DATE

05/01/26

PATIENT

Dixie Ashby

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

06/20/18

WEIGHT

126.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Rock Spring Veterinary Clinic

REFERRING VET

Dr. Scaccia

INVOICE

15654

\PRESENTING CLINICAL SIGNS

Patient History: Chronic polyuria, polydipsia. Lethargy, difficulty urinating. Pelvic limb paresis. HX of enlarged uterus found 12/2025, OVH performed. Pt dyspneic, laterally recumbent, hind limbs cool during ultrasound and abdomen very distended.
Current Medications: Amantadine.
Labwork Results: 2 masses noted on abdominal radiographs. 1 craniodorsal abdomen, 2 caudoventral abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large and appears over distended with anechoic urine. The bladder wall appears normal in thickness with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear normal. The distal ureters are dilated. The left measures 0.74 cm in diameter.

The left kidney has a normal shape and size (10.41 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal. Pyelectasia is visualized and measures 0.43 cm. The proximal ureter is dilated and tortuous measuring 1.06 cm.

The right kidney has a normal shape and size (9.57 cm). Overall echogenicity is slightly hyperechoic with decreased 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal. Pyelectasia is visualized and measures 0.35 cm. The proximal ureter is dilated measuring 0.30 cm.

Adrenal Glands

There is a poorly defined, irregular mixed echogenicity, partially mineralized mass effect visualized cranial to the left kidney suspected to be a left adrenal mass lesion measuring 8.74 cm x 5.99 cm. No evidence of vascular invasion is clearly visualized. An association with the spleen cannot be ruled out.

The right adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.52 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. The spleen measures 1.75 cm width.

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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of 0.50 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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.43 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 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, or significant lymphadenomegaly. The omentum is of normal uniform echogenicity.

Other

The aorta at the level of the trifurcation demonstrates a lack of blood flow consistent with a large obstructive thrombus or mass effect. This appears to extend to approximately the level of the caudal region of the left kidney.

The heart is briefly evaluated. Visualization is challenging due to patient's lateral recumbency in panting. No evidence of significant pericardial effusion is visualized and there is no evidence of a large mass effect. If there's concern for more significant cardiac pathology, recommend an echocardiogram.

ULTRASONOGRAPHIC FINDINGS

- Over distended urinary bladder with dilated ureters and renal pyelectasia- findings are concerning for a lower urinary tract obstruction (functional versus structural-no physical obstruction visualized).

- Poorly defined mixed echogenicity, partially mineralized mass effect in the left cranial abdomen- This is strongly suspected to be an adrenal mass lesion. Possible differentials would include adenoma, carcinoma, pheochromocytoma, or other. -a splenic lesion or similar cannot be ruled out.

- Early gallbladder mucocele- The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.

- Large aortic thrombus/mass effect- This appears to be extending from the level of the left kidney caudally with minimal blood flow.

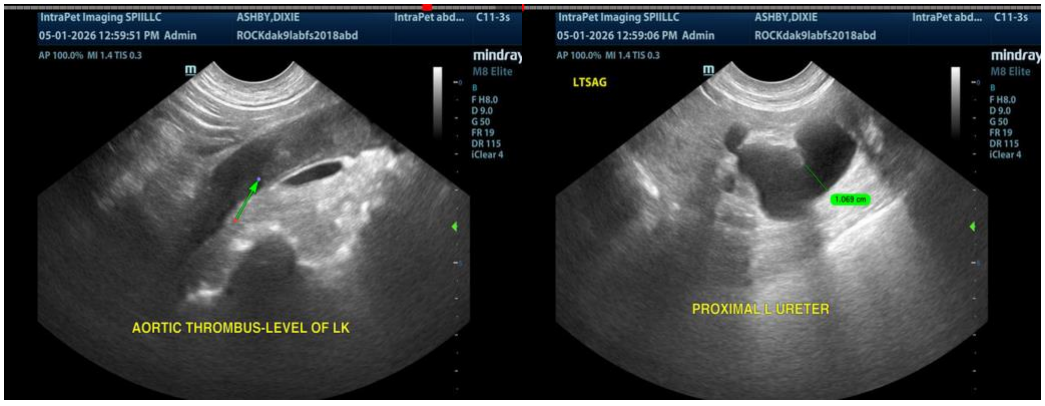
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

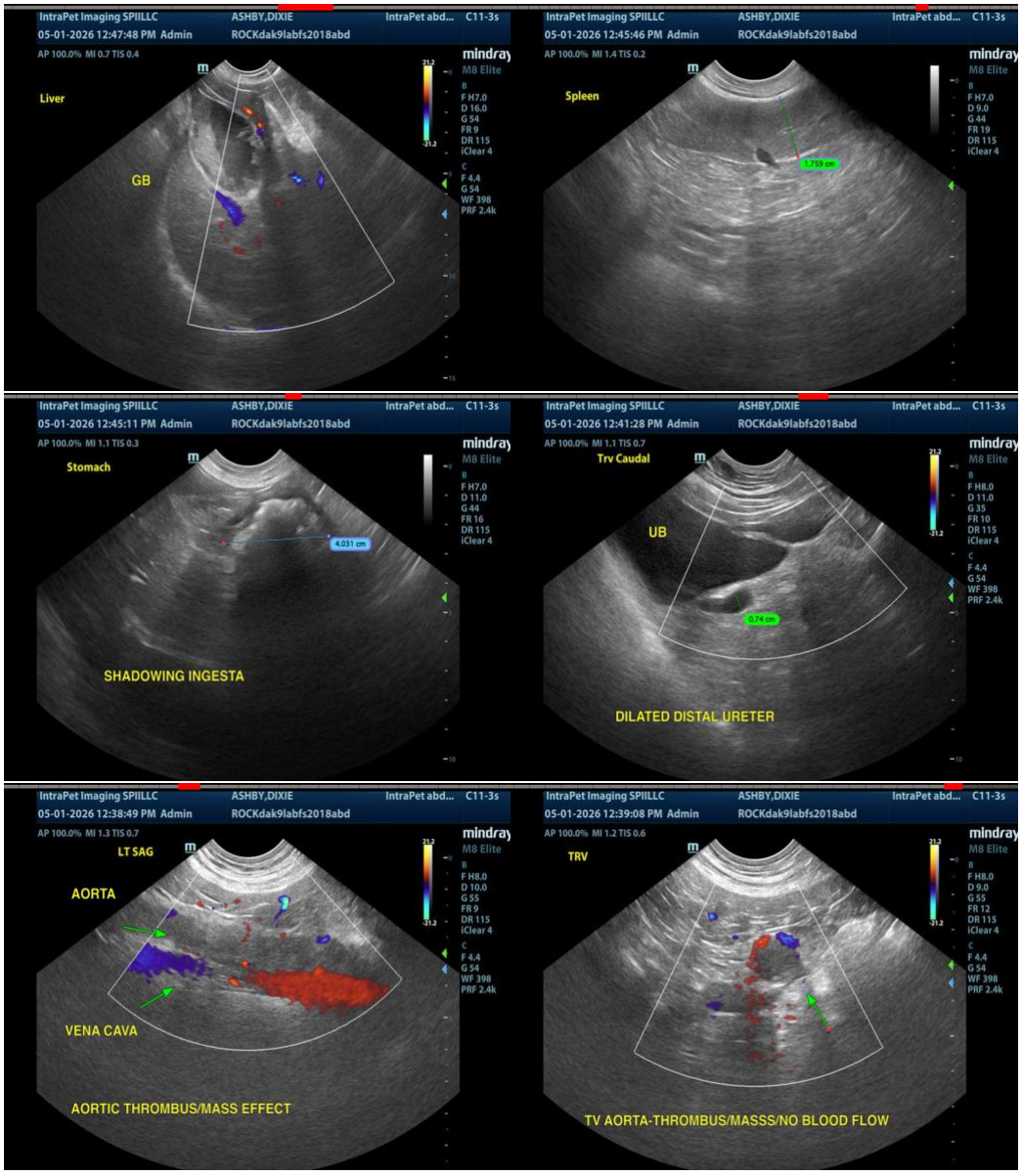
There is minimal blood flow observed in the distal aorta due to a large thrombus/mass effect. Correlate these findings with evaluation of femoral pulses.

There is a large mixed echogenicity, partially mineralized mass effect visualized in the left cranial abdomen. Based on the proximity to the left kidney, I suspect this is a large left adrenal mass lesion. It is possible that this is creating a hypercoagulable state both by the production of hormones and possibly by causing disruption/pressure/invasion in the region of great vessels causing turbulence.

Options are limited at this time. Evaluation could include contrast CT scan to further evaluate the mass lesion and thrombus with referral to a specialty center for possible thrombolytic therapy. Unfortunately, with the large adrenal mass lesion present, there would still be concern for an aggressive neoplastic process.

Prior to additional therapy or diagnostics, three view thoracic radiographs should be considered to look for evidence of metastatic neoplasia.

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Liver
GB
IntraPet Imaging SPIILLC
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ROCKdak9labfs2018abd
Spleen
1.759 cm
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Stomach
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SHADOWING INGESTA
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ROCKdak9labfs2018abd
Trv Caudal
UB
0.74 cm
DILATED DISTAL URETER
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LT SAG
AORTA
VENA CAVA
AORTIC THROMBUS/MASS EFFECT
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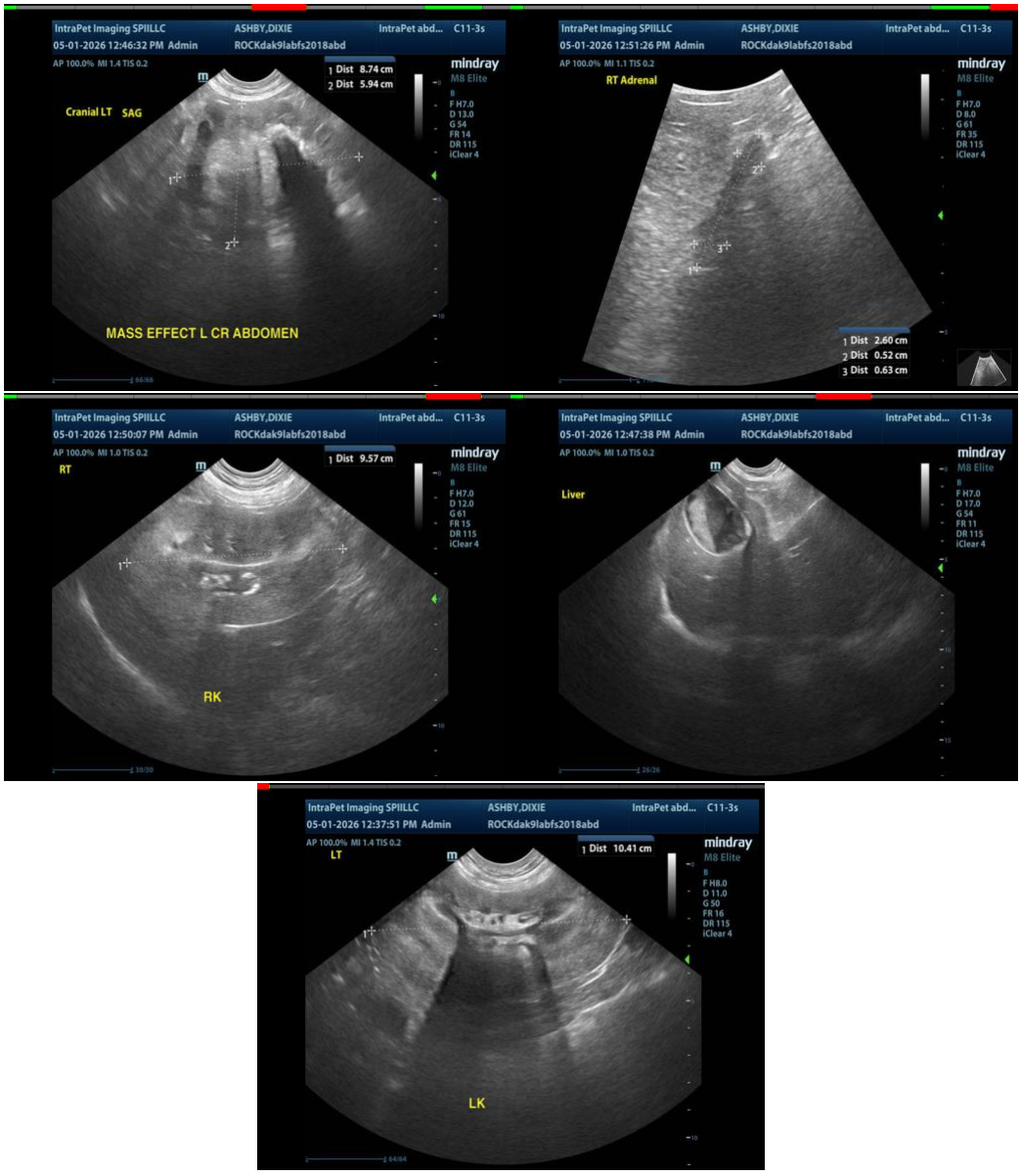
TRV
TV AORTA-THROMBUS/MASSS/NO BLOOD FLOW



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.

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