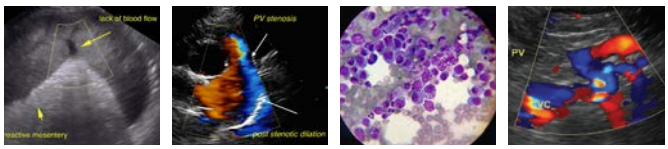

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1-800-838-4268 info@sonopath.com

PATIENT

Leo Metzner

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

14 Years

WEIGHT

70 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Shelley Parker

INVOICE

42143

DATE

10/18/22

PRESENTING CLINICAL SIGNS

weight loss, radiographs showed abnormal shadowing in abdomen, vomiting. On gabapentin
Abnormal PE/Chem/CBC/UA Results: ^ ALT, ^ ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.05 cm) with a small cortical cyst. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.3 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

In the region of the right adrenal gland is a hypoechoic, mixed echogenic mass effect measuring approximately 2.4 cm x 4.85 cm. This mass lesions extends caudal to the right kidney, where there is a larger mass lesion measuring 5.4 cm x 4.99 cm. This is concerning for a right adrenal mass, although other possibilities such as retroperitoneal mass lesion, etc. exist.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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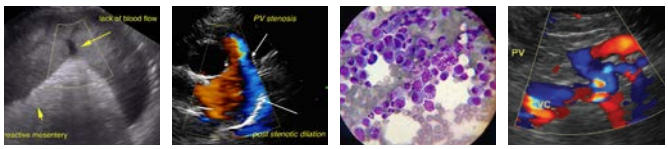

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The mesentery is hyperechoic around the abdominal masses.

Other

There is a large, heterogeneous, hypoechoic mass effect that almost appears to have a capsule. This is visualized towards the caudal abdomen and it appears to have a connection to abnormal tissue medial to the right kidney, so an extension of a right adrenal mass is thought possible, although other possibilities exist, as its location is not 100% clear (see description under right adrenal gland).

PRIMARY FINDINGS

- Large, mixed echogenic, hypoechoic abdominal mass lesion – The nature of this lesion is not 100% clear, but there is concern this could represent a right adrenal mass.
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. If there are no liver enzyme elevations present, this could be consistent with age related remodeling.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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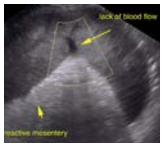
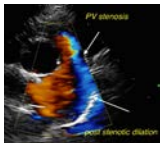
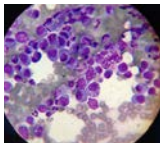
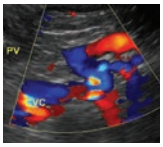

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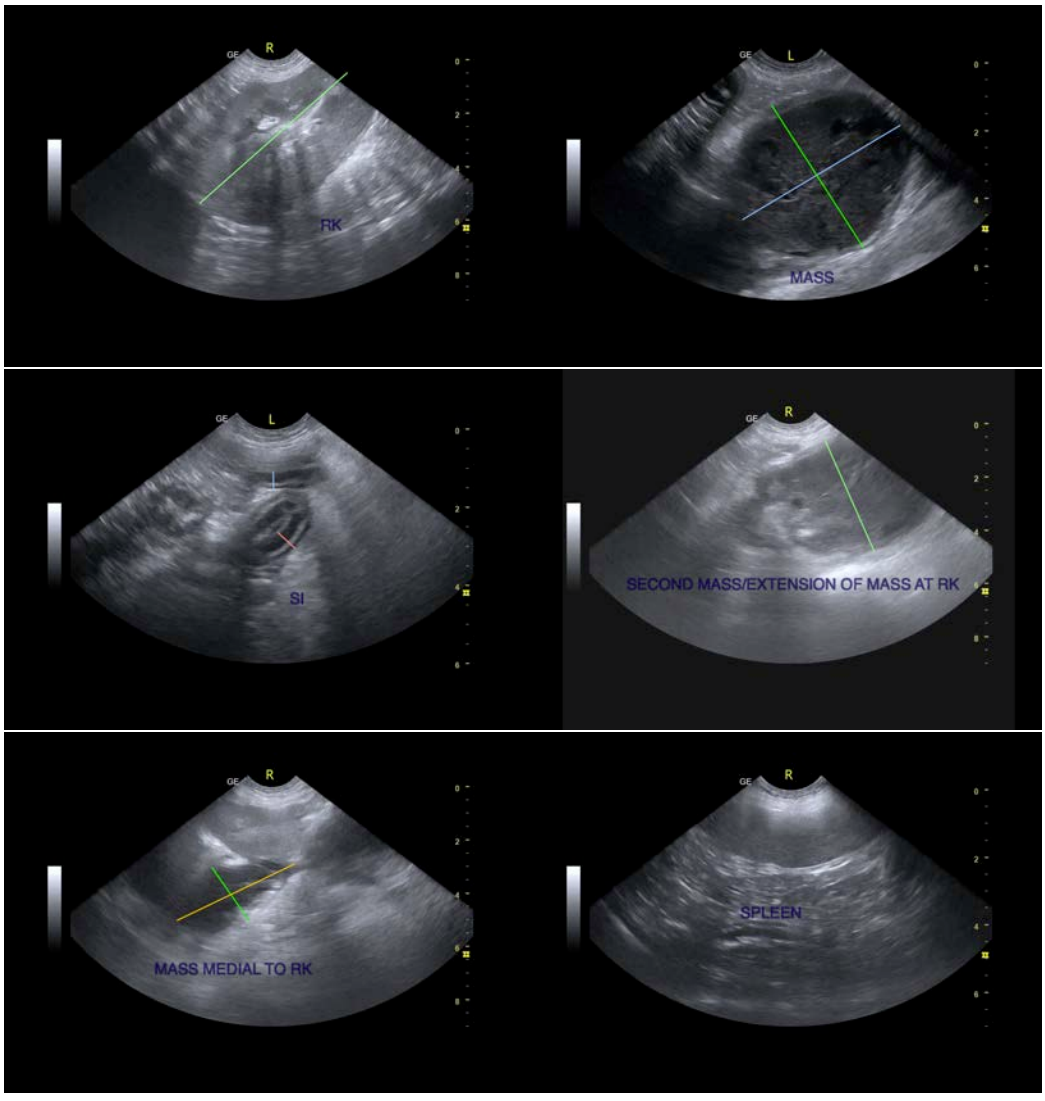
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hypoechoic, mixed echogenic mass effect towards the caudal abdomen in this patient. The exact location of this mass is difficult to determine, but there is the suspicion that it is connected to abnormal tissue medial to the right kidney, and therefore could represent a right adrenal mass lesion. Recommend a blood pressure evaluation, 3-view thoracic radiographs, and a contrast CT scan to further evaluate this region. A fine needle aspirate could be considered, but the hypoechoic nature of this could represent some hemorrhage, and I cannot determine how vascular it is without color flow.

The changes observed in the liver, spleen, and kidneys are relatively and could represent age related change, although I cannot definitively rule out a connection of this mass lesion to the spleen, and cannot definitively rule out the possibility of infiltrative disease to these locations.



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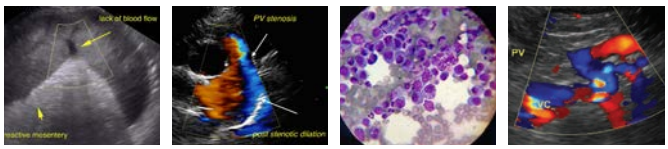

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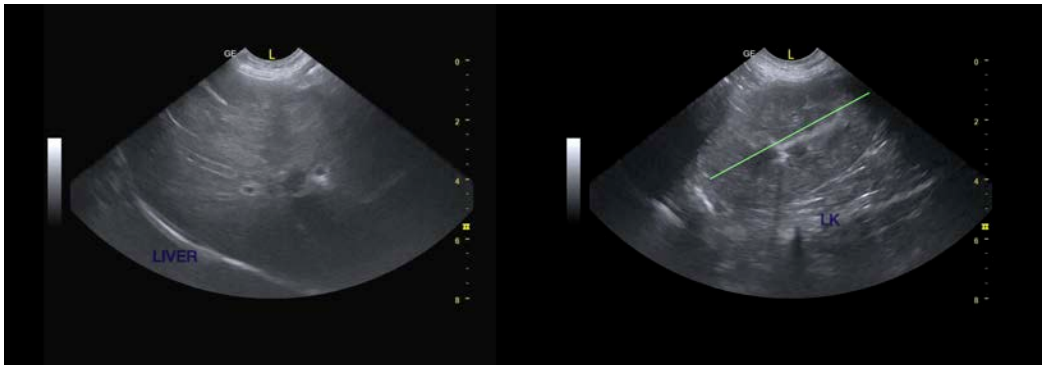

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com