



DATE
06/02/2022

PRESENTING CLINICAL SIGNS

Severe hematochezia, AHDS. Likely abdominal mass noted on radiographs.

PATIENT
Ollie Cotter

Current Medications: Start 5/31- Metronidazole 15mg/kg BID, Cerenia SID, Visbiome SID, Diigel SID.

Lab Results: Inflammatory CBC, Thrombocytosis.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Collie Mix

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

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.

AGE

9 years

The left kidney has a normal shape and size at 7.39 cm in length. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. A small nephrolith measuring 0.45 cm was present. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

50.2 lbs

The right kidney has a normal shape and size at 6.95 cm in length. 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 1.33 cm at the cranial pole and 0.74 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance (uniformly hypoechoic) and shape with an ill-defined hyperechoic nodule in the cranial pole measuring 1.4 cm x 1.33 cm. No evidence of vascular invasion was observed.

HOSPITAL NAME

Eastern Animal
Hospital

The right adrenal gland is normal in size measuring 0.95 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.

REFERRING VET

Dr. Sole

Spleen

The spleen is subjectively normal in size and irregular in shape. There is a large mixed echogenicity solid mass visualized towards the tail of the spleen measuring 5.58 cm.

INVOICE

10724ag

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 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 with mild debris. 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.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule at cranial pole of left adrenal gland. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Large mixed echogenicity splenic mass. A large mass is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass in the spleen, this could represent a benign or neoplastic process and I suspect it is actually an incidental finding and not related to GI signs reported. Recommend symptomatic treatment for AHDS and once recovered, consider splenectomy for both diagnostic and therapeutic purposes.

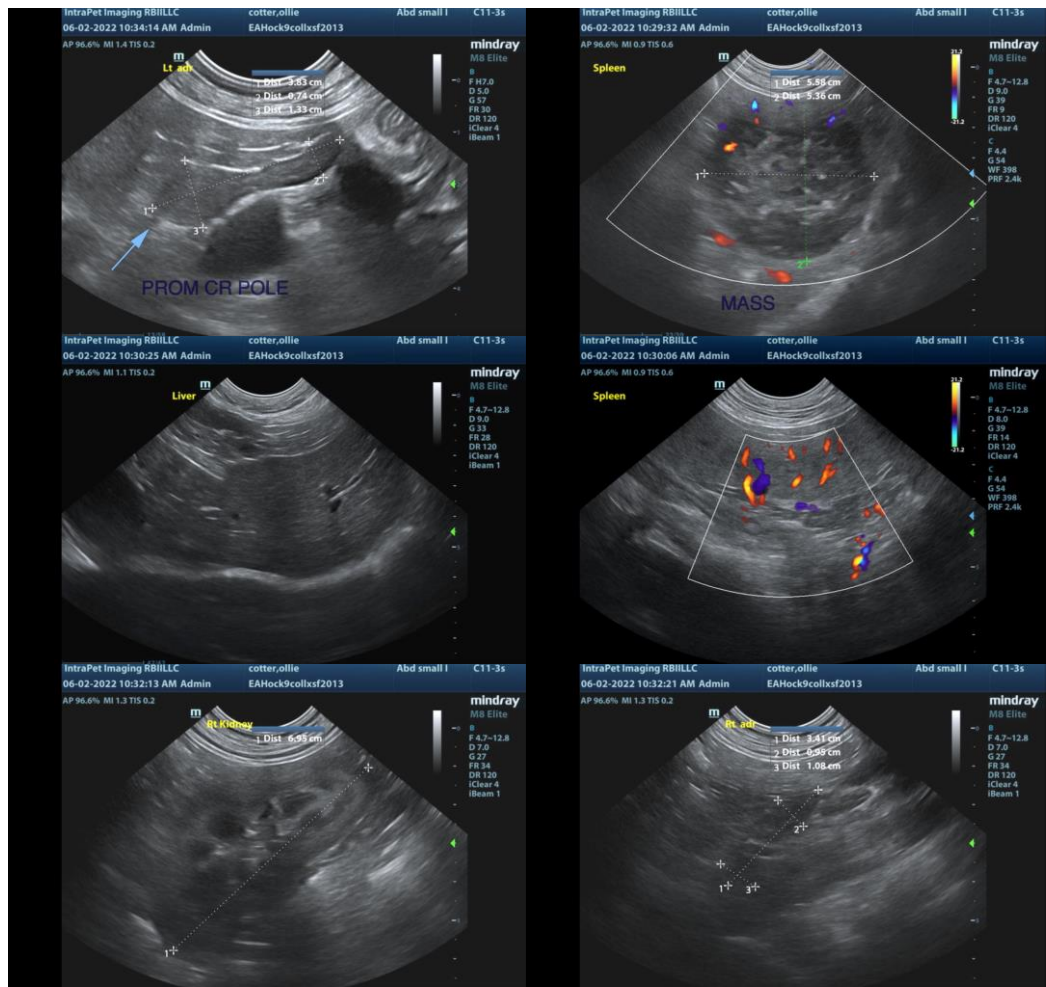
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

There is a hyperechoic nodule in the left adrenal gland. These nodules can be benign or malignant. Options moving forward include

- If signs of Cushing's are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent Cushing's is suspected and supported by adrenal function testing, consider

medical therapy with lysodren or trilostane or consider surgical removal (recommend referral to a board-certified veterinary surgeon and possible pre op CT)

- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- If no symptoms of Cushing's are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.





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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