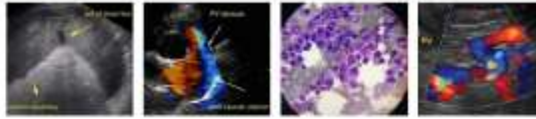


PATIENT

Cate Bigot

SPECIES

Canine

BREED

Lab Ret

SEX

FS

AGE

13 years

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Jen Anderle

INVOICE

12945

DATE

1/3/22

PRESENTING CLINICAL SIGNS

Painful x 2 days when handled by owner, unable to localize pain. Also limping on left hindlimb. Lethargic. Cardiac silhouette is considered to be within normal limits, having normal size, shape and margination. Pulmonary parenchyma is also normal. There is no evidence of pulmonary nodules, consolidation or masses. Pulmonary vasculature is within normal limits, tapering normally to the periphery. Increased opacity of the cranial mediastinum, which is slightly wide on the VD radiograph. There is partial border effacement of the cranial cardiac silhouette on all views. Pleural space is within normal limits. Slight spondylosis deformans of the thoracic spine at T5/6 and T7/8. Bilateral moderate periarticular osteophyte formation of the caudal humeral head. Elbows within normal limits. Abdomen Peritoneal and retroperitoneal serosal detail are adequate. Liver, spleen within normal limits. Within the mid ventral aspect of the cranial abdomen, caudal to the stomach, dorsal to the spleen is an elliptical mass-effect, with a very thin eggshell-like rim of mineralisation, measuring approximately 50 mm diameter by 70 mm in length. This lesion is readily identified on all views. Stomach is moderately filled with ingesta and slightly distended. Small intestine has a uniform population, variably filled with gas and fluid, but is not distended, and is considered within normal limits. Colon is moderately filled with faecal material and is considered normal. Kidneys, urinary bladder are considered within normal limits. There is no evidence of mineralisation identified along the urinary tract. Osseous structures of the thoracolumbar spine, pelvis, and coxofemoral joints are considered to be normal. Spondylosis deformans at the lumbosacral junction. Stifles Right stifle considered to be within normal limits. There is marginal enthesous bone formation of the distal patella. There is no evidence of periarticular osteophyte formation or increased synovial fluid otherwise. Left stifle as with the right, there is very slight enthesous bone formation on the distal patella. There is a very small rounded mineral ossicle within the stifle joint, approximately 5 mm in diameter, situated at the cranial aspect of the tibial condyle. There is marginal increased synovial soft tissue opacity with partial border effacement of the infrapatellar fat pad, however the caudal gastrocnemius fascial plane remains normal. Tarsus Right tarsus within normal limits. Left tarsus Very slight periarticular osteophyte formation on the cranial and caudal aspect of the distal tibia. Assessment: Possible cranial mediastinal mass, although this could be due to patient body condition and increased mediastinal fat. Recommend localised ultrasound evaluation of the cranial mediastinum or CT. Clinical correlation with presenting complaint is unclear. Abdomen essentially within normal limits. Peripherally mineralised lytic lesion is most compatible with mineralised fat necrosis, typically an incidental finding. Slight left stifle osteoarthritis, with mineralised ossicle. Slight left tarsal osteoarthritis. Bilateral shoulder osteoarthritis Slight spondylosis deformans of the thoracic spine Cause for pain is not identified on this examination.

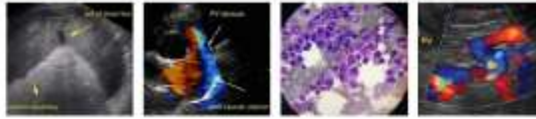
Blood pressure 120, Urine specific gravity 1.042

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 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



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evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland exhibited generalized enlargement primarily involving the mid to cranial left adrenal gland owing to a mildly expansive, nonhomogeneous to mildly hyperechoic nodular mass. The nodular mass in the left adrenal gland measured approximately 2.0 cm x 1.6 cm. The overall left adrenal gland measured 3.0 cm length x 1.6 cm width at the cranial pole and 0.87 cm width at the caudal pole. The potential for focal areas of mineralization associated with the mid to cranial left adrenal nodular mass.

The right adrenal gland exhibited a nonhomogeneous to mildly hyperechoic, potentially cystic nodule in the mid to cranial right adrenal gland. The right adrenal nodule measured 2.2 cm x 1.3 cm. The overall right adrenal gland measured 2.8 cm x 1.3 cm. Overt evidence of vascular invasion associated with either the left or right adrenal glands was not definitively noted yet cannot be definitively excluded.

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

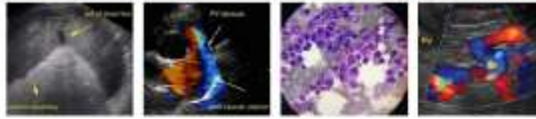
The liver was normal in size and contour with generalized mild increased parenchyma echogenicity exhibiting moderate coarse echotexture. Generalized parenchymal remodeling and intermittent, discreetly hypoechoic intraparenchymal nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, ingesta exhibiting subtle progressive distal acoustic shadowing, consistent with reported post prandial presentation.

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.

The colon exhibited generalized intact and sonographically unremarkable wall layering. An ill-defined homogeneous nodular lesion associated with or directly effacing the midabdominal colon wall, measuring approximately 1.8 cm x 1.2 cm was present. No evidence of significant lymphadenopathy or effusion was noted.



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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.

Free Abdomen

A well-demarcated, ovoid, nonhomogeneous nodular lesion exhibiting mild peripheral and focal internodular mineralization was present in the mid to cranial abdomen caudal to the stomach, measuring approximately 5.0 cm in diameter.

Brief assessment of the heart and cranial mediastinum revealed no overt structural or functional cardiac disease with subjective fat echogenicity noted within the cranial mediastinum and without overt evidence of cranial mediastinal masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nodular adrenal glands with potential cranial left adrenal mass - adenomatous change, hyperplasia, neoplasia i.e., adenocarcinoma, pheochromocytoma or other possible
- Well defined, ovoid, nonhomogeneous to focally mineralized nodular lesion caudal to the stomach - nodular fat necrosis, granuloma, or other, not overt suggestive of neoplastic criteria
- Ill-defined, homogeneous, nodular lesion associated with or directly effacing midabdominal colon - effacing nonspecific lymphadenopathy, granuloma, emerging colonic mural neoplasia, or other
- Hepatic parenchymal remodeling exhibiting intermittent nonspecific discreet intraparenchymal nodules - nodular to regenerative hyperplasia, hematopoiesis, primary or metastatic neoplasia possible yet is thought less likely

Secondary Findings

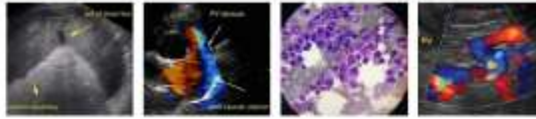
- Mild chronic renal changes
- Cranial mediastinum fat echogenicity - no overt evidence of cranial mediastinal masses

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible, ultrasound-guided FNA of the ill-defined nodular lesion in the area of the midabdominal colon could be considered for screening cytology. Sonographic monitoring would be a more conservative approach with an initial recheck recommended in 4 weeks, along with monitoring of the bilateral adrenal gland for evidence of progressive nodular changes.

The normal blood pressure does not overtly rule out pheochromocytoma.

An obvious source of pain within the abdominal cavity was not definitively evident.



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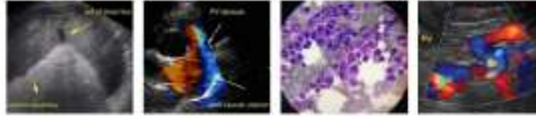

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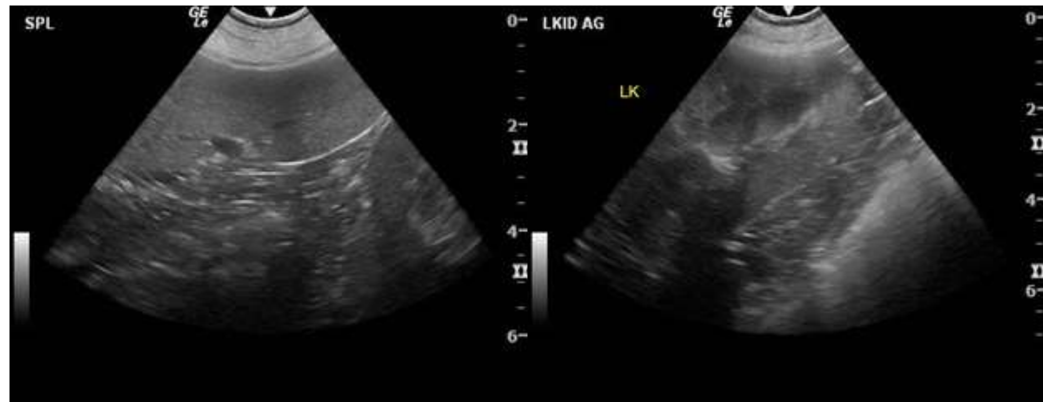

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com