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Clinical Sonography & Telecytology
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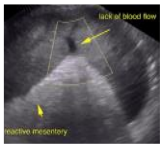
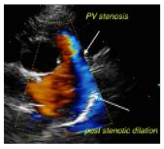
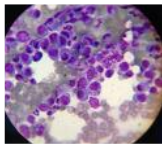
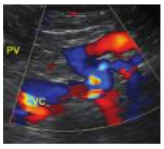





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Ziva Wickam

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

FS

**AGE**

12 years

**WEIGHT**

82 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. A. Rodriguez

**INVOICE**

16047

**DATE**

2/2/23

## PRESENTING CLINICAL SIGNS

GI upset previously. Panting more
Abnormal PE/Chem/CBC/UA Results: WBC: 17.4,

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Intact corticomedullary architecture was noted. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 8.5 cm in length. No evidence of bilateral primary or metastatic renal neoplasia was noted.

### *Adrenal Glands*

Irregularly expansive nonhomogeneous likely focally mineralized mass was noted in the area of the left adrenal gland measuring 6.0 cm x 4.0 cm. Evidence of vascular invasion associated with the mass was visualized. The right adrenal gland was not definitively visualized.

### *Spleen*

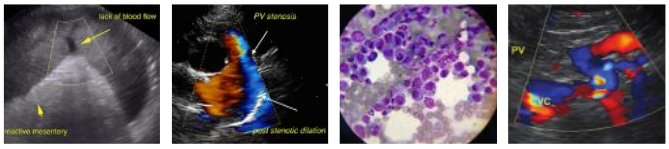
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 exhibited potential for mild generalized enlargement. 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 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 echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental concurrent non-shadowing ingesta / chyme was noted.

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 omental lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed subjective normal left and right chamber size and subjective adequate LV systolic function. No evidence of pericardial effusion or cardiac tumors was noted. Pericardial homogeneous thoracic mass measuring approximately 6.2 cm in diameter was present. No obvious pleural effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

- Irregular nonhomogeneous focally mineralized left adrenal mass with evidence of vascular invasion
- Overtly normal gastrointestinal tract with gastric and segmental intestinal ingesta
- Pericardial homogeneous thoracic mass

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass is consistent with malignant neoplastic criteria i.e., pheochromocytoma, carcinoma or other.

The concurrent thoracic mass is nonspecific with considerations including infection, inflammation, consolidation, granuloma, and concurrent primary or possible metastatic neoplastic criteria, all potentials.

Regardless, evidence of vascular invasion associated with the left adrenal mass indicates that potential for curative surgical options are likely precluded. Screening blood pressure is recommended to assess for evidence of hypertension which may allude to a left pheochromocytoma. An unfavorable prognosis is unfortunately indicated.

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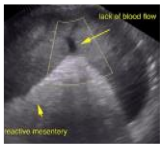

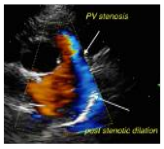

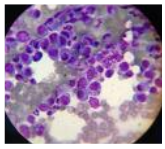
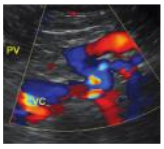


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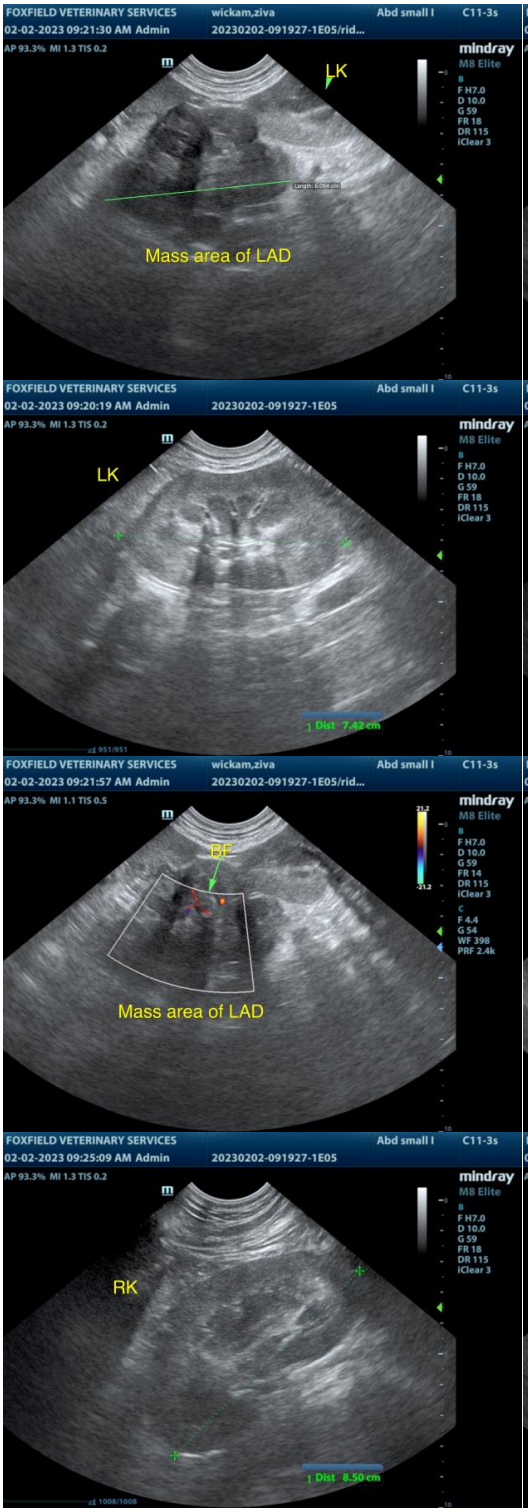

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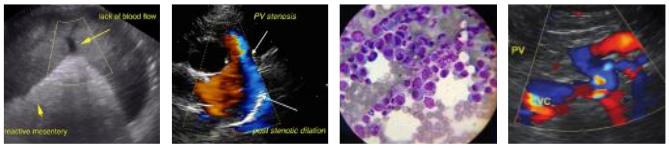


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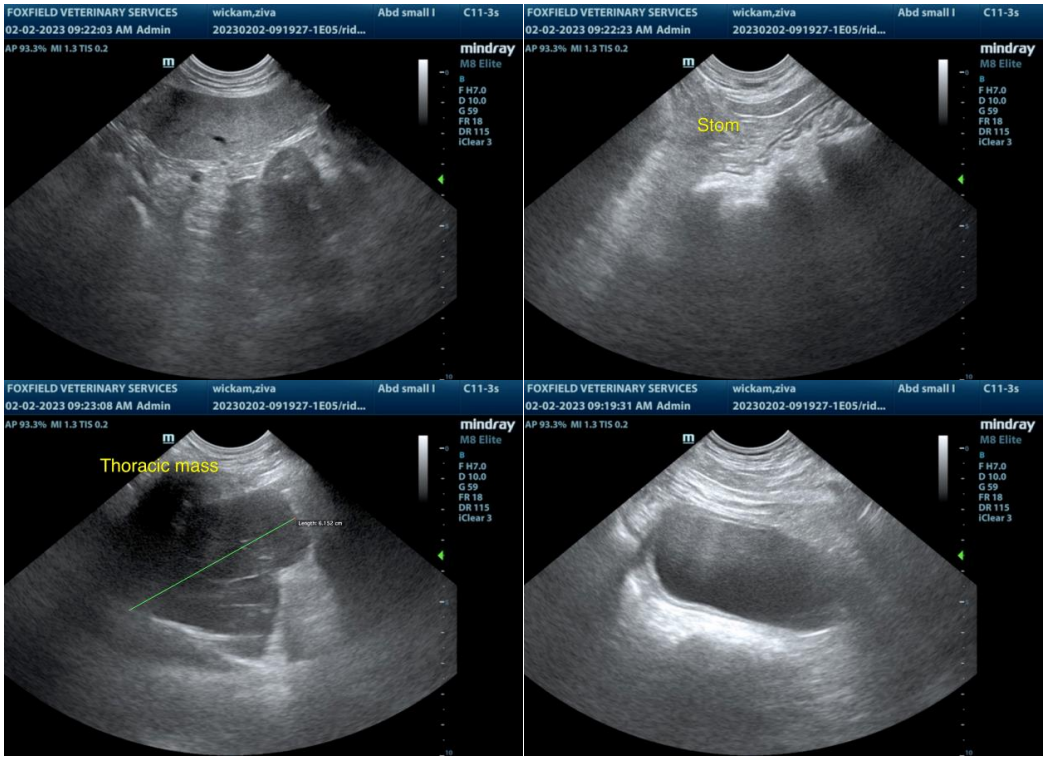


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**