



DATE PRESENTING CLINICAL SIGNS

05/13/26 Patient History: Presents for: acute onset lethargy, ataxia, disorientation, vomiting, anorexia, adipsia following topical application of 2% miconazole nitrate cream (Vagisil) for ringworm.

PATIENT

Athena Majerowicz

Current Medications: NeoPolyDex Opth Solution, Unasyn, Protonix, Cerenia, Ondansetron.
Labwork Results: Labwork attached. Xray Abdomen 2 View- Cranial dorsal displacement of stomach, increased soft tissue opacity caudal to liver. Intestinal loops uniform.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

BREED

Pitbull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

06/12/13

The left kidney has a normal shape and size (5.91 cm). Overall echogenicity is slightly hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is mild pyelectasia measuring 0.26 cm. There is scant anechoic fluid visualized in the perirenal space.

WEIGHT

62.8 lbs

The left kidney has a normal shape and size (5.46 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is scant anechoic fluid visualized in the perirenal space.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is large in size measuring 0.86 cm at the cranial pole and 0.95 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is large, irregular in appearance and measures 2.81 cm x 3.19 cm. It is seen in its normal position, cranial to left renal artery, in its normal position between the right kidney and the caudal vena cava. It's abnormal in appearance in that there appears to be invasion into the caudal vena cava with a mass effect within the lumen measuring 3.11 cm x 2.43 cm. There is scant free fluid visualized around the right adrenal gland.

REFERRING VET

Dr. Heresniak

Spleen

INVOICE

16143

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 measured 2.06 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 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 moderate fluid/ingesta. It measures at a normal thickness of 0.56 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 (0.45 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

There is scant free fluid visualized in the retroperitoneal space. There is no significant lymphadenopathy noted. The medial iliac lymph node is visualized measuring 0.75 cm x 1.54 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

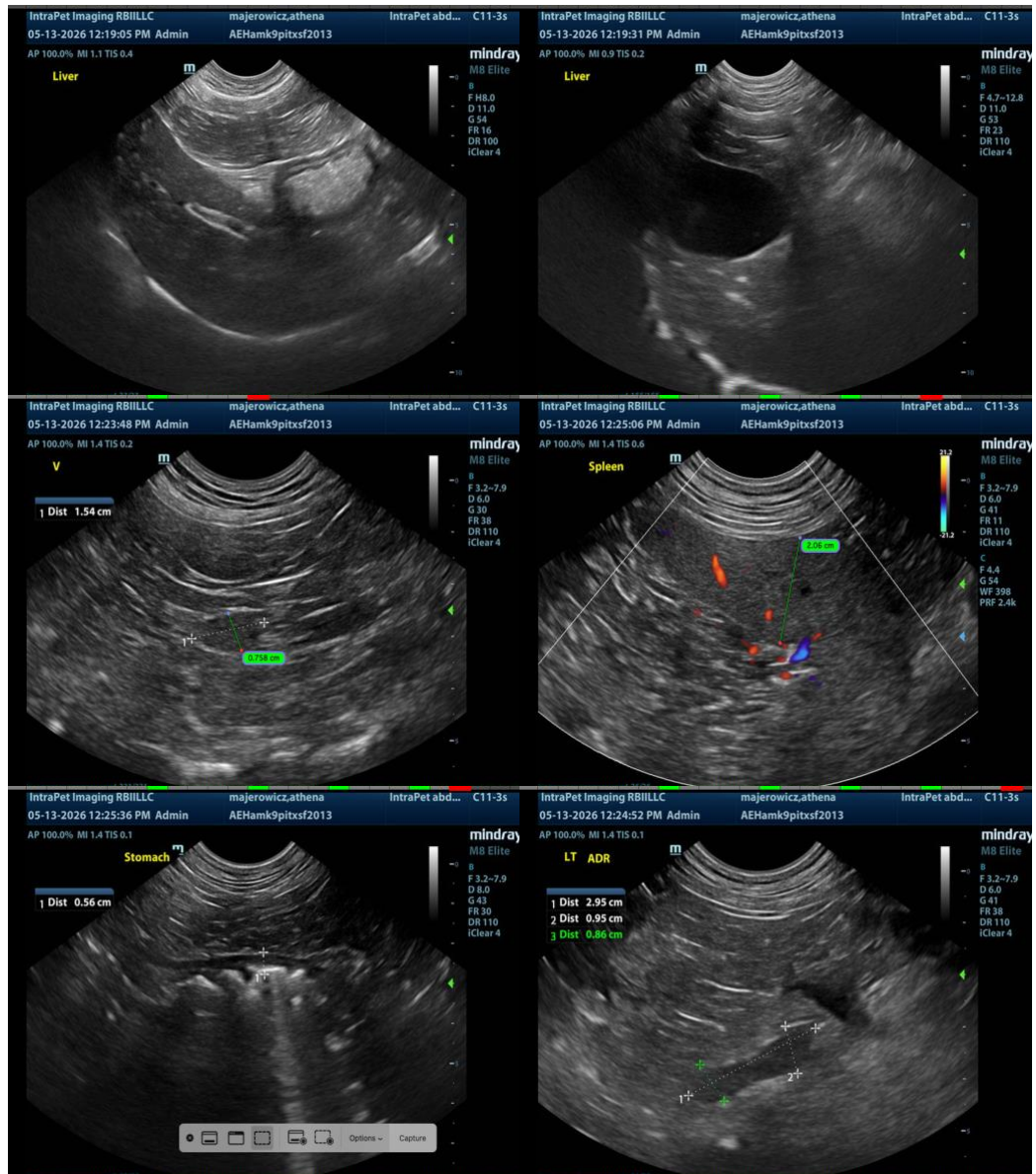
- Age-related changes visualized associated with both kidneys.
- Moderate fluid/ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying.
- Large right adrenal mass lesion with invasion into the caudal vena cava and small retroperitoneal fluid- findings are concerning for an invasive carcinoma or pheochromocytoma, other differentials are possible.

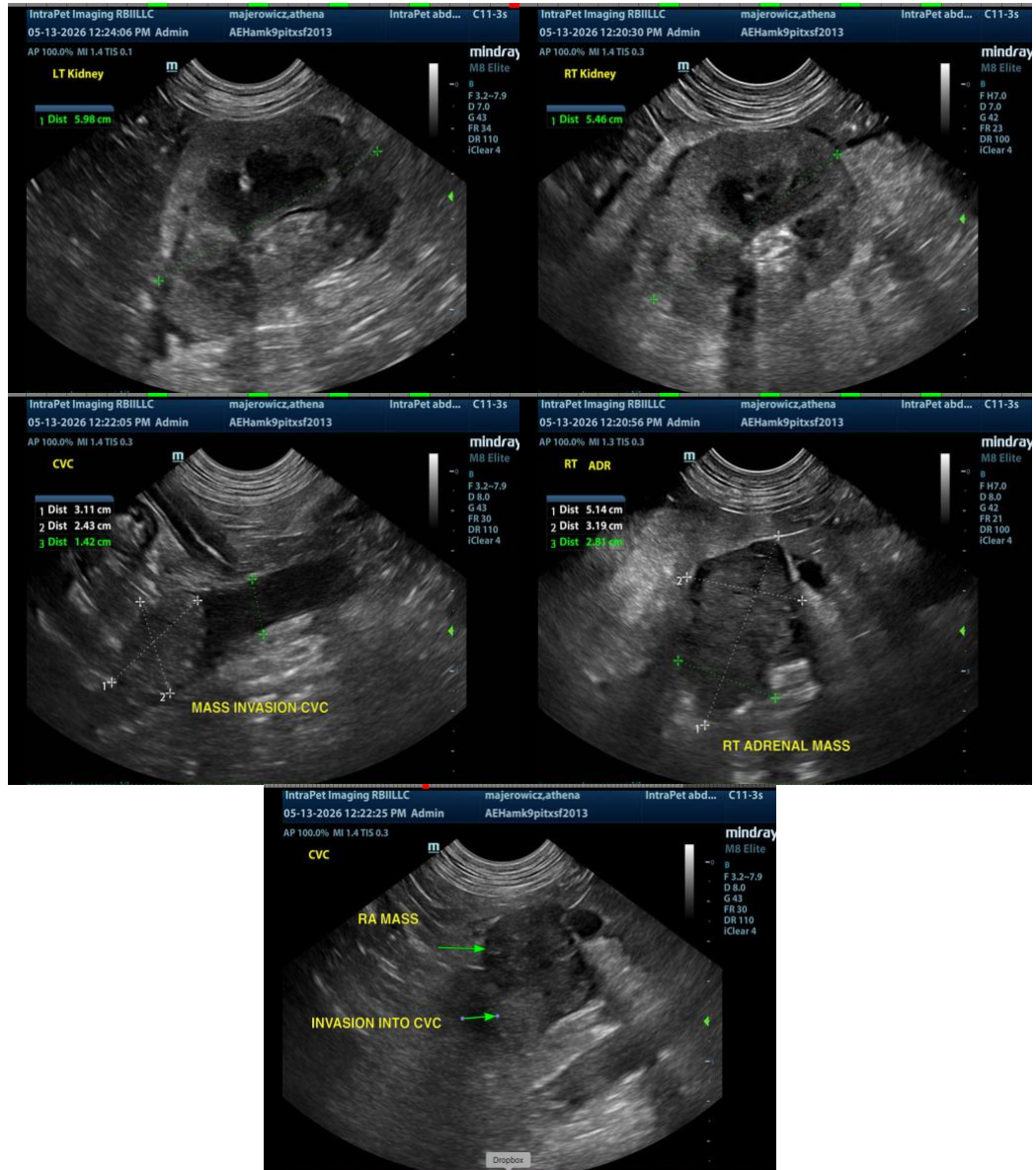
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a large right adrenal mass lesion with evidence of invasion into the vena cava. The most likely differentials would be a carcinoma or a pheochromocytoma. Recommend blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels.

If surgery would be considered, recommend a contrast CT scan to further evaluate this region to determine if this is an option. Additionally, you could consider adrenal function testing. This can be difficult to interpret in a sick individual, but it may be valuable to know if a cortisol excess is present for management of this individual.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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)

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