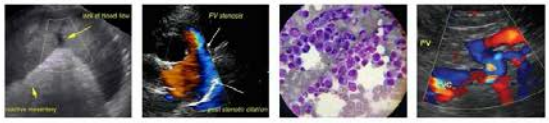
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Calley Wilson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

40382

DATE

8/11/22

PRESENTING CLINICAL SIGNS

No sedation-History Came in for exam to check growth on head and owner requested anal gland expression. Anal glands - Left AG has firm area but able to express some material followed by purulent material. Aspirated from external area and cytology showed possible neoplasia (epithelial) Chest rads- NSF Reason for Ultrasound Check sublumbar lymph nodes. Stage for anal gland removal with possible neoplastic mass (left).
Abnormal PE/Chem/CBC/UA Results: LABs attached

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 (4.54 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 (4.39 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 normal in size measuring 0.44 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.

The right adrenal gland is large in size measuring 1.76 cm at the cranial pole, 0.58 cm at the caudal pole, and 2.89 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 somewhat atypical in appearance in that the cranial pole is large and heterogeneous with a hyperechoic nodule. Findings are most consistent with a right adrenal mass. There is no obvious evidence of vascular invasion seen.

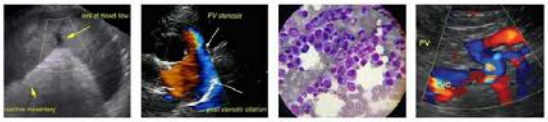
Spleen

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Calley Wilson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

40382

DATE

8/11/22

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.

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. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.36 cm. 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

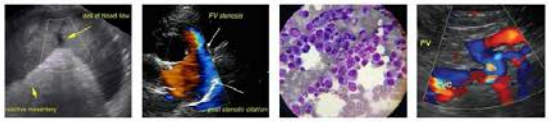
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The left sublumbar lymph node is visualized measuring 0.67 cm in diameter. The right is measured at 0.25 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mixed echogenic right adrenal mass – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Prominent left sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This appears most consistent with a reactive node, but underlying neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of metastasis on today's scan. The left sublumbar lymph node is larger than the right, but it is somewhat isoechoic and not rounded. These changes are more consistent with a reactive lymph node, although continued monitoring is warranted, as an early neoplastic



PATIENT

Calley Wilson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

40382

DATE

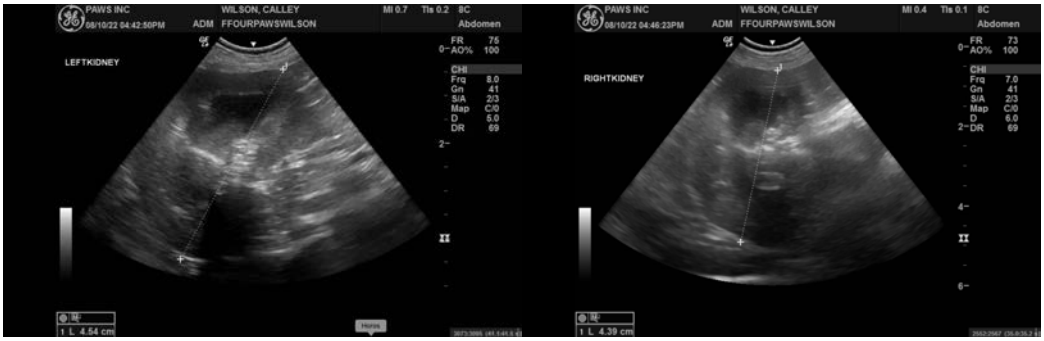
8/11/22

process cannot be excluded.

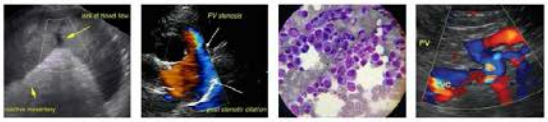
The right adrenal gland is focally large in the cranial pole and heterogeneous, most consistent with an adrenal mass. There is no obvious evidence of vascular invasion. These masses can be benign or malignant and can secrete hormones or be non-secretory. Consider these recommendations for evaluation.

- If signs of cushings 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 cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane and/or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)-This can be a challenging surgery with significant risk for complication
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma
- Due to the invasive nature of these masses a CT scan is recommended to evaluate for metastasis and vascular invasion.
- If no symptoms of cushings are present, consider either referral for surgery or if surgery is not an option consultation with a veterinary oncologist regarding chemotherapeutic options and continued monitoring with ultrasound (in 4-6 weeks) can be considered.
- Some aggressive adrenal tumors can grow quickly and there is risk for acute hemorrhage from vascular invasion.

The changes observed in the spleen are very mild. Options moving forward include continued monitoring or a fine needle aspirate.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Calley Wilson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

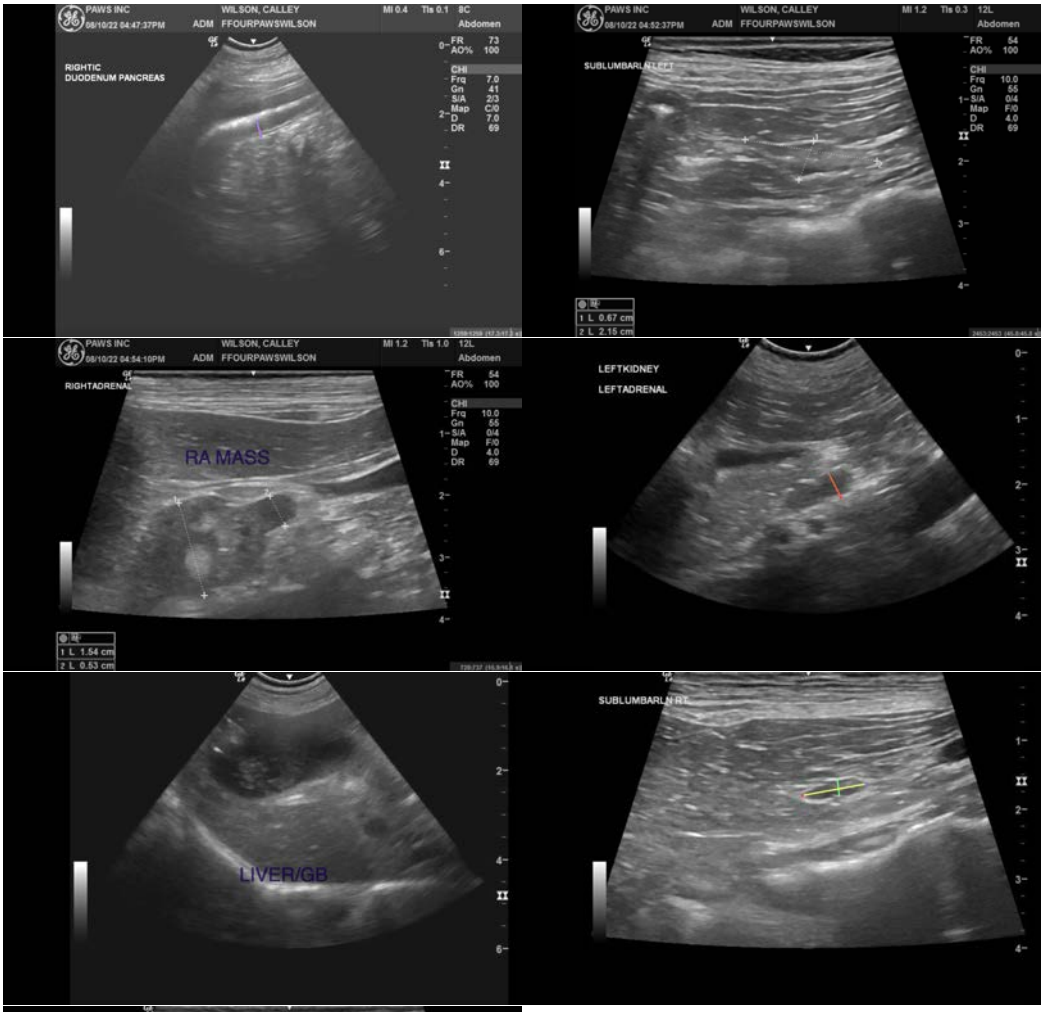
Dr. Sue Lester

INVOICE

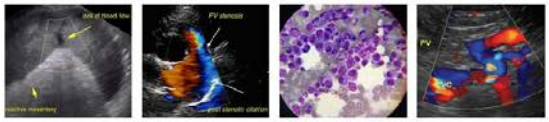
40382

DATE

8/11/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Calley Wilson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

7 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

40382

DATE

8/11/22

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