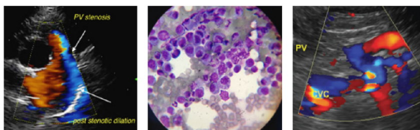
IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Bryn Leet

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
11 Years

WEIGHT
87.5 Pounds

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

IMAGING PERFORMED BY
Dr. Gromalak

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr. Williams

INVOICE
37107

DATE
4/25/22

PRESENTING CLINICAL SIGNS

History of neck and back pain. Today was scheduled for an MRI. An arrhythmia was noted on exam. Occasional VPC's were noted on EKG. Has a history of stridor.
Abnormal PE/Chem/CBC/UA Results: Chest rads and CBC unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted.

The residual prostate was symmetrically normal in size (0.86 cm in diameter) with uniform parenchyma and slight coarse echotexture.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm. The right kidney measured 7.0 cm.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

A mildly expansive, mildly non-homogeneous to hyperechoic nodule was present in the cranial left adrenal gland with subtle distortion of the cranial splenic capsule, yet without evidence of parenchymal escape or vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 0.68 cm in diameter. The overall left adrenal gland measured 0.92 cm at the cranial pole and 0.86 cm at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.70 cm at the cranial pole and 0.61 cm at the caudal pole. No evidence of concurrent right adrenal nodule or tumors.

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

The liver was subjectively normal in size, 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. 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.

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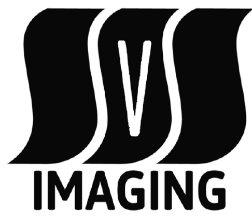
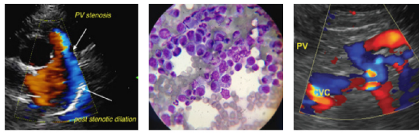

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Gastrointestinal

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 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 omental masses, lymphadenopathy or peritoneal effusion.

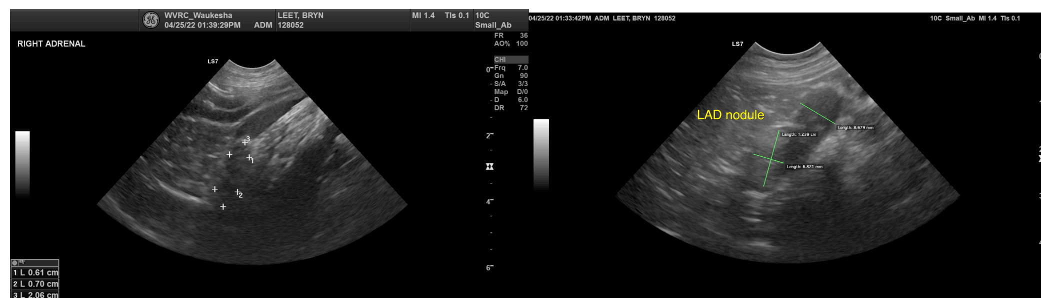
ULTRASONOGRAPHIC FINDINGS

- Non-specific left adrenal nodule
- Mild gallbladder debris (non-mucocele)
- Mild hepatic parenchymal remodeling
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. The primary finding in this case of the non-specific left adrenal nodule may indicate functional versus non-functional adenoma, hyperplasia, while the possibility of emerging neoplasia such as pheochromocytoma, adenocarcinoma cannot be excluded.

Screening blood pressure recommended to assess for evidence of hypertension, which may allude to a pheochromocytoma. Additional adrenal workup may be considered if clinical signs consistent with adrenal hyperfunction are present. Sonographic monitoring of the left adrenal nodule with initial recheck in 4 week to assess for evidence of progression is recommended. No overt evidence of splenic or gastrointestinal disease as an obvious cause of reported VPCs. Hepatosupportive medications recommended if evidence of cholestasis.



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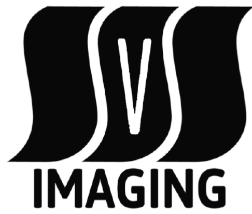

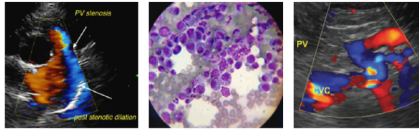

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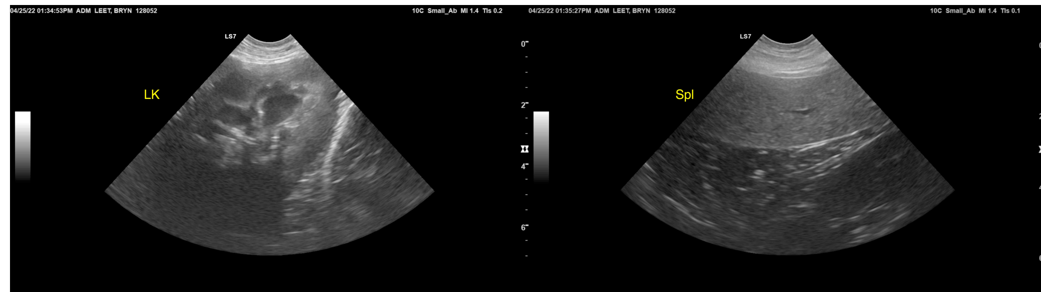

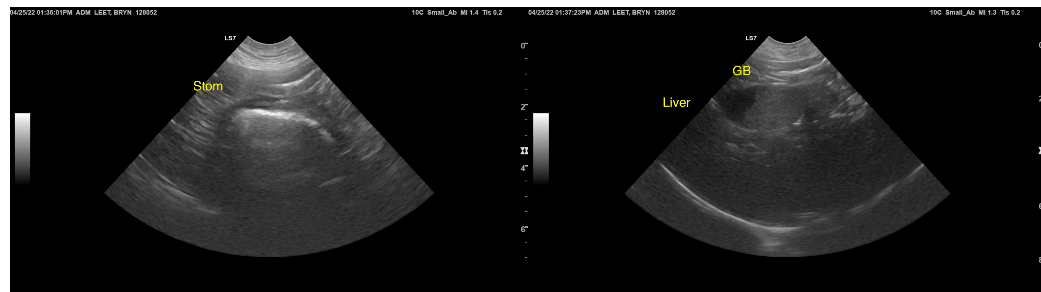

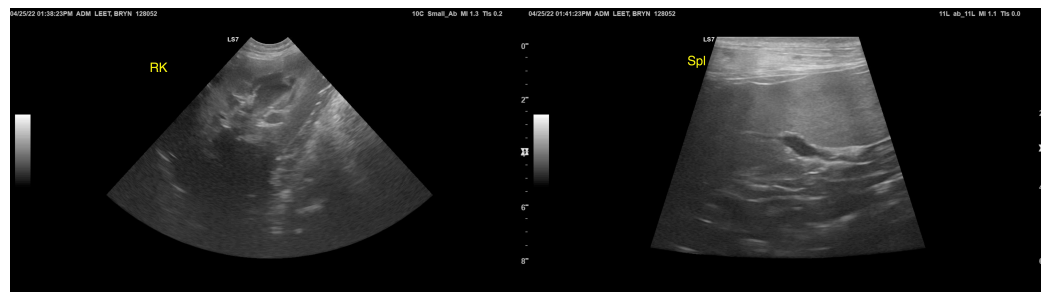

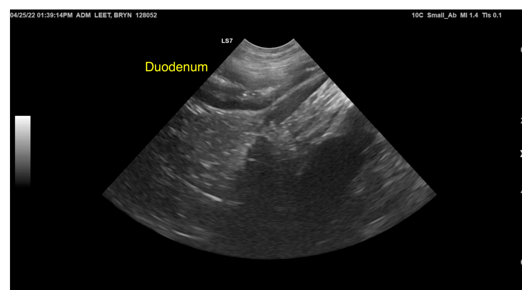

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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