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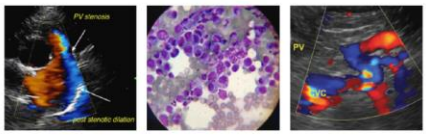

SonoPath
Clinical Sonography & Telecytology
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**PATIENT**
Hemi Van Deusen

**SPECIES**
Canine

**BREED**
Lab

**SEX**
MN

**AGE**
11 years

**WEIGHT**
91.5 lbs.

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

**IMAGING PERFORMED BY**
Amy Mayhew LVT

**HOSPITAL NAME**
SVS Imaging MI

**REFERRING VET**
Oxford

**INVOICE**
15844

**DATE**
1/17/23

## PRESENTING CLINICAL SIGNS

PU/PD. Presented this morning and owner reports patient seems uncomfortable and weak. Abnormal PE/Chem/CBC/UA Results: LDDS - failure to suppress, Cushings but uncertain if adrenal or pituitary. 11/14/22 Cortisol 0.9

## 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 was noted.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses. Normal blood flow was present on Doppler at the level of the iliac trifurcation, without evidence of distal aortic thrombus.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Discrete dystrophic medullary mineral was noted. The left kidney measured 8.2 cm in length. The right kidney measured 7.7 cm in length.

### *Adrenal Glands*

A large to expansive, nonhomogeneous, focally mineralized mass was present in the left adrenal gland measuring approximately 7.3 cm in diameter. Strong concern for regional vascular invasion. Asymmetrical adrenal capsule margination was present. The right adrenal gland was subnormal in size, likely owing to suppression. The right adrenal gland measured 0.48 cm width at the caudal pole.

### *Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing moderate, congealed, nonorganized, mildly hyperechoic gallbladder debris in the cranial lumen and area of the gallbladder neck. A focal craniodorsal polyp was noted. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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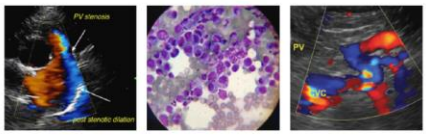

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### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

### *Pancreas*

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

No evidence of overt lymphadenopathy. Mild peritoneal to possible retroperitoneal effusion was noted primarily left mid to caudal abdomen.

### ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous mineralized left adrenal mass - consistent with neoplastic criteria
- Subnormal right adrenal gland
- Hepatic parenchymal remodeling
- Moderate gallbladder debris with focal polyp (non-mucocele)
- Normal spleen - no evidence of splenic masses
- Mild chronic renal changes
- Mild peritoneal free fluid primarily left abdomen

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left adrenal cortisol-secreting tumor, adenocarcinoma, pheochromocytoma, or other with potential for mixed pathologies is possible. High concern for regional periadrenal vascular invasion is warranted. Further assessment may include abdominal CT to determine the extent of the left adrenal mass, vascular invasion, and/or surgical options if possible. Regardless, given highly suspected vascular invasion and neoplastic left adrenal criteria, an unfavorable prognosis is likely indicated.

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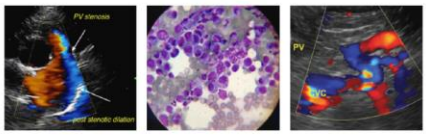

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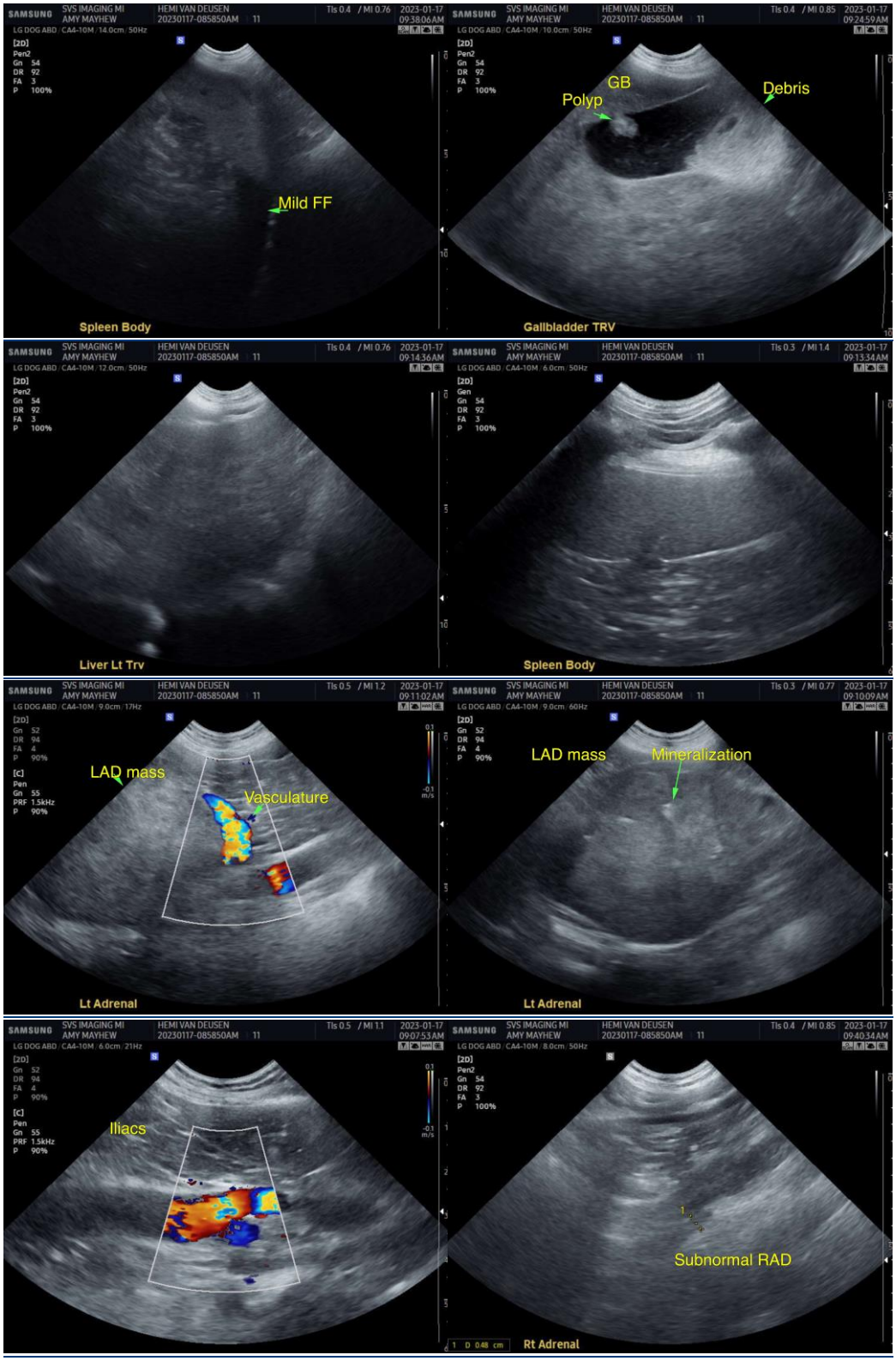

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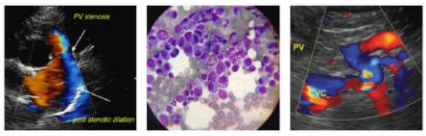

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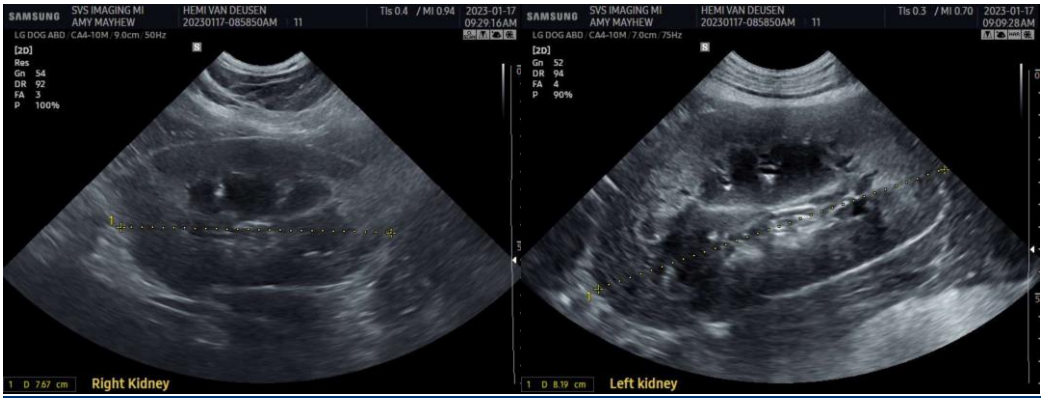


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**