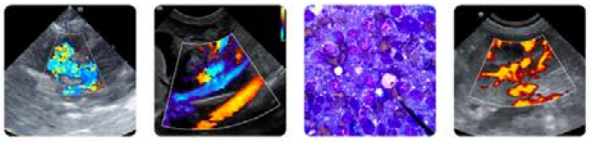

PATIENT

Diezel Crooks

SPECIES

Canine

BREED

Retriever x Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

19.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

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PRESENTING CLINICAL SIGNS

Assessment /DDX 1) Bilateral adrenomegaly with an irregular left adrenal with a nodule at the cranial pole 2) Large, heterogeneous liver 3) Mildly thickened small intestine with mucosal speckling and striations 4) chronic pancreatitis in the right limb. 5) Age related change visualized associated with both kidneys (normal enzymes 6) Spleen benign myelolipomas. 7) Moderate GB debris (Emerging mucocele)

Abnormal PE/Chem/CBC/UA Results: Stable, developing ventral skin masses ulcerated dermal

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 (0.66 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 (6.15 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.

The right kidney has a normal shape and size (6.29 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.

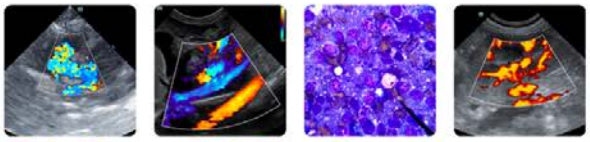
Adrenal Glands

The left adrenal gland is borderline large and irregular in appearance. It is observed in its normal position cranial to the left renal artery. It measures 1.05 cm at the cranial pole and 0.76 cm at the caudal pole. It is abnormal in appearance in that there is a poorly defined hyperechoic nodule at the cranial pole measuring 0.89 cm x 1.15 cm, which does not deform the margins of the adrenal. No evidence of vascular invasion visualized. **Previous measurements 6/25/25 were 1.19 cm at the cranial pole and 0.92 cm at the caudal pole, hyperechoic nodule at the cranial pole measured 1.06 cm x 1.09 cm.) The lesion appears stable.*

The right adrenal gland is borderline large and slightly irregular in appearance, measuring 1.13 cm at the cranial pole and 0.54 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a very subtle hyperechoic nodule in the cranial pole measuring 1.61 cm x 1.04 cm. No evidence of vascular invasion is visualized. **Previous measurement 6/25/25 was 1.26 cm at the cranial pole and 1.06 cm at the caudal pole. No nodule noted on previous exam.*

Spleen

The spleen is normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic lesions within the parenchyma most



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consistent with benign myelolipomas. Towards the tail of the spleen there is a prominent mixed echogenicity lesion most consistent with a benign myelolipoma, but it is somewhat prominent, measuring 2.06 cm x 1.3 cm. Additionally, the spleen appears somewhat diffusely mottled with poorly defined hypoechoic nodules. An example measures 1.61 cm x 0.89 cm and 0.58 cm in diameter.

Liver

The liver is large in size, and normal in 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 hyperechoic nodule visualized in the mid caudal region of the liver measuring 1.31 cm. Additionally, there are too numerous to count, small, hypoechoic nodules throughout the parenchyma, generally measuring approximately 0.50 cm. There is a mixed echogenicity, almost target appearing nodule visualized in the caudate lobe measuring at 2.0 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. Jejunum wall measures 0.38 cm. There is mild mucosal speckling noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

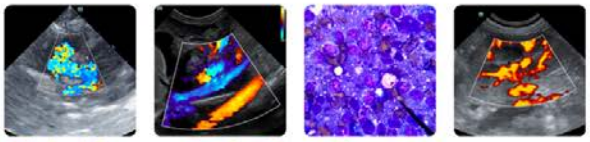
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant sublumbar lymphadenopathy. The iliac lymph nodes are large, hyperechoic and rounded, measuring 1.52 cm x 1.94 cm and 1.03 cm x 1.48 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Bilateral adrenomegaly with a hyperechoic nodule at the cranial pole of both adrenals – Generally these lesions have the appearance most consistent with benign lesions (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out. The left adrenal appears stable.



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- Diffusely mottled spleen with poorly defined hypoechoic nodules and hyperechoic myelolipomas – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, heterogeneous liver and numerous small hypoechoic nodules and larger hypoechoic nodules (some target appearance) –lesions could be benign regenerative nodules etc.. but there is concern for a neoplastic process as these are new and well defined.

- Large, rounded, hypoechoic iliac lymph nodes – Findings are concerning for early metastatic lymph nodes or highly reactive lymph nodes. Correlate with a digital rectal exam, looking for anal gland mass lesions, etc.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Mild mucosal speckling visualized associated with the small intestine – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are somewhat “plump” with an irregular hyperechoic region at the cranial pole. Generally, these have somewhat of a benign appearance. The appearance of the left adrenal is stable from the previous exam. Recommend continued monitoring.

The spleen appears more diffusely mottled with some poorly defined hypoechoic nodules that were not previously visualized. Recommend a fine needle aspirate of the spleen.

Additionally, there are diffuse hypoechoic nodules throughout the liver with some larger hypoechoic nodules, (some with a target appearance). These could represent benign lesions, but there is concern, as they are distinct and seem to have progressed significantly since the previous exam. Recommend fine needle aspirate for cytologic evaluation.

The sublumbar lymph nodes are large, hypoechoic and rounded. This is a new finding and is concerning for possible metastatic disease. Recommend a digital rectal exam to evaluate the anal glands for any nodules/mass lesions, and the pelvic limbs, etc. I suspect sampling would be challenging due to the close proximity to the great vessels at this time. If not already done, recommend repeat lab evaluation, particularly with a calcium level as well as new 3-view thoracic radiographs.

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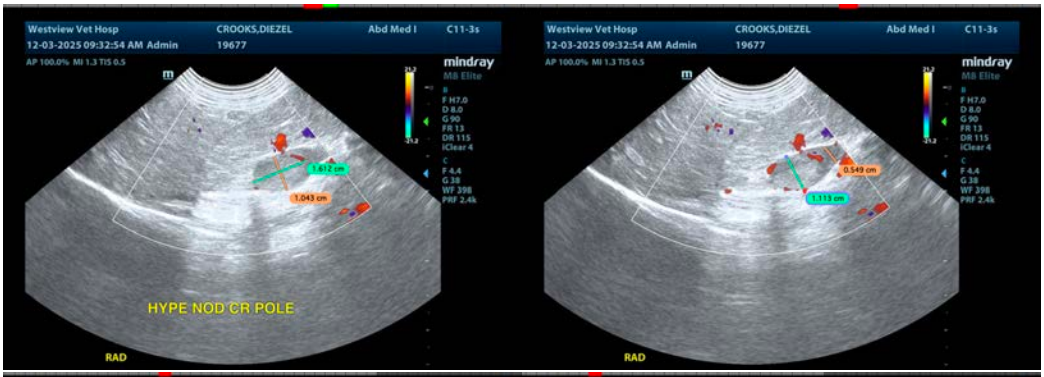

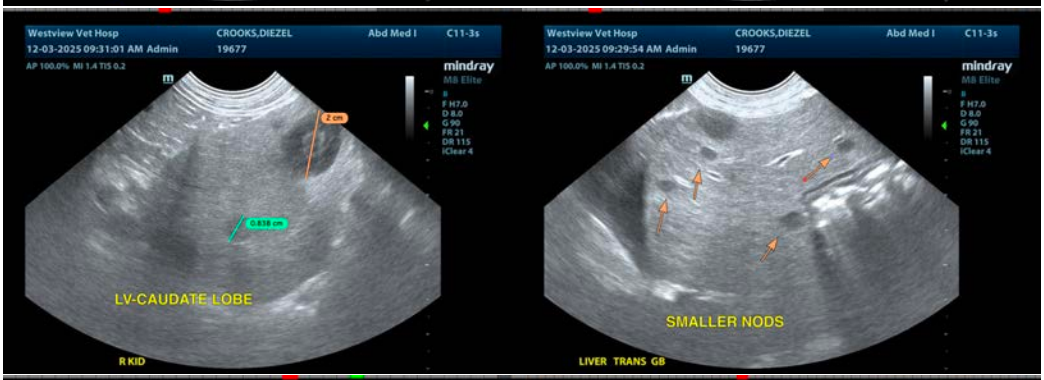

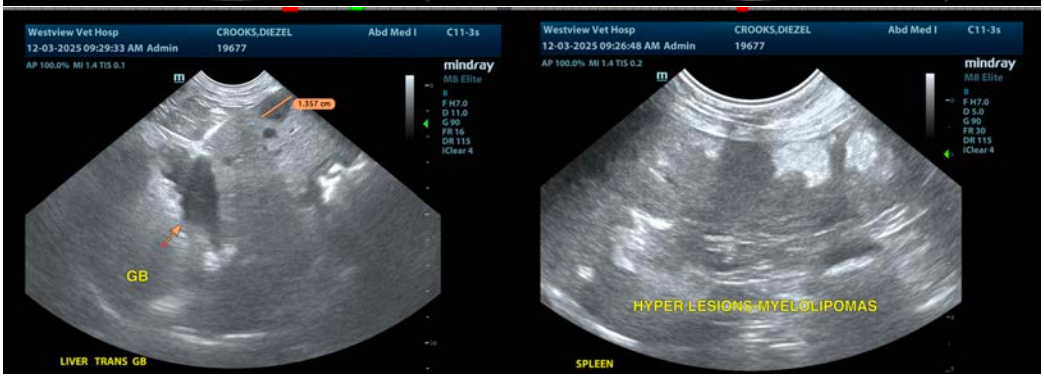

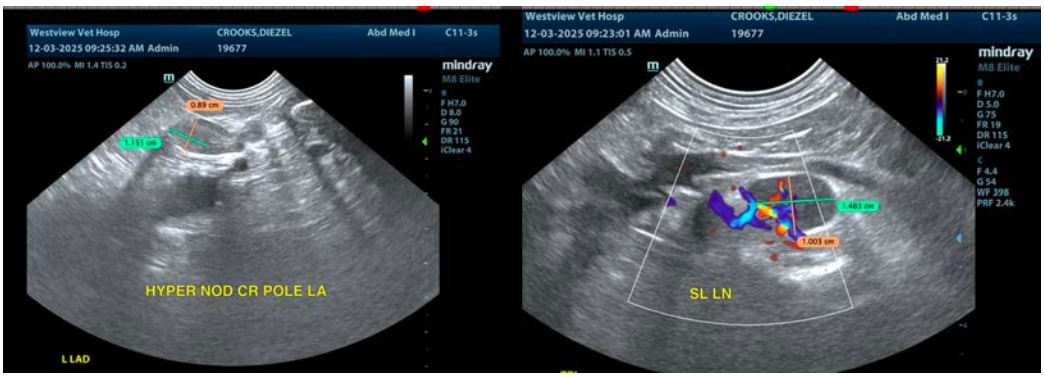

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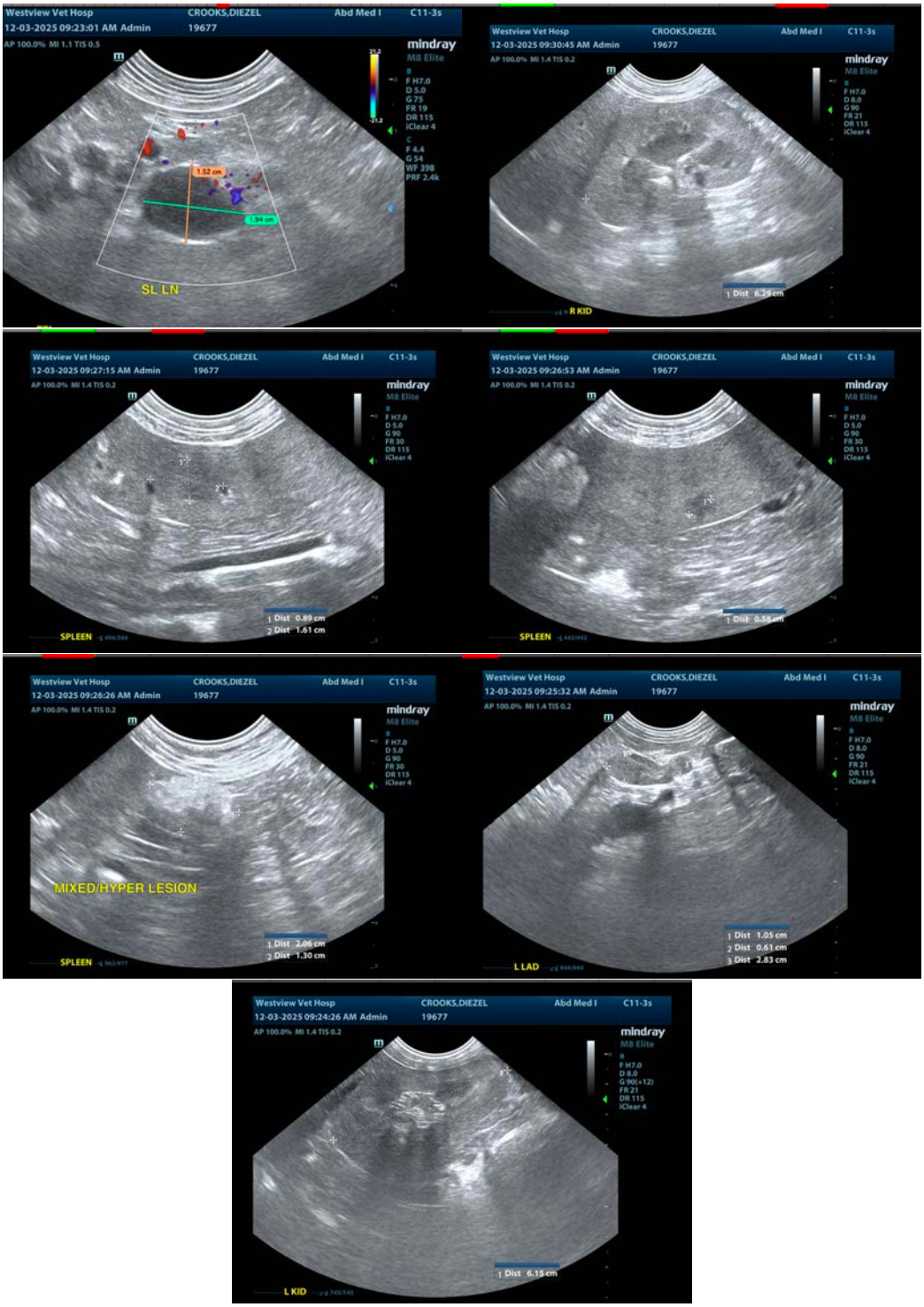

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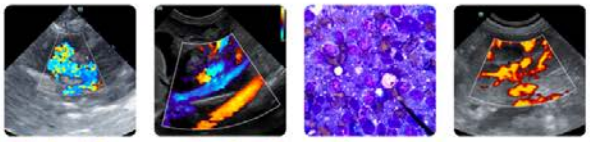

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com