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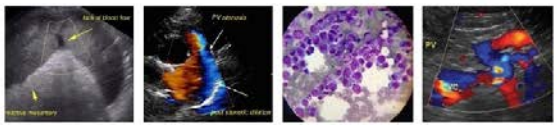

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Daisy Brocklebank

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

10 Years

WEIGHT

7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

Dr. Gajadhar

INVOICE

34255

DATE

1/14/22

PRESENTING CLINICAL SIGNS

PE was within normal limits - P has a chronic hx of intermittent vomiting for the past 3-4 months. According to the O she would vomit at least twice per week. This has gotten to the point recently where she is vomiting 2-3 times per day now. - P typically has an excellent appetite but this has stopped being the case within the past few days - Initial plan was to treat for gastritis/ ulcer : omeprazole, sulcrate, cerenia plus GI food. Vomiting stopped but amazing appetite never fully returned. P started vomiting as soon as the meds were completed (8 day course of medication). No longer responding well to Cerenia, Sulcrate.
Abnormal PE/Chem/CBC/UA Results: Mild non regenerative Anemia- may be due to minor ongoing blood loss from gastritis. RBC- 5.48 x 10^12/L, HCT- 35.9% Mild increases in UREA (13.8) with CREA and SDMA being normal. This is consistent with GI bleeding. May also be due to reduced renal clearance. Mildly increased ALP (483) which is consistent with past findings- may be related to chronic cholestasis occurring on a small scale

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm. The right kidney measured 4.8 cm.

Adrenal Glands

A large, expansive, unspecified mass in the area of the left adrenal gland was present. The mass exhibited non-homogeneous to focally mineralized parenchyma with evidence of caudal vena cava invasion. The mass measured approximately 5.0 cm x 3.0 cm, but potentially larger.

The probable right adrenal gland exhibited subjective concurrent enlargement, yet maintained symmetrical capsule contour and capsule integrity. Mild non-homogeneous yet non-mineralized right adrenal parenchyma present. The right adrenal gland measured 1.5 cm x 1.3 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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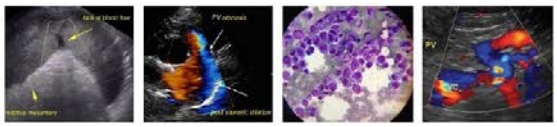

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Gastrointestinal

The gastric fundus and body exhibited intact, sonographically unremarkable wall layering. Intact yet mildly prominent wall layering was present in the area of the gastric antrum and pylorus. No overt evidence of gastric mural masses. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Pylorus wall measured 0.49 cm. Gastric body wall measured 0.30 cm.

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, loss of wall layering, or overt intestinal masses. Duodenum wall measured 0.32 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Unspecified, large, expansive, focally mineralized mass in the area of the left adrenal gland with vascular invasion.
- Potential concurrent right adrenomegaly
- Mild pyloric gastritis pattern
- Mild chronic renal changes
- Vacuolar hepatopathy pattern with mild gallbladder debris – non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An unspecified mass was noted in the area of the left adrenal gland, most likely of adrenal origin and consistent with aggressive neoplastic criteria such as adenocarcinoma, pheochromocytoma, or other. Potential for unspecified neoplasia encompassing the left adrenal gland possible. Potential extension of the mass into the area of the right adrenal gland without overt visualization of the right adrenal gland possible. Potential for bilateral adrenal pathology could be present.

Screening blood pressure to assess for evidence of hypertension recommended. Given the vascular invasion exhibited by the unspecified mass, this case is likely non-surgical. Potential for associated or concurrent gastrointestinal ulceration is suspected, yet no overt evidence of significant gastrointestinal mural pathology. Continued gastroprotectants protocol is advised. Ideally, CT assessment of the unspecified mass could be considered for further assessment. However, guarded to unfavorable prognosis is likely indicated.

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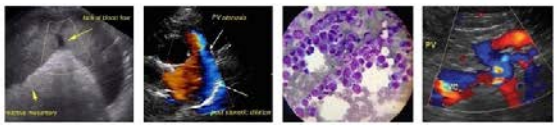

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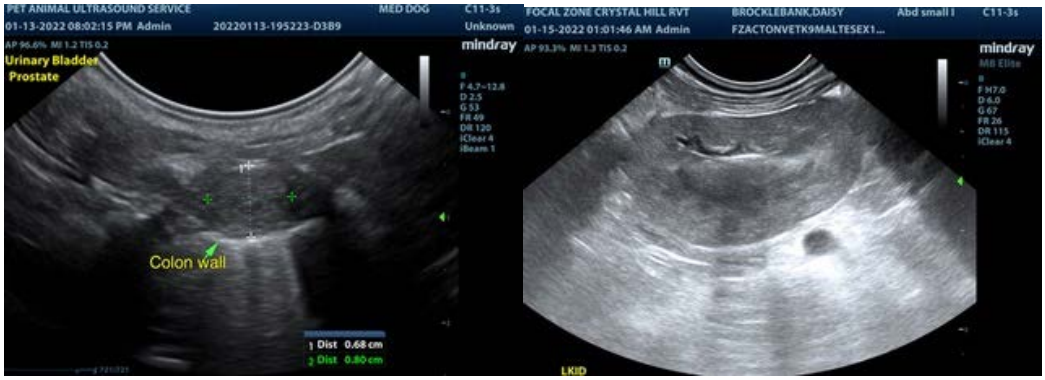

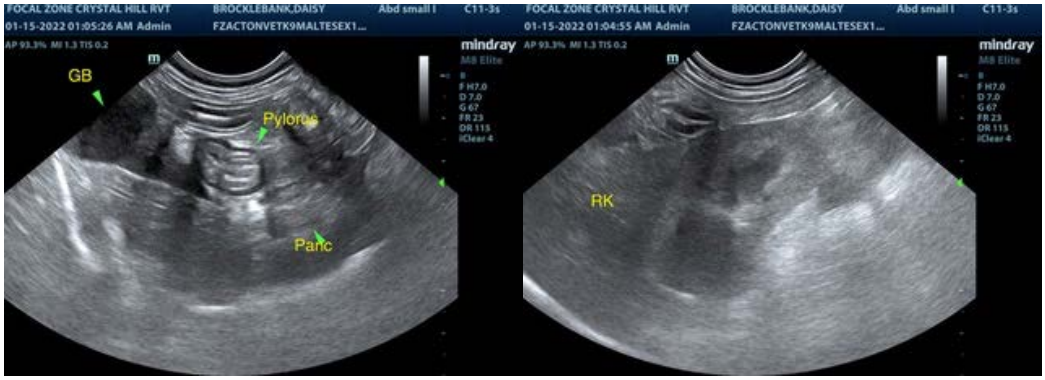

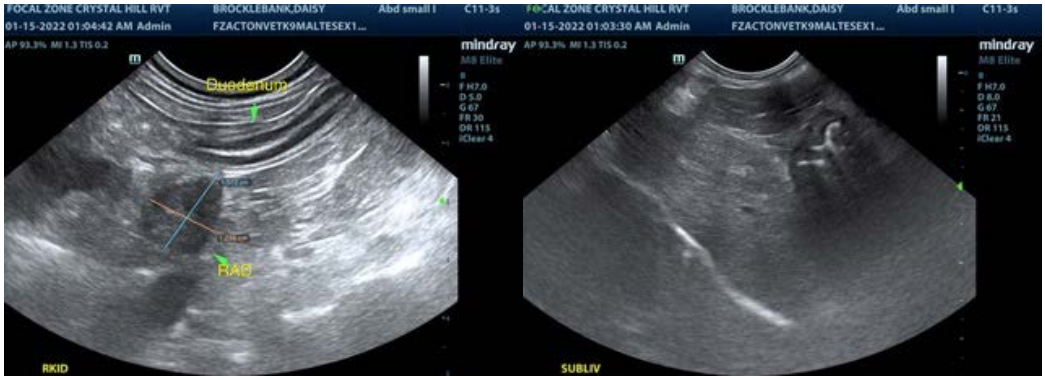

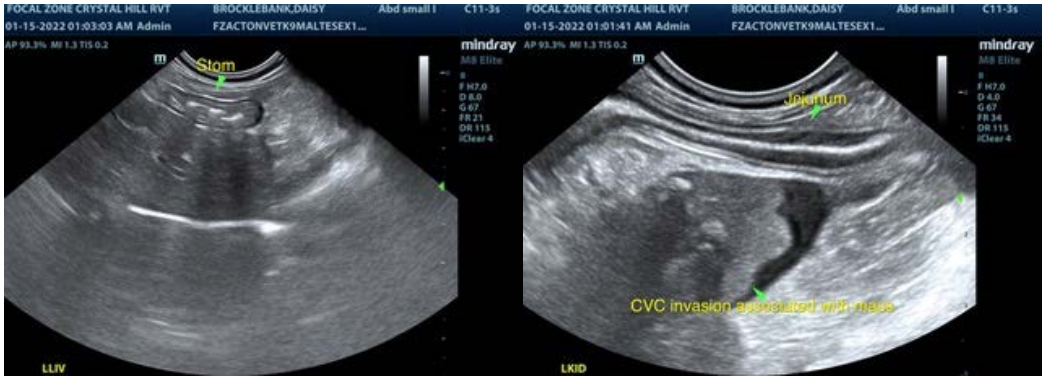

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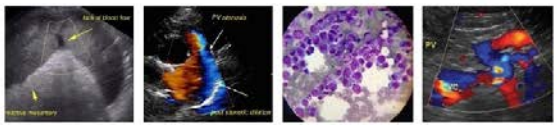

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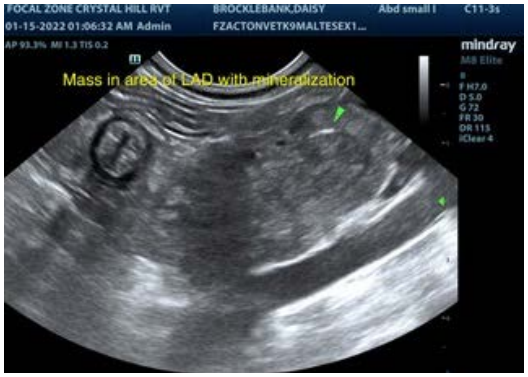

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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