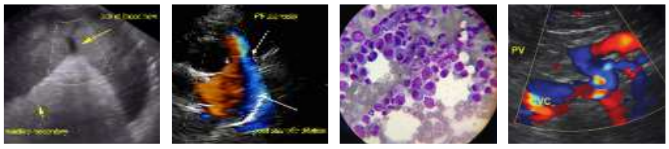
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Haley

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

14 years

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

13176

DATE

01/27/22

PRESENTING CLINICAL SIGNS

Patient has been on phenobarbital for seizures that are well controlled for 5 yrs Patient has had decreased appetite and pu/pd for 3 weeks Weight loss 13 lbs in past 2 months
Abnormal PE/Chem/CBC/UA Results: PE: Temp 103.9, abdominal mass palpable CBC: WBC 45% Neutrophils 40.5, Mono 2.63 CHEM: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 area of the residual prostate was free of overt pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.69 cm width at the cranial pole. A definitive right adrenal gland was not overtly visualized.

Spleen

The spleen exhibited normal size and contour with 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 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 exhibited a moderately coarse echotexture with mild parenchymal remodeling. 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 containing primarily anechoic content and mild inspissated hyperechoic luminal debris. The debris was nonorganized. No evidence of gallbladder inflammatory criteria was noted.

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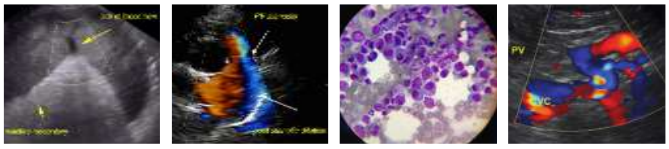

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. A mild amount of retained nonshadowing Ingesta / chyme was present. The gastric body wall width measured 0.60 cm.

The visible small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio without evidence of mechanical or metabolic Ileus. The jejunum wall width measured 0.37 cm.

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

Pancreas

The area of the left pancreas was sonographically unremarkable.

Free Abdomen

A large to expansive, nonhomogeneous to mixed echogenic mass exhibiting focal hypoechoic nodular to potential cavitated component was present in the right cranial abdomen within the area of the right adrenal gland, caudate liver lobe, and right pancreas. The mass appeared to directly efface the cranial aspect of the right kidney yet did not overtly appear to originate from or involve the right kidney. The mass also did not appear to overtly involve the upper gastrointestinal tract. Subtle evidence of associated regional reactive mesentery was present. No free fluid or overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large, unspecified, nonhomogeneous to nodular mass in right cranial abdomen within area of right adrenal gland, caudate liver lobe, and right pancreas
- Bilateral chronic renal changes
- Subjective mild nonspecific hepatomegaly
- Mild inspissated gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size and location of the mass, the definitive origin was difficult to ascertain. However, although sampling is required for further clarification, the mass is most consistent with neoplastic criteria. Adrenal origin may be considered a primary differential diagnosis, given the lack of definitively visualized right adrenal gland and the presence of PU/PD. Adrenal work up including LDDST, assessment and monitoring of systemic blood pressure for evidence of hypertension, and urine catecholamine levels if clinical concern for pheochromocytoma would be warranted.

Assuming normal clotting status, ultrasound guided FNA of the mass using a 25-gauge needle for screening cytology and potential further clarification may be considered. Overt evidence of regional organ metastasis around the mass was not definitively evident. Ideally, abdominal CT if possible, for further assessment of the mass, as well as potential for surgical planning and assessment for non-visualized metastasis is recommended. Three view chest radiographs are recommended If not done.

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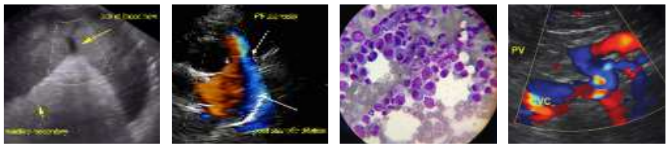

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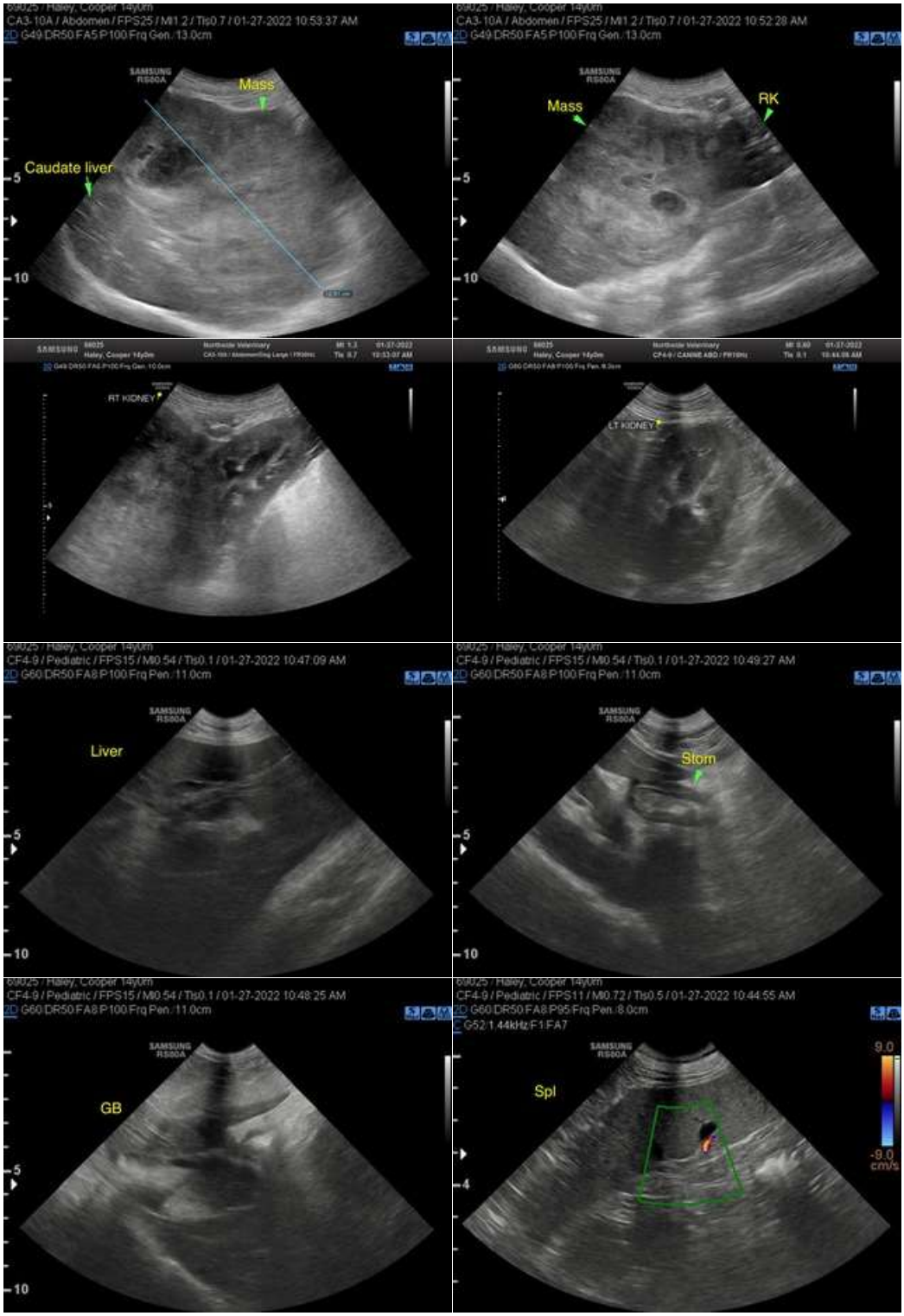

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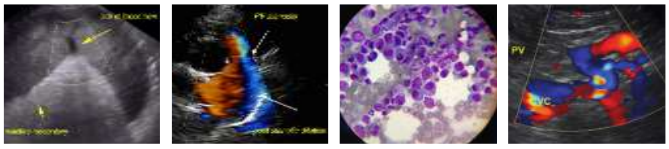

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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