IMAGING PERFORMED BY

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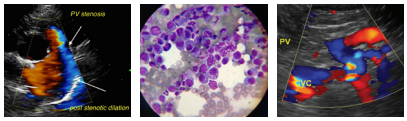

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/11/22

PATIENT

Scrappy O'Neal

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

6/25/11

WEIGHT

28.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Timonium

REFERRING VET

Dr. Borrison

INVOICE

36810

PRESENTING CLINICAL SIGNS

Recheck left adrenal mass.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 2/22/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 large in size (3.69 cm x 6.59 cm in diameter). It is hyperechoic and irregular with very large cystic structures present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. The appearance of the prostate is stable.

The left kidney has a normal shape and size (5.48 cm). 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 has a normal shape and size (6.49 cm). 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the cranial pole, 0.65 cm at the caudal pole, and 2.26 cm in length. It is observed in its normal position cranial to the left renal artery. It appears somewhat irregular in that towards the caudal pole there is an irregular heterogeneous mass effect measuring greater than 1.4 cm x 1.31 cm. This mass effect appears to come in contact with the caudal pole of the left adrenal gland, but has a somewhat narrowed contact point, which I'm concerned is a pedunculated mass effect. This mass lesion is nestled between the aorta and the renal artery, and there is concern for a possible intravascular lesion in the region, which could be consistent with a mass effect (intravascular invasion) or clot. There is no surrounding free fluid.

The right adrenal gland is normal in size measuring 0.48 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and 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. There is a small, hypoechoic lesion measuring 0.75 cm within the hepatic parenchyma, most consistent with a hepatic cyst.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear normal.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, irregular cystic prostate – most consistent with benign prostatic hypertrophy/prostatitis with prostatic cysts/less likely abscesses. The prostate appears stable from the previous evaluation on 2/22/22.

- 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.

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

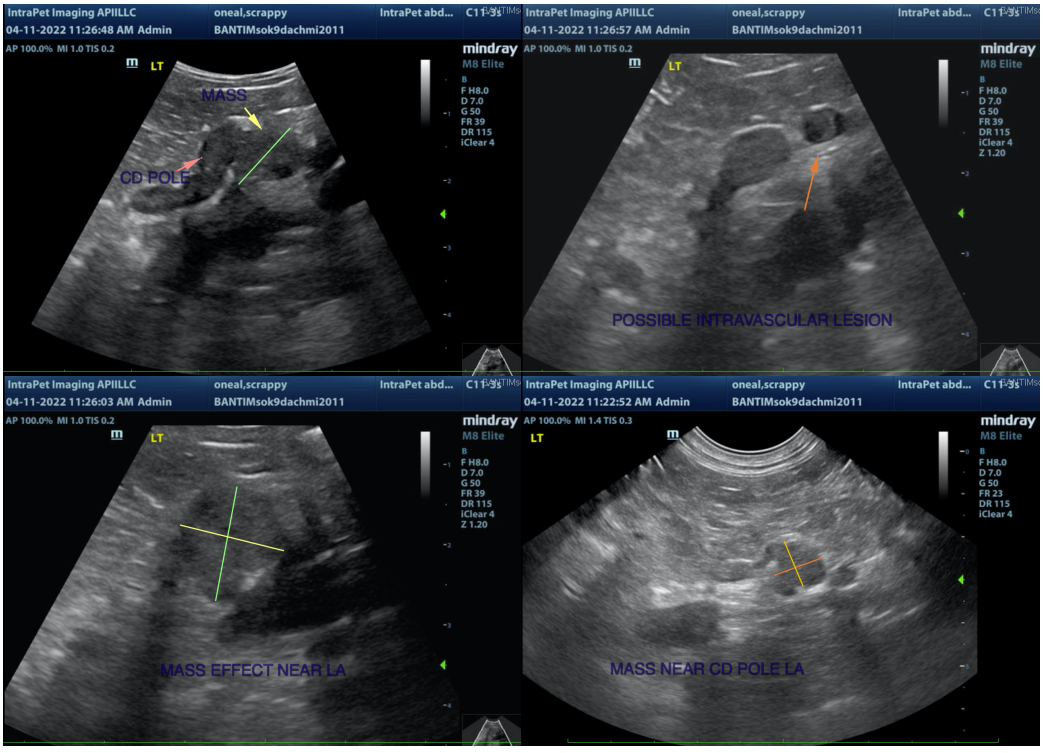
- Mass lesion visualized near the caudal pole of the left adrenal gland. This mass appears to come in contact with the caudal pole, but is somewhat narrowed at its contact point. There is concern for a possible vascular lesion in this region (clot or invasion).

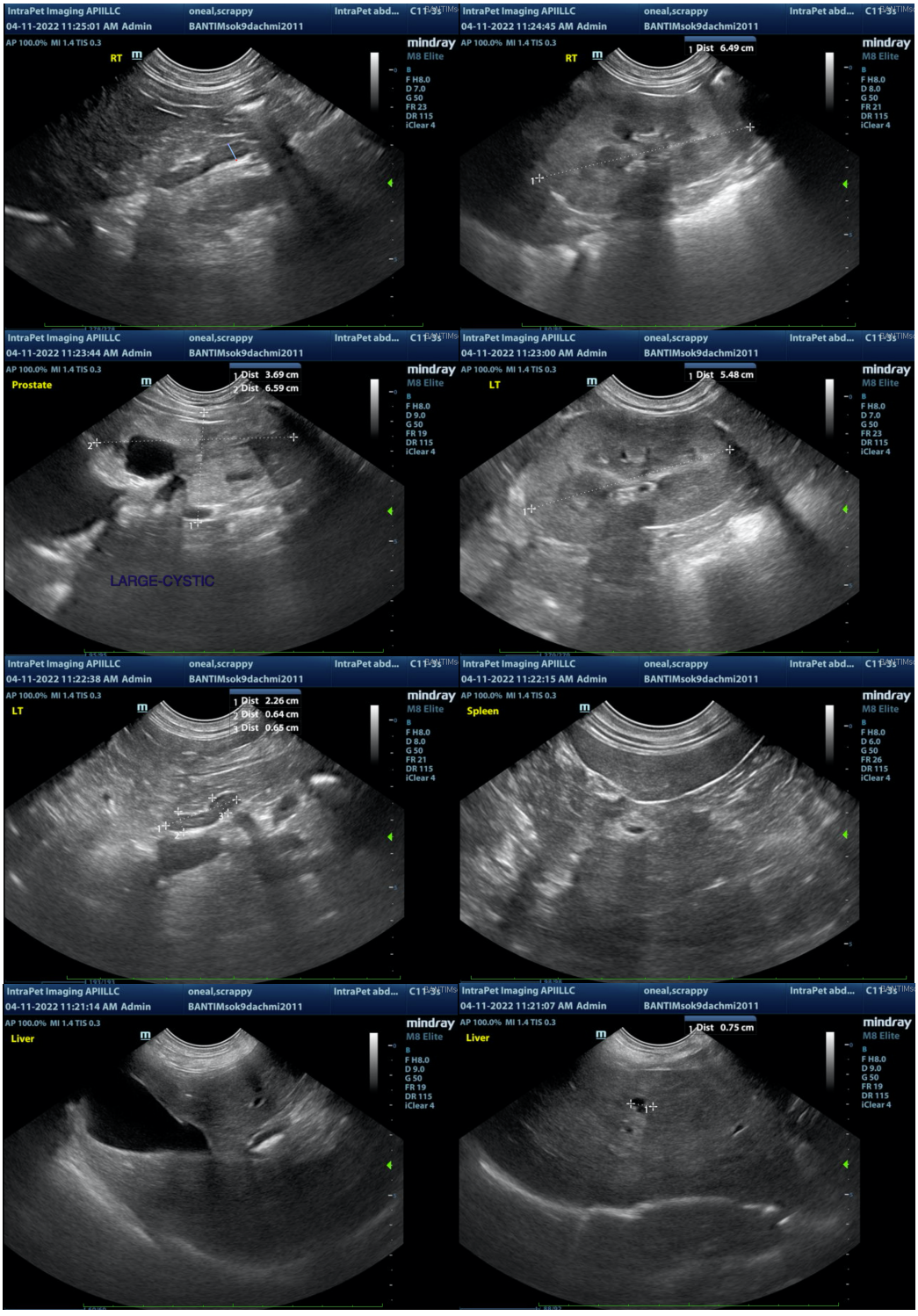
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass lesion visualized near the left adrenal gland is persistent, and appears relatively stable/slightly larger in size (this is subjective. The measurements are not larger but its irregularity makes it challenging to measure consistently). While I still suspect this is arising from the caudal pole of the left adrenal gland, it is somewhat abnormal in appearance in that the connection appears narrow and almost pedunculated, creating the possibility that this is not arising from the caudal pole of the left adrenal gland. But I strongly suspect that it is.

Additionally, there is concern for a possible intravascular lesion in the region, increasing concern for possible vascular invasion or an associated clot. A contrast CT scan is strongly recommended to better evaluate this area with increased resolution and in order to obtain information regarding prognosis, origin of the mass effect, and treatment options.

Diagnostic and treatment options previously recommended are still recommended with emphasis on the recommendation for a CT scan.

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Prostate
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AP 100.0% MI 1.4 TIS 0.3
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M8 Elite
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AP 100.0% MI 1.4 TIS 0.3
LT
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2 Dist 0.64 cm
3 Dist 0.65 cm
mindray
M8 Elite
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oneal,scrappy
IntraPet abd...
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M8 Elite
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AP 100.0% MI 1.4 TIS 0.3
Liver
mindray
M8 Elite
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04-11-2022 11:21:07 AM Admin
BANTIMsok9dachmi2011
AP 100.0% MI 1.4 TIS 0.3
Liver
1 Dist 0.75 cm
mindray
M8 Elite

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