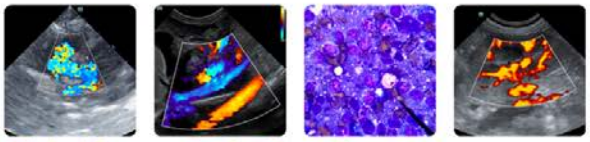


PATIENT

Joey Kenway

SPECIES

Canine

BREED

Retriever x

SEX

Neutered Male

AGE

10 Years

WEIGHT

33.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Harris

INVOICE

73275

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Went to ER for vomiting and lethargy where abdominal mass of unknown origin was identified on POCUS. History of intermittent ADR, tachycardia at times. On apoquel for chronic skin issues

Abnormal PE/Chem/CBC/UA Results: Mildly elevated globulins.

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 (0.86 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 (7.81 cm). Overall echogenicity is normal with adequate 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 (7.27 cm). Overall echogenicity is normal with adequate 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 large and abnormal in appearance, measuring 6.76 cm at the cranial pole and 2.83 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in that it is severely enlarged, particularly at the cranial pole, with a mottled, cystic parenchyma. No definitive evidence of vascular invasion is visualized.

The right adrenal gland is abnormal in shape and appearance and enlarged at the cranial pole, measuring 3.2 cm at the cranial pole and 0.81 cm It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. No evidence of vascular invasion visualized.

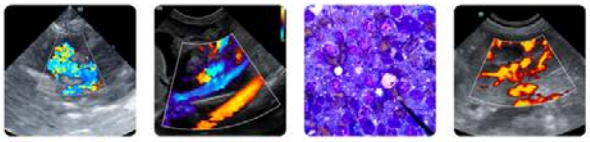
Spleen

The spleen is surgically absent.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules in the parenchyma, an example measures 0.87 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild/moderate fluid. It measures at a normal thickness of 0.53 cm 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 measures 0.60 cm. Jejunum wall measures 0.35 cm. 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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 omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal gland mass lesions – The cranial pole of the left adrenal is severely enlarged and has a mottled appearance. Findings favor a neoplastic process (carcinoma, pheochromocytoma, other). The right adrenal is primary enlarged at the cranial pole with more uniform parenchyma. Findings favor a neoplastic lesion (carcinoma, pheochromocytoma, adenoma, etc.).
- Surgically absent spleen.
- Prominent, mottled right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis is possible.
- Mild fluid distention of the stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent mild gastric ileus/gastritis.
- Large, hyperechoic liver with ill-defined hypoechoic nodules – The general appearance is most consistent with a vacuolar hepatopathy and regenerative nodules, although small metastatic lesions cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are very abnormal. The left adrenal in particular has a very large mass lesion. Correlate with the patient's chronic clinical symptoms. Unfortunately, interpretation of testing is challenging due to the patient's current active illness, but you could consider measuring cortisol levels. Additionally, recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels. Based on the size of both mass lesions, a neoplastic process such as a carcinoma or

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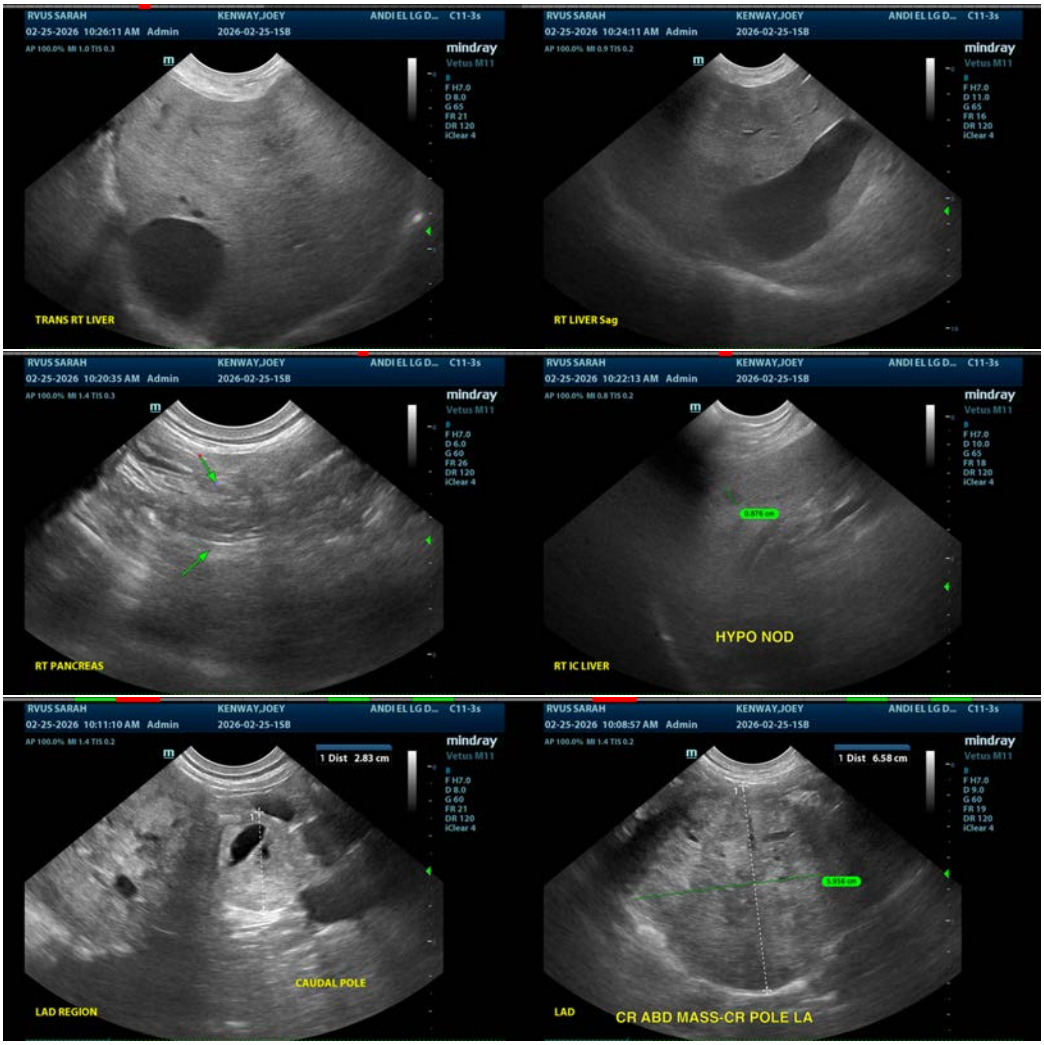
pheochromocytoma is a significant concern. Ideally a contrast CT scan should be done to better evaluate the origins and margins of these lesions as well as to look more closely for vascular invasion and metastasis. It is possible that surgical removal of one or both adrenal glands could be considered. Additionally, you could consider consultation with a veterinary oncologist, as chemotherapeutic options could be considered +/- possible treatment with Lysodren. If a pheochromocytoma is thought unlikely, you could consider a fine needle aspirate of both adrenals to help guide therapy/decision making.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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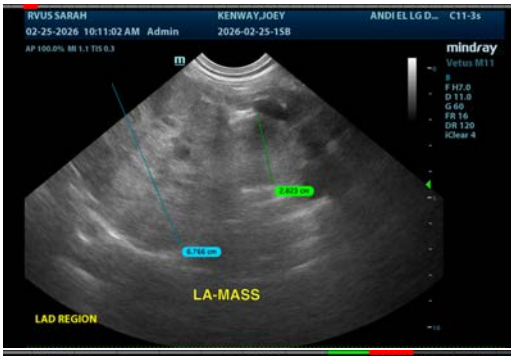

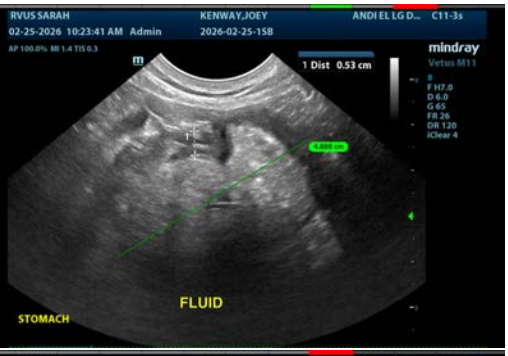

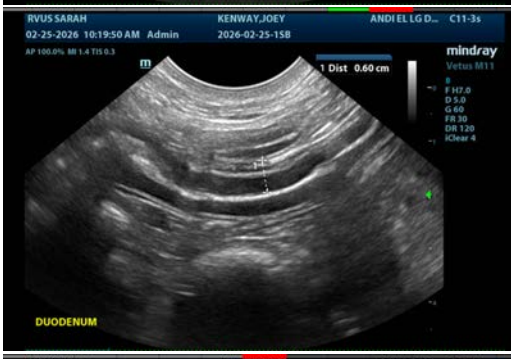

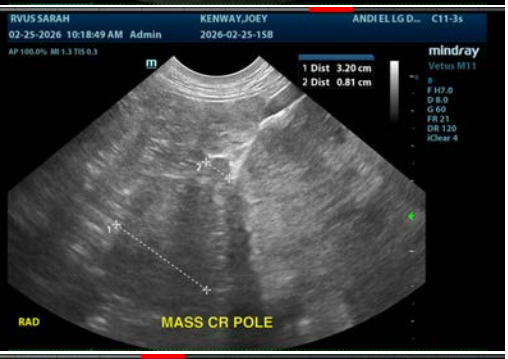

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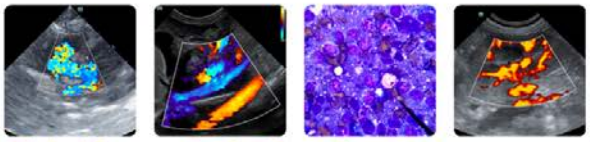

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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