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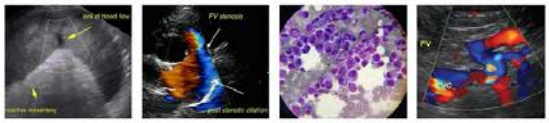

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Watson Stewart

SPECIES

Canine

BREED

Airedale

SEX

Neutered Male

AGE

9 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

26560

DATE

10/20/21

PRESENTING CLINICAL SIGNS

dex/torb 0.2ml each IV- Hx: increased globulins on routine b/w 7/18/2021 4.2. Increased also 10/6/2021 4.6. Weight loss of 5# since July. Does have a younger dog in household that is playing with but just seems a little 'off' to owner. The serum electrophoresis showed globulins were polyclonal:) PE is all wnl except some mild hyperkeratosis on select footpads. P: abdominal u/s to look for any sign of GI dz/IBD etc

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 prostate is normal in size (1.0 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.17 cm) with a 0.78 cm cystic structure. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is irregular in shape, measuring approximately 6.3 cm. Along the cranial pole, the left kidney coalesces with a large, irregular, mixed echogenic, partially mineralized mass effect. This mass effect is either originating from or invading into the right kidney. This mass effect is expansile, solid, and irregular with ill-defined margins, and encompasses tissue involving the right kidney and abutting up to or involving the right side of the liver. The right adrenal gland is not visualized and may either be a source, or obscured by this mass effect. The full extent of the mass effect is difficult to measure due to its amorphous nature, but at minimum it is 5.7 cm x 8.3 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.80 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is not directly visualized. There is a large amorphous mass effect involving the area of the right adrenal, the right kidney, and the caudal portion of the right side of the liver. This could be an adrenal mass, or the adrenal mass could be obscured by the presence of the mass.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hypoechoic nodules visualized, two measuring 1.71 cm and one measured 1.27 cm. Additionally, there is an isoechoic bleb of tissue projecting from the splenic capsule measuring 2.34 cm x 1.24 cm.

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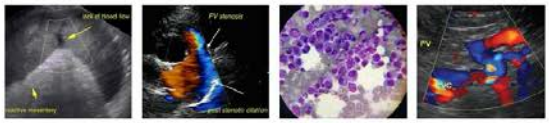

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Liver

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. There is a large amorphous mass effect hyperechoic to the normal heterogeneous hepatic parenchyma, which is either in direct contact with or oringating from the right caudal portion of the liver.

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

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. Duodenum wall measured 0.49 cm. Jejunum wall measured 0.3 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. Severe sublumbar lymphadenopathy is present. Sublumbar lymph nodes measured 2.89 cm x 4.8 cm on the right and 3.24 cm on the left. Mesenteric lymph nodes are prominent and measured at 0.73 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the abdominal mass and the enlarged lymph nodes.

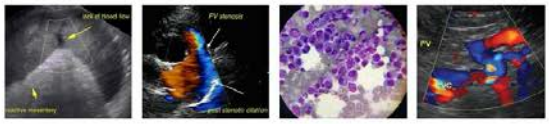
Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, solid, irregular, invasive mass effect affecting the right cranial portion of the abdominal cavity – This mass is most likely either originating from the right kidney or right adrenal gland, but appears to also be affecting the liver.

- Severe sublumbar lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, etc. A fine needle aspirate with cytology is recommended for



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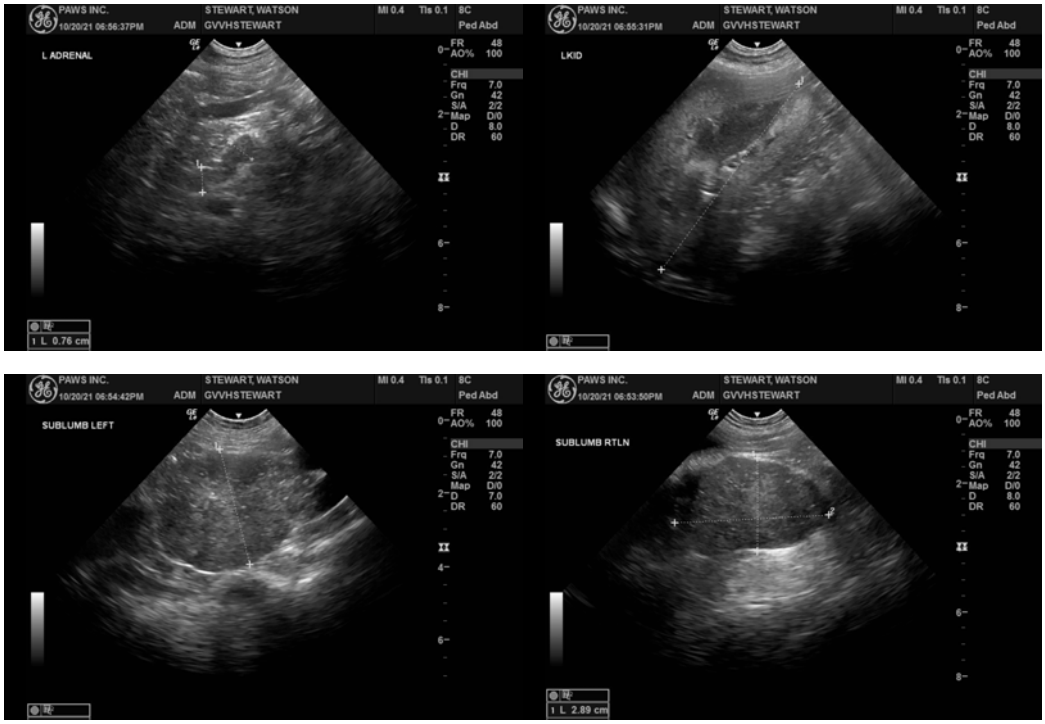
further evaluation.

- Mottled spleen with ill-defined hypoechoic nodules and a capsular bleb of tissue – 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. The isoechoic irregular tissue is most likely incidental.
- 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. The right cranial mass effect could be originating from the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amorphous invasive mass effect affecting the right cranial portion of the abdomen. This is either originating from or invading into the right kidney. Location wise, it could certainly be right adrenal, as many forms of adrenal neoplasia (particularly pheochromocytomas) tend to be very invasive and aggressive. And lastly, this extends to the level of the liver and could involve this area as well. Additionally, the sublumbar lymph nodes are very large.

Recommend rectal exam to look for evidence of an anal gland tumor. Consider fine needle aspirate of the cranial abdominal mass and sublumbar lymph nodes if a safe window can be identified (very close to large vessels). Recommend blood pressure evaluation, and likely a CT scan with contrast will be necessary to try to delineate what is directly involved versus displaced, etc. Recommend 3-view thoracic radiograhps.



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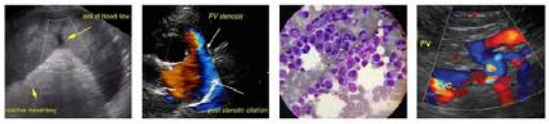

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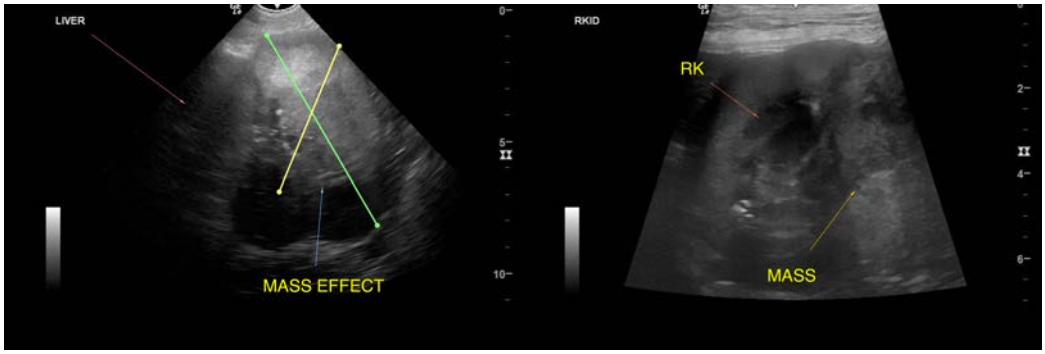

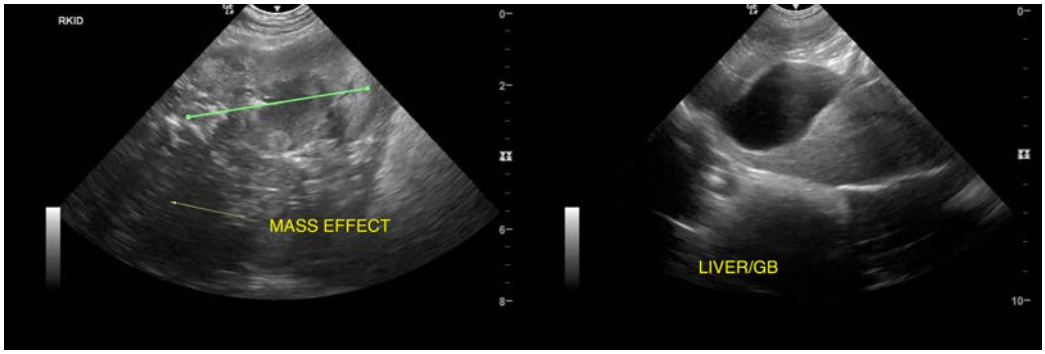

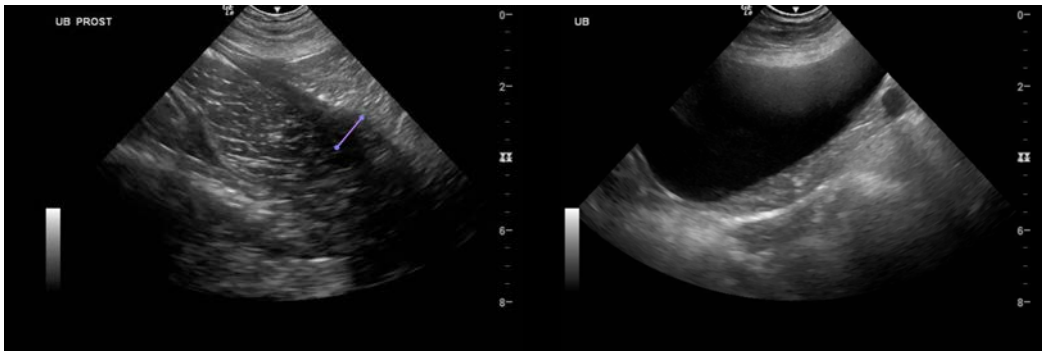

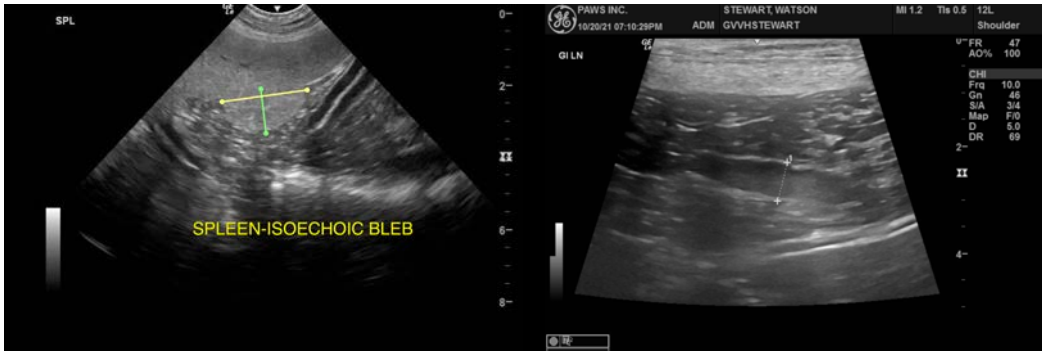

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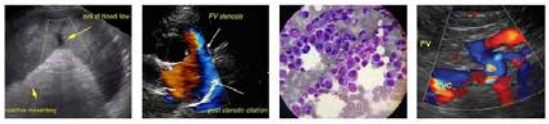

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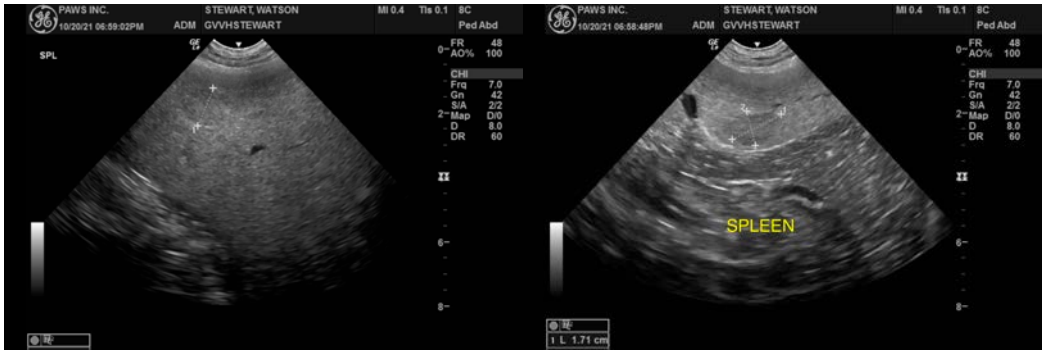

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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