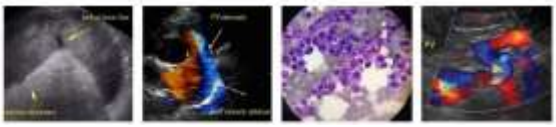


PATIENT

Gypsy Flood

SPECIES

Canine

BREED

St. Poodle

SEX

FS

AGE

12 Years

WEIGHT

13.7kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Gilmer

INVOICE

50071

DATE

2-4-22

PRESENTING CLINICAL SIGNS

-Stopped eating on Saturday - vomited once - lethargic meds: Zeniquin 50mg, Cerenia 1.3ml, Mirtazapine 11.5mg
Abnormal PE/Chem/CBC/UA Results: please see attached labs and rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size with nonhomogeneous hypoechoic parenchyma exhibiting areas of parenchymal mineralization. Overt evidence of vascular invasion associated with the left adrenal gland was not definitive yet cannot be excluded. The left adrenal gland measured 2.3 cm length x 1.4 cm width at the caudal pole.

The right adrenal gland was enlarged in size with subjective asymmetrical capsule contour and heterogeneous parenchyma without overt evidence of mineralization. Potential for early phrenicoabdominal vein invasion associated with the enlarged right adrenal gland although not definitive. The right adrenal gland measured 2.5 cm length x 1.7 cm width at the cranial pole and 1.3 cm width at the caudal pole.

Spleen

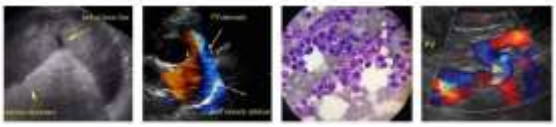
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 with moderate nondependent, nonmineralized yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 gastric body wall measured 0.40 cm width.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized mild duodenojejunal mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.60 cm width.

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

Primary

- Bilateral adrenomegaly / adrenal masses with left adrenal mineralization and possible vascular involvement of the right phrenicoabdominal vein.
- Nonspecific hepatopathy.
- Moderate gallbladder debris (nonmucocele)
- Subjective gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands were abnormal and revealed possible bilateral adrenal tumors. The left adrenal gland is highly likely neoplastic given the presence of mineralization, although no overt evidence of vascular invasion. The right adrenal gland is suspicious for early phrenicoabdominal vein invasion, although not definitive.

Overt evidence of organ metastatic disease was not definitively evident.

Systemic blood pressure could be considered to evaluate for hypertension that may indicate underlying pheochromocytoma. Likewise, if persistent hypokalemia, aldosterone levels may be indicated.

Assuming normal clotting status, ultrasound guided FNA of the liver for screening cytology and further clarification warranted.

Further evaluation with thoracic radiographs and/or, if available, abdominal CT for further assessment of the adrenal area is suggested. Medical management for subjective gastroenteritis is recommended.

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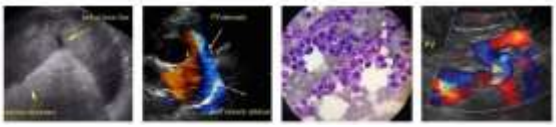

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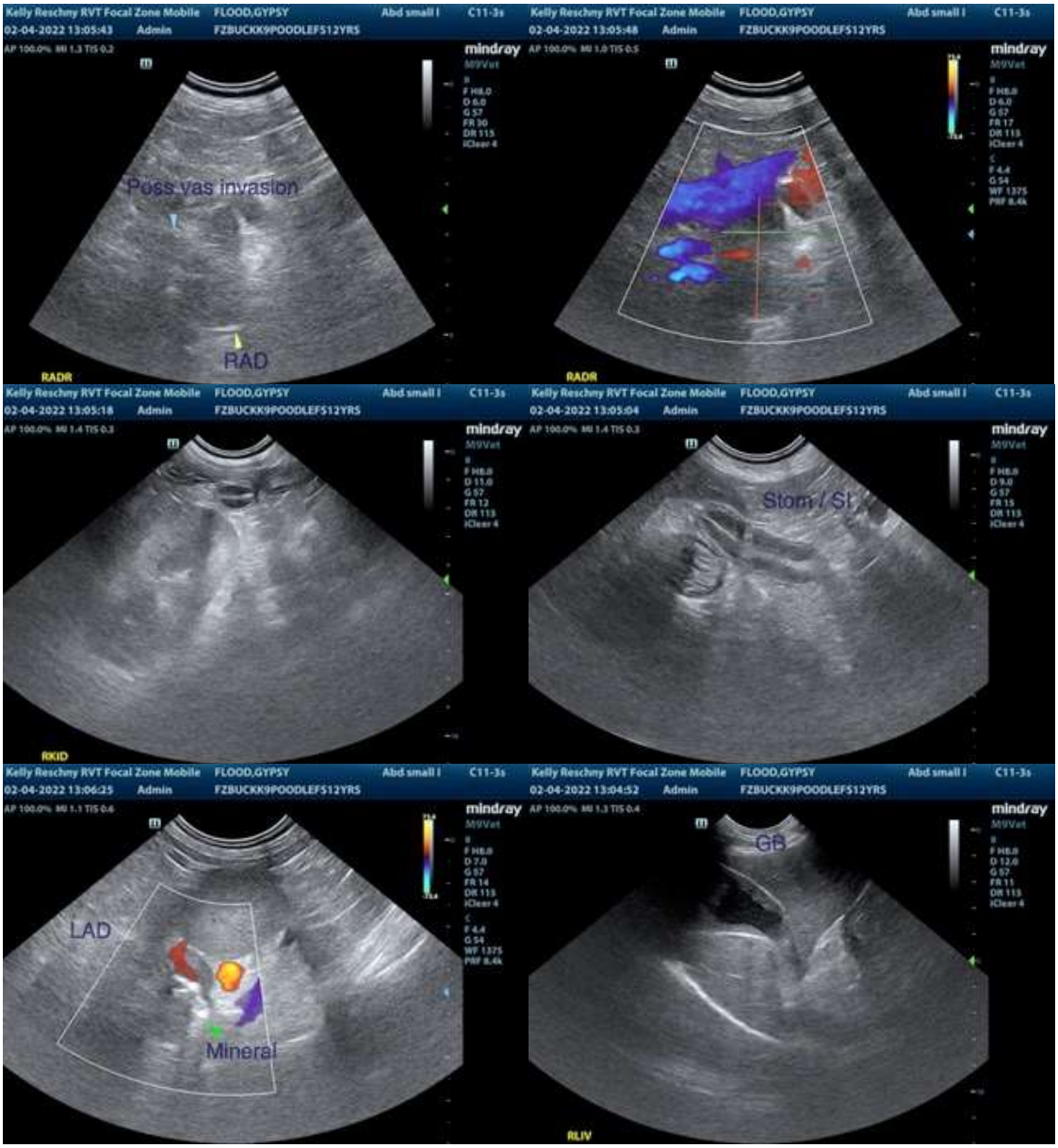

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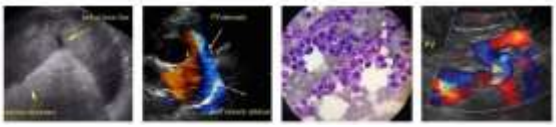

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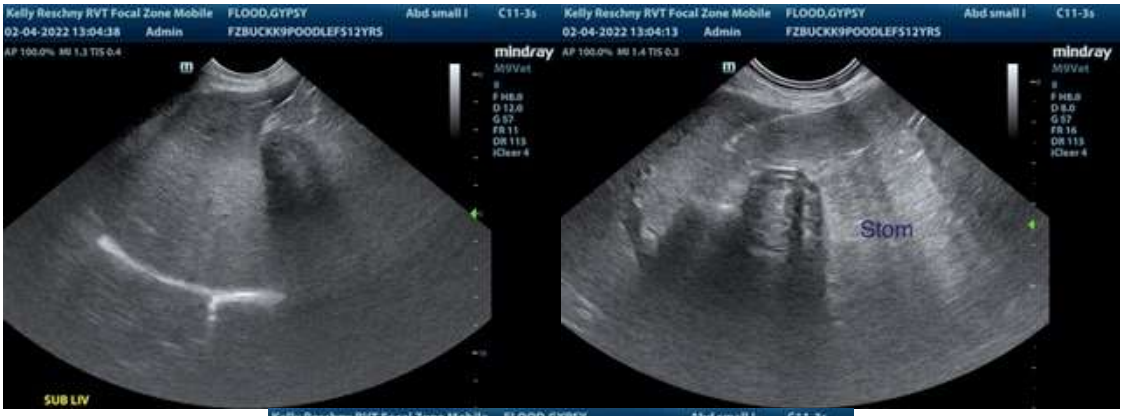

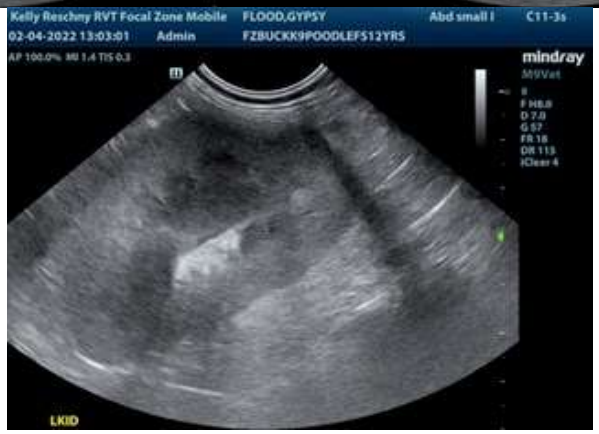

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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