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Clinical Sonography & Telecytology
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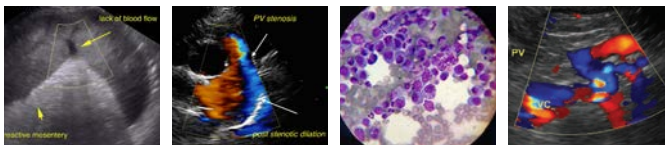


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chloe Hale

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
12 Years

WEIGHT
85 Pounds

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

IMAGING PERFORMED BY
Rachel Runnells, RVT

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Mike Esau

INVOICE
26515

DATE
10/20/21

PRESENTING CLINICAL SIGNS

In April of this year had cutaneous mast cell removed. Has recently had another surgery to remove more in the same area that grew back. Now has several masses in multiple parts of the body.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

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. The left kidney measured 7.7 cm. The right kidney measured 7.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland exhibited a moderately sized mass exhibiting asymmetrical contour with areas of parenchymal expansion, potentially in the area of the phrenicoabdominal vein. The mass exhibited non-homogeneous yet non-mineralized parenchyma, subjectively measuring approximately 4.0 cm x 3.5 cm.

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. Mild medial folding of the cranial and caudal spleen was present. No masses or nodules. 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.

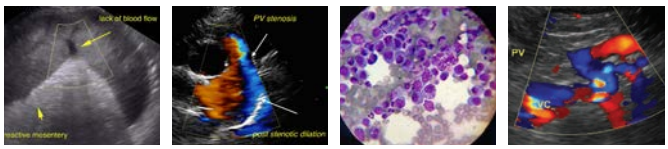
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules. 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.

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.



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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 was evident.

Free Abdomen

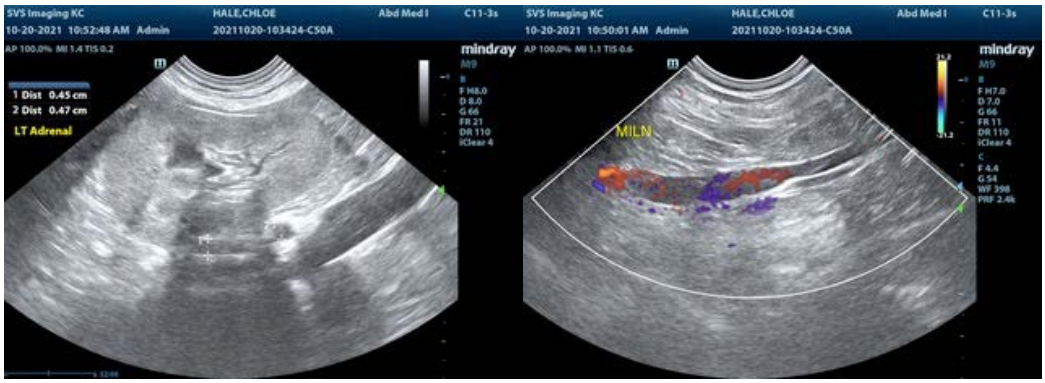
No overt lymphadenopathy or peritoneal effusion was present.

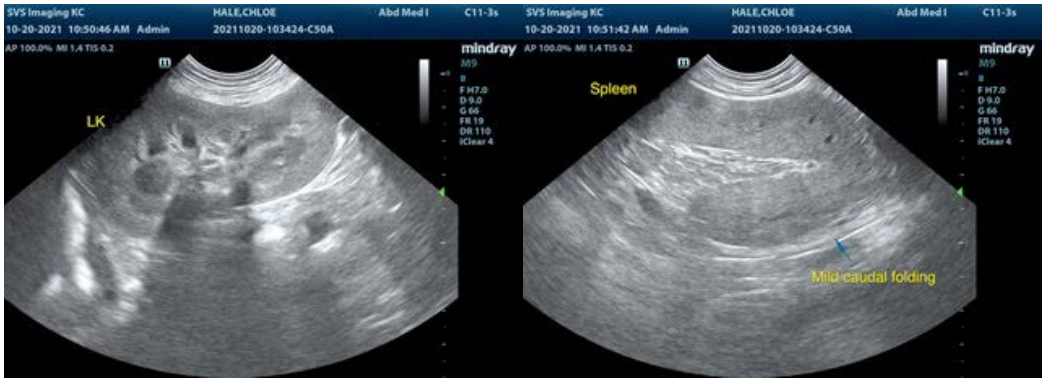
ULTRASONOGRAPHIC FINDINGS

- Mild age related spleen with minor cranial and caudal folding – subjectively benign
- Mild hepatic parenchymal remodeling – subjectively benign
- Mild gallbladder debris – likely incidental
- Right adrenal mass – most consistent with probable neoplastic criteria. Pheochromocytoma, adenocarcinoma, metastatic neoplasia all possible with potential for mixed pathologies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of hepatosplenic primary tumor or evidence of hepatosplenic metastasis. The right adrenal mass may indicate separate primary or potential metastatic adrenal neoplasia with non-neoplastic etiologies such as significant adenomatous change or benign hyperplasia considered less likely. Screening blood pressure recommended. Urine catecholamine levels suggested if evidence of hypertension or clinical suspicion of pheochromocytoma. CT assessment of the right adrenal mass for further clarification, assessment for evidence of vascular invasion, and for potential surgical planning would be idea. If not recently done, 3-view chest radiographs would be suggested.





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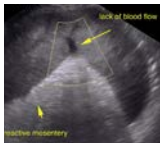
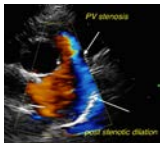
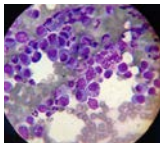
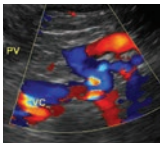

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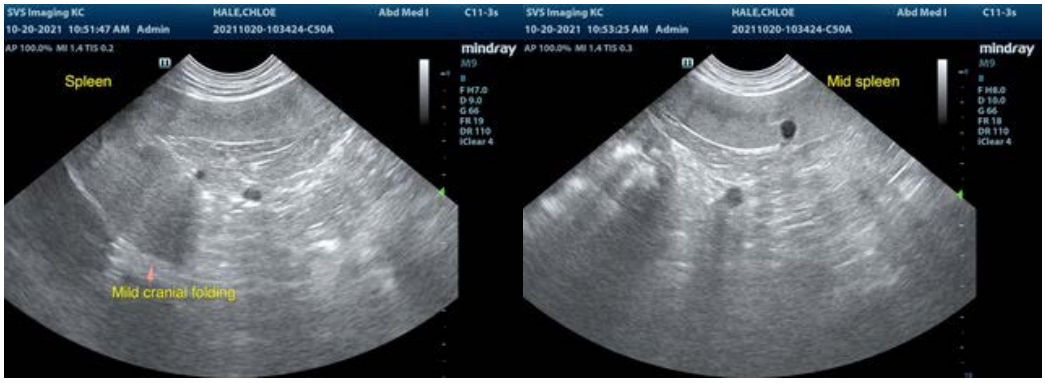

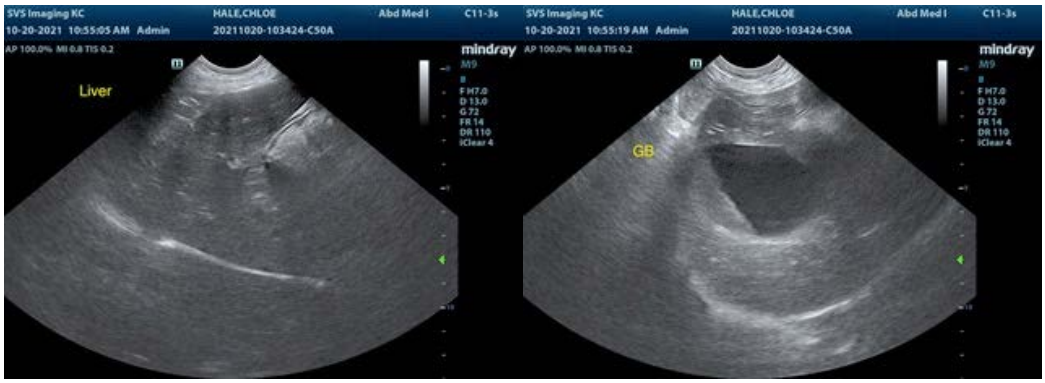

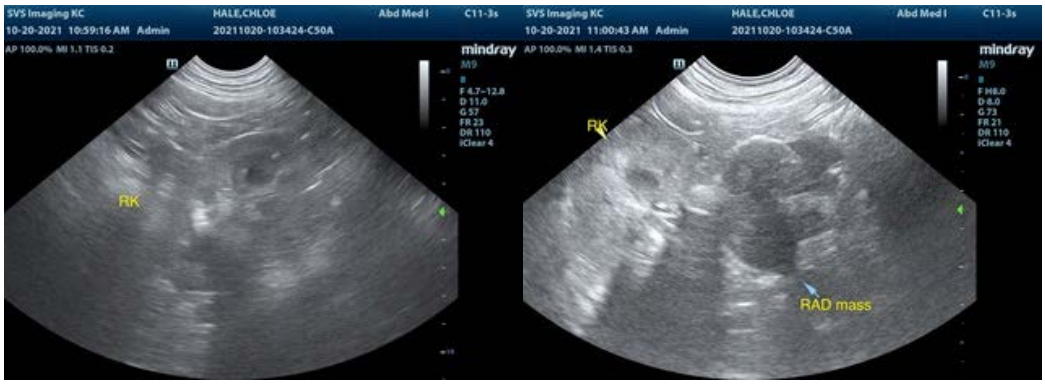

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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