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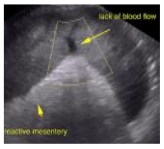
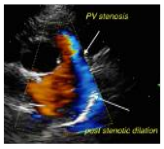
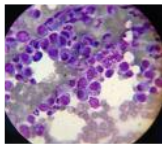
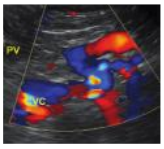

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jada Miller

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

14 years

WEIGHT

24.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Pawtown VC

REFERRING VET

Lauren Stayer DVM

INVOICE

15371

DATE

11/3/22

PRESENTING CLINICAL SIGNS

10/25/22: Patient presented to establish care and evaluate a SQ lump on RIGHT lateral thoracic wall (has been present for several years, but growing rapidly recently). Patient is also slightly PU/PD and having urinary accidents on the floor. Patient was sedated with dexdomitor/torb (mixed) IV fpr AUS due to anxiety and reduced compliance.

Abnormal PE/Chem/CBC/UA Results: PE: Lenticular sclerosis OU, dental disease, presumptive arthritis with thickened stifles bilaterally. SQ mass on the dorsolateral RIGHT thoracic wall, ~ 6 cm3. Grade III/VI heart murmur. FNA OF MASS: - RBC with occasional round cells. Occasional granules in the region of round cells. Rare degenerate PMN. - Possible Mast Cell Tumor (MCT) 10/26/22 Blood work: CBC: - PLTS: 553,000/uL (143,000-484,000) CHEM: - SDMA: 18 ug/dL (0-14) - BUN: 65 mg/dL (9-31) - Creat: 1.8 mg/dL (0.5-1.5) - K: 5.7 mmol/L (4.0-5.4) - Na: K ratio: 25 (28-37) - ALT: 269 U/L (18-121) - ALP: 5667 U/L (5-160) ** previously had been ~ 1100 U/L (~ 6 months prior) - CHOL: 411 mg/dL (131-345) - AMYL: 1669 U/L (337-1469) T4: wnl at 2 ug/dL (1-4) UA: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The bladder was nondistended with anechoic urine present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Within the proximal urethral lumen just distal to the cystourethral junction, a small ill-defined soft tissue lesion was present in the urethral lumen measuring approximately 0.5 cm in diameter. The soft tissue lesion did not appear to be obstructive to urinary outflow. The soft tissue lesion exhibited mild nonhomogeneous parenchyma. Potential for pinpoint hyperechoic foci within the soft tissue lesion is possible, although not definitive.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 pyelectasia was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with irregular contour was present exhibiting nonhomogeneous to nodular parenchyma. Possible focal mineralization was noted in the left adrenal gland. The left adrenal gland measured 3.8 cm length x 1.7 cm width at the caudal pole. The right adrenal gland measured 3.5 cm length x 1.8 cm width at the caudal pole. No overt vascular invasion was noted.

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.

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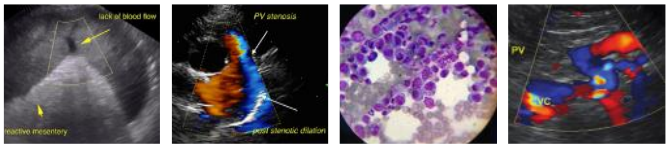

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Liver/ Gallbladder

The liver exhibited subjective moderate enlargement with normal 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. Spherical appearing isoechoic to nonhomogeneous focally nodular masses in the left and right liver respectively with Ill-defined margins compared to adjacent hepatic parenchyma were present. The masses did not appear to distort the hepatic capsule. An example of a mass measured approximately 8.6 cm in diameter. 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 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Small ill-defined soft tissue lesion proximal urethral lumen - concern for emerging proximal urethral luminal mass, i.e., transitional cell carcinoma
- Bilateral adrenomegaly exhibiting irregular to nodular parenchyma, possible focal left adrenal mineralization - functional vs. non-functional adenomatous change, variably echogenic hyperplasia, neoplastic criteria, i.e., pheochromocytoma, adenocarcinoma, with potential for mixed pathologies are possible
- Sonographically unremarkable spleen
- Hepatopathy exhibiting nonhomogeneous to nodular intraparenchymal masses - vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, all potentials
- Minor gallbladder debris
- Bilateral mild chronic renal changes

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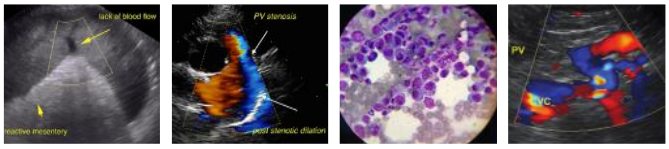

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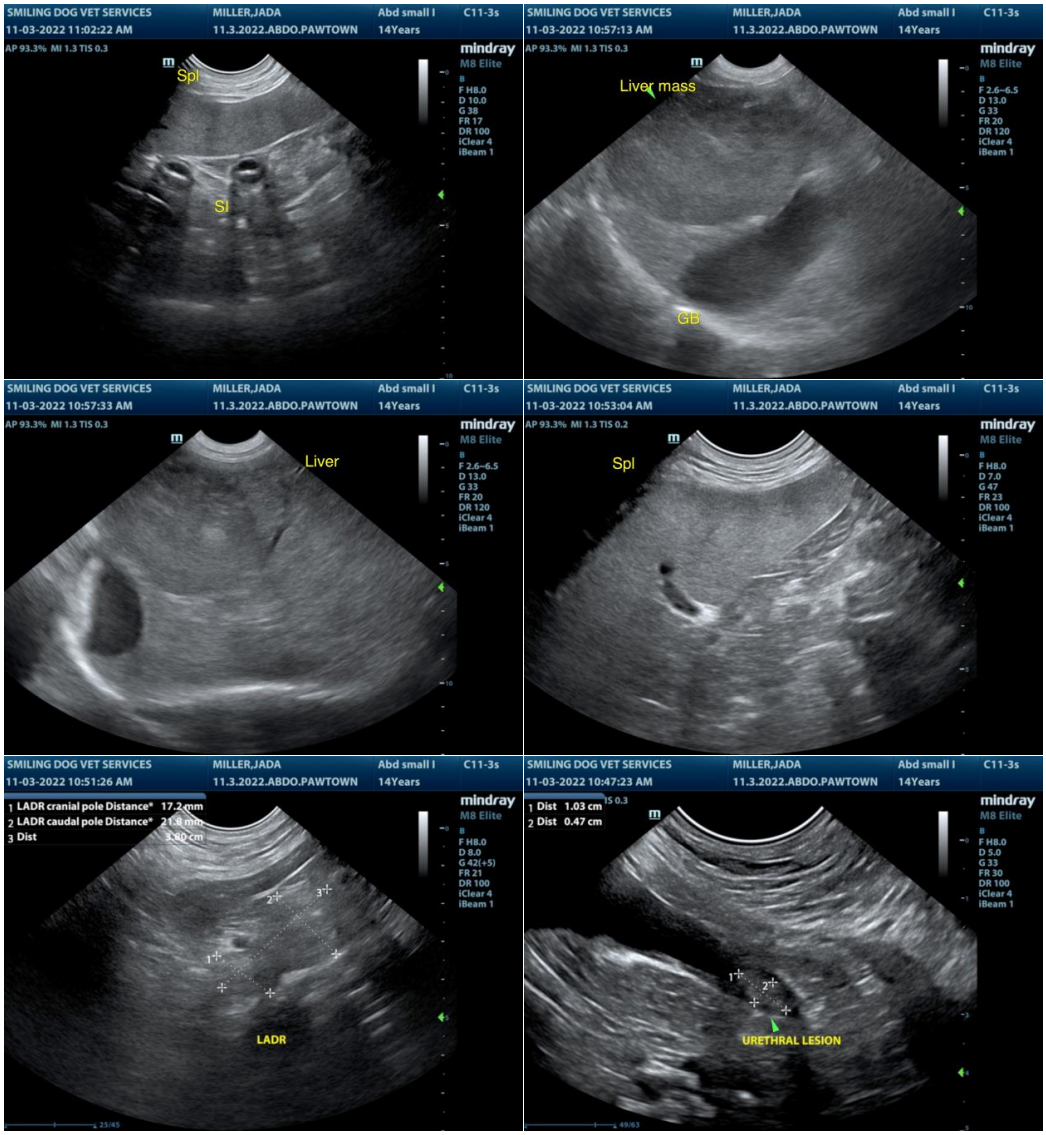
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology of a free catch urine sample to assess for atypical transitional cells +/- screening BRAF Assay is warranted. A negative BRAF Assay does not definitively rule out the potential for emerging neoplasia. Sonographic monitoring of the proximal urethral soft tissue lesion, as well as the bilateral adrenal glands for evidence of progressive changes with an initial recheck in 4 weeks, would be ideal.

Full adrenal workup, as well as screening blood pressure to assess for evidence of hypertension, which may allude to pheochromocytoma is warranted.

Screening hepatic parenchyma and mass FNA cytology could be considered for further assessment if accessible.



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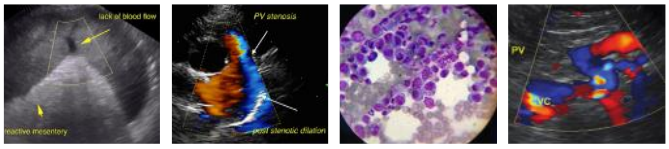

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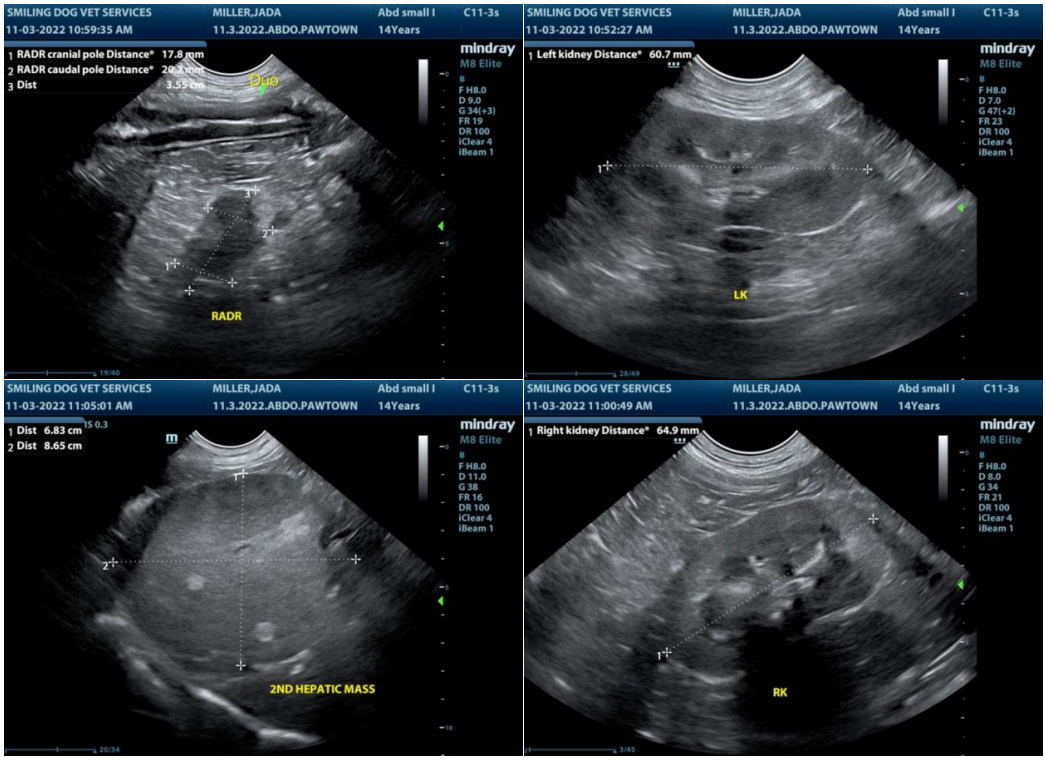

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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