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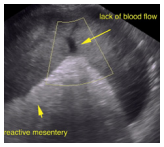

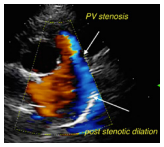

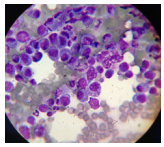
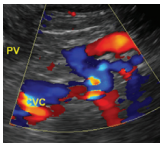

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1-800-838-4268 info@sonopath.com

PATIENT

Princess Blodgett

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

12 Years

WEIGHT

24.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

37036

DATE

4/20/22

PRESENTING CLINICAL SIGNS

decreased appetite, loose stools. On thyro tabs, vetoryl, cerenia.
Abnormal PE/Chem/CBC/UA Results: slightly low ALB 2.8, low/normal cortisol; Ca 11.5, amylase 1143, WBC 15,900, platelets increased 420, T4 4.3, SDMA incr 22.7, Eos decreased, increased monos and neutrophils

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 left kidney has a normal shape and size (4.53 cm). Overall echogenicity is normal with adequate 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 (4.59 cm). Overall echogenicity is normal with adequate 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 large in size measuring 1.7 cm at the cranial pole, 0.49 cm at the caudal pole, and 2.98 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat atypical in appearance in that the cranial pole is enlarged and heterogeneous. Findings are most consistent with a mass on the cranial pole of the left adrenal gland. No obvious vascular invasion is noted.

The right adrenal gland is normal in size measuring 1.31 cm at the cranial pole, 0.49 cm at the caudal pole, and 2.37 cm in length. 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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.

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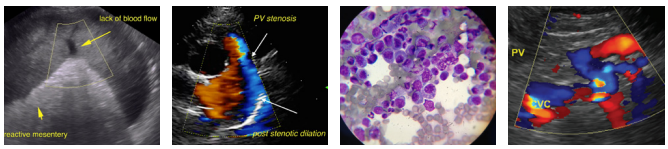

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Gastrointestinal

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.39 cm. Visualized peristalsis appears appropriate. The duodenum is severely thickened with a complete loss of layering in this area. Wall thickness is approximately 0.70 cm, most consistent with a focal bowel mass.

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. There is a mixed echogenic mass lesion measuring 2.16 cm x 1.36 cm adjacent to the duodenal bowel mass. This could represent a local lymph node or a mass effect. Additionally, there is a very large, hypoechoic, mixed echogenic mass in the mid caudal abdomen, measuring 5.41 cm x 6.93 cm. I suspect this is associated with the bowel, but a direct connection is not visualized.

PRIMARY FINDINGS

- Enlarged cranial pole of the left adrenal gland – findings are most consistent with a mass effect on the cranial pole. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Severe wall thickening, irregularity and loss of layering in the duodenum – findings are most consistent with a bowel mass.
- Large, mixed echogenic, hypoechoic caudal abdominal mass – findings are concerning for a bowel mass, but a direct connection cannot be visualized.
- Suspect abdominal lymphadenopathy adjacent to the bowel mass.

SECONDARY FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of duodenum, which is fairly extensive and severely thickened with complete loss of layering. This area is most consistent with a focal bowel mass. A fine needle aspirate could be performed in this area. Additionally, in the caudal abdomen, there is a large, hypoechoic, mixed echogenic mass that I suspect is associated with the bowel as well, but a direct connection is not visualized. Recommend a fine needle aspirate of this lesion.

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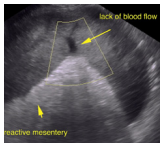

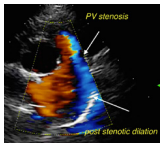

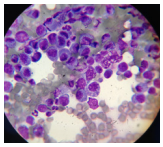
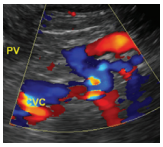

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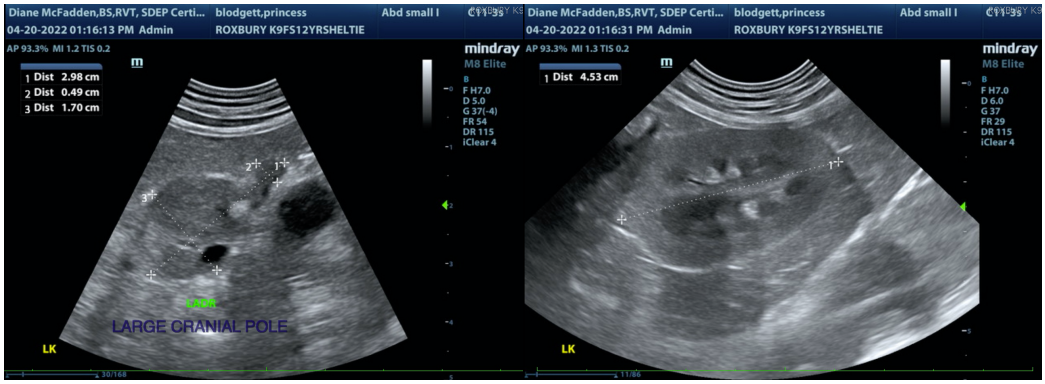
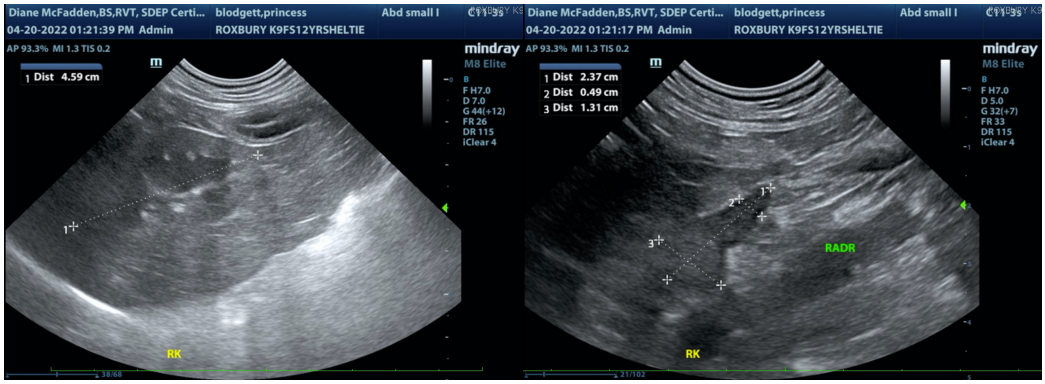
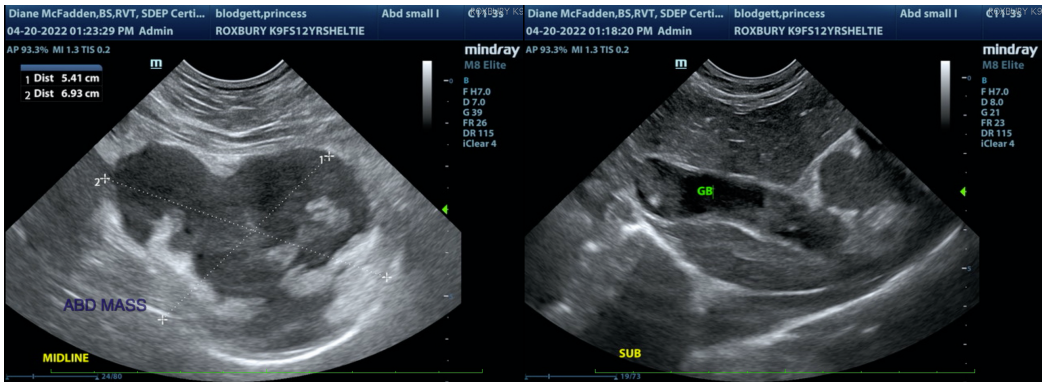
There is an enlargement in the cranial pole of the left adrenal gland, most consistent with an adrenal nodule. There is no obvious evidence of vascular invasion or inflammation surrounding the lesion. This could represent a benign or cancerous lesion and could be secretory or non-secretory. If signs of Cushing's were evident, you could consider adrenal function testing. Recommend a blood pressure evaluation. Consider surgical removal, although considering the other concurrent medical issues, this may be less of a priority.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.







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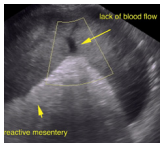

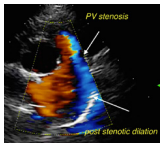

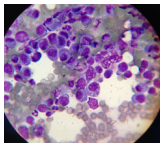
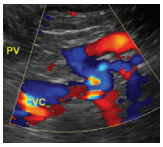

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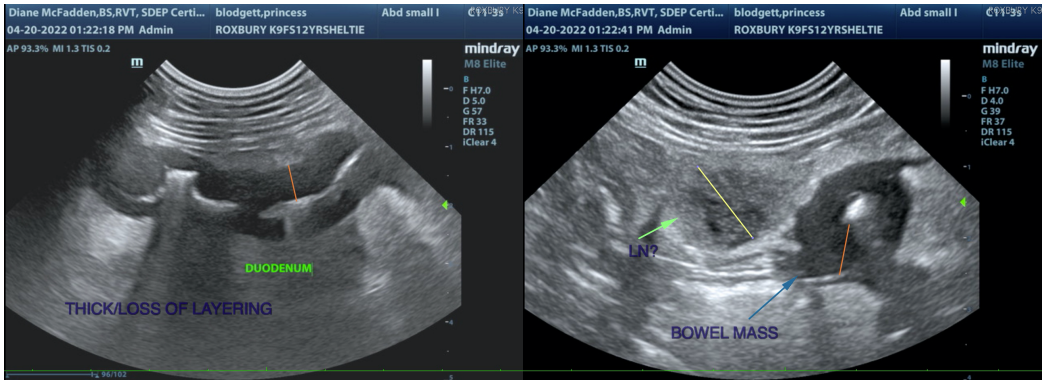

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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