, heterogenous appearance throughout the liver parenchyma without evidence of discrete masses. The hepatic capsular contour was rounded. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a moderate amount of hyperechoic gas and a small amount of hyperechoic ingesta within the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Large number of cells within the urine.
Large left adrenal gland mass with no obvious vascular invasion.
Hepatomegaly with a hyperechoic and coarse liver echotexture.
Multiple myelolipomas along the splenic vasculature.
Decreased corticomedullary definition in both kidneys with mild renal pelvic dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern in this patient is the presence of a large left adrenal gland mass. Differentials would be adrenal adenocarcinoma and less likely adrenal adenoma. An additional differential would be a pheochromocytoma.

It is recommended to obtain a systemic blood pressure in order to determine if there is evidence of underlying hypertension. An ACTH stimulation test should be considered in order to determine if there is cortisol production from the adrenal mass. If there is evidence that the mass clinically is consistent with pheochromocytoma, then a urine metanephrine level should be submitted.

Treatment options will be based upon the diagnostic information if medical treatment versus a surgical approach would be appropriate for this patient. It is also important to submit a cystocentesis urine sample with urine culture since there is a large number of cells within the urine and concern for an underlying urinary tract infection.

This patient also has changes in both kidneys which are supportive of chronic renal insufficiency. Careful monitoring of the renal values is recommended with a renal diet being considered as part of the treatment plan.

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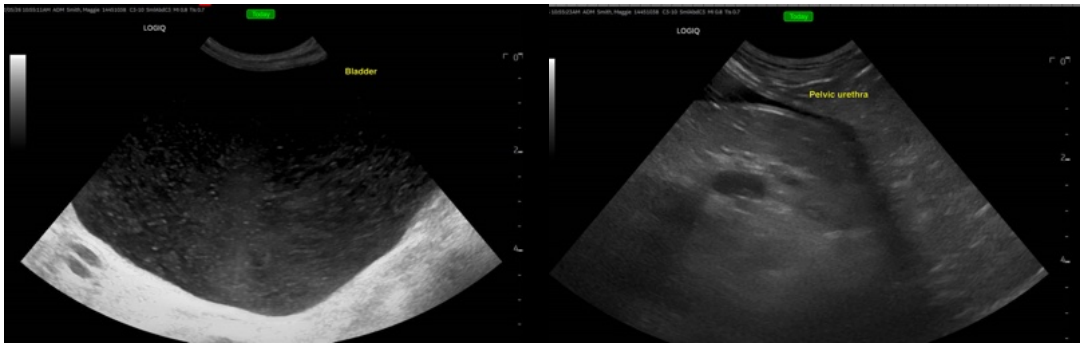

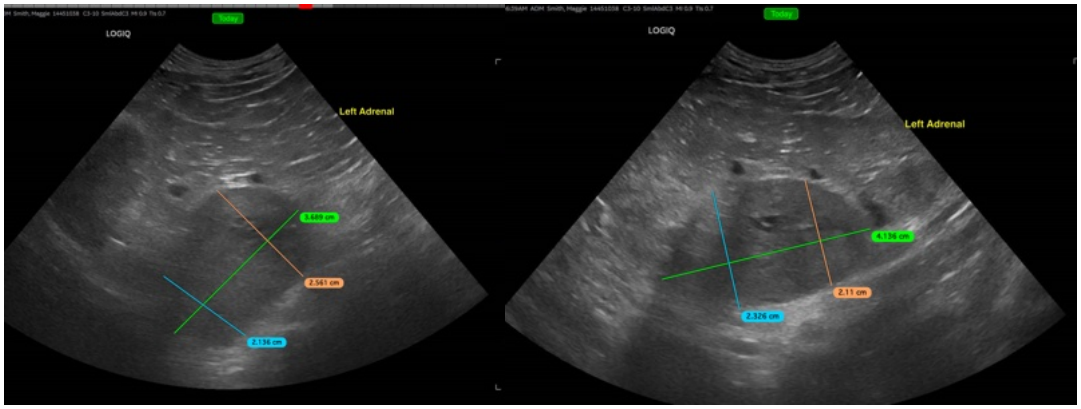

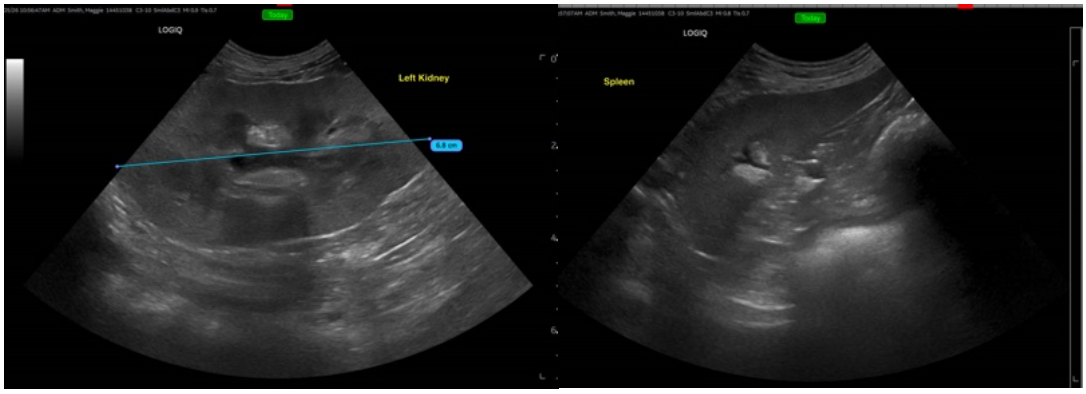

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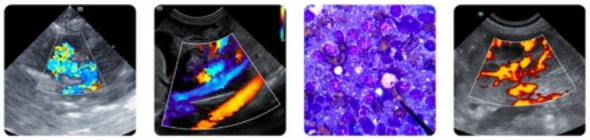

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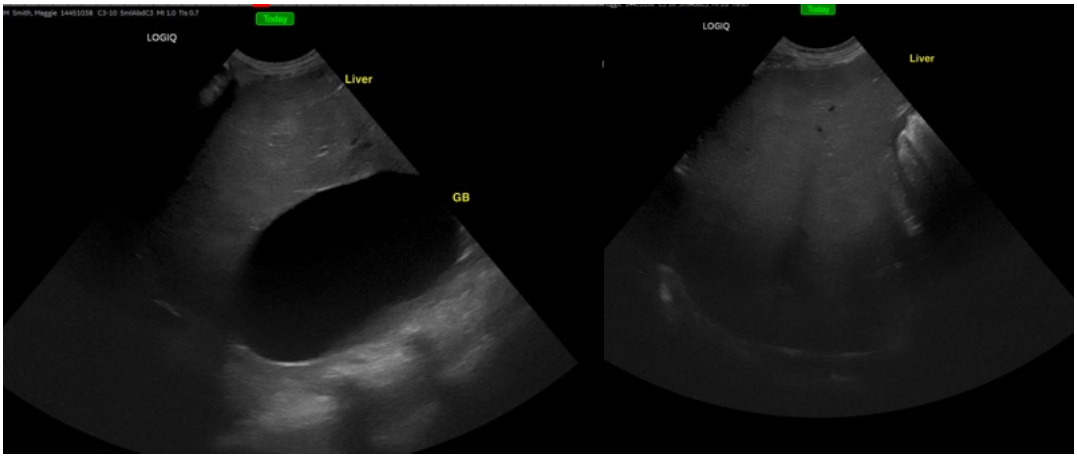

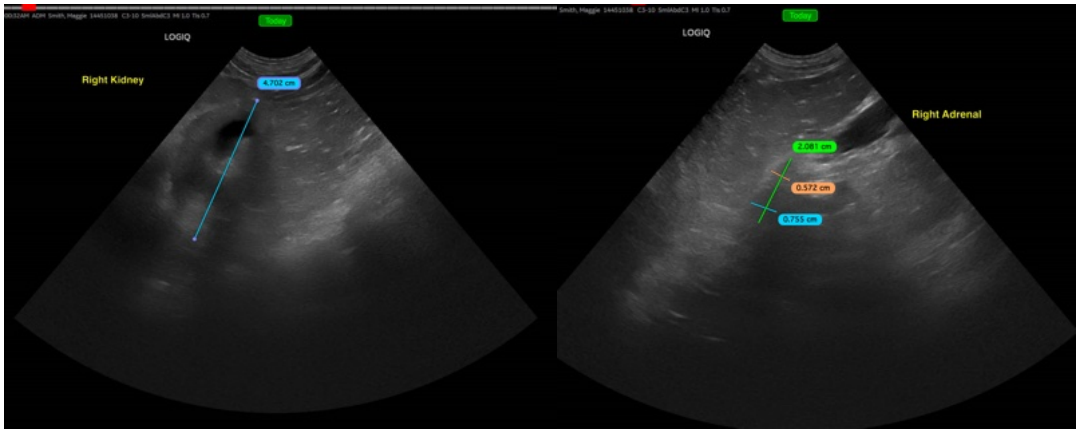

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Kim Radway, DVM, DABVP (Canine/ Feline)
info@SonoPath.com