



PATIENT PRESENTING CLINICAL SIGNS

Murray Campbell History: Decreased appetite and activity level over 2 week period. Owner noted more prominent abdomen. Free fluid noted on FAST scan prior to admission for abdominal ultrasound.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal free fluid noted on FAST scan WBC 26.98 (5.05 - 16.76) K/ μ L Neutrophils 22.62 (2.95 - 11.64) K/ μ L

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Labrador Retriever 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.

SEX

MN

AGE

9 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

97 lb

No overt pathology in the area of the residual prostate.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A well-defined, hyperechoic nodule was present in the mid to caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.7 cm x 1.0 cm.

The left adrenal gland measured 1.25 cm width at the caudal pole and 3.0 cm in length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 2.8 cm in length.

IMAGING PERFORMED BY

Jack Reese

Spleen

HOSPITAL NAME

Willow Run Veterinary
Clinic

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.

REFERRING VET

Dr Jack Reese

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10583ag

Gastrointestinal

DATE

5/12/2022



PATIENT

Murray Campbell

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.90 cm in width.

SPECIES

Canine

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. The duodenum measured 0.52 cm in width. The jejunum wall measured 0.35 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Labrador Retriever

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.

SEX

MN

Free Abdomen

Moderate volume anechoic peritoneal free fluid was present. The omentum exhibited primarily uniform to mildly echogenic mesentery. No omental masses or lymphadenopathy.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

97 lb

- Left adrenal nodule-suspect hyperplasia or adenoma
- Moderate volume anechoic peritoneal free fluid
- Unremarkable liver/spleen
- Mild gastritis vs gastric wall edema, unremarkable small bowel

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no subnormal ALB level that would diminish oncotic pressure and without evidence of hepatic congestion, significant hepatic pathology, splenic pathology or gross intestinal pathology an obvious cause of the peritoneal free fluid was not definitively evident. Assessment of ALB levels as well as abdominocentesis for effusion analysis, cytology if clinically indicated +/- C/S if evidence of inflammatory cells is recommended. Three view chest radiographs suggested to rule out occult thoracic pathology and assess cardiopulmonary status.

IMAGING PERFORMED BY

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The possibility of emerging left adrenal neoplasia i.e. pheochromocytoma or adenocarcinoma is considered less likely given the sonographic appearance of the nodule yet cannot be definitively excluded. Screening BP recommended to assess for evidence of hypertension which may allude to a pheochromocytoma is recommended. Sonographic monitoring of the left adrenal nodule for evidence of progression is recommended. Pending additional diagnostics, continued GI support would be reasonable.

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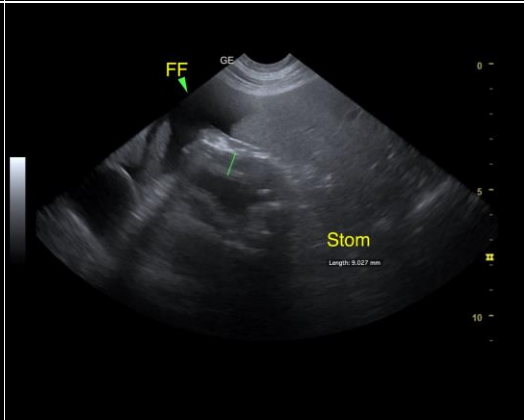
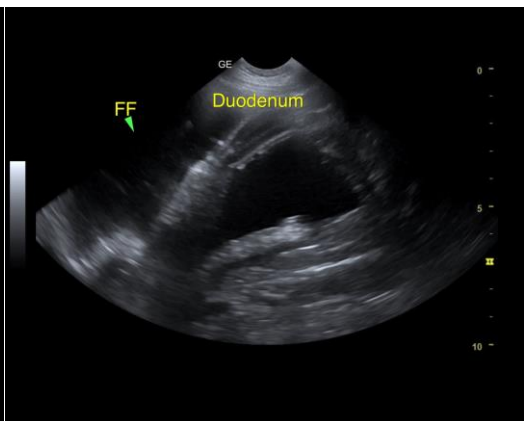
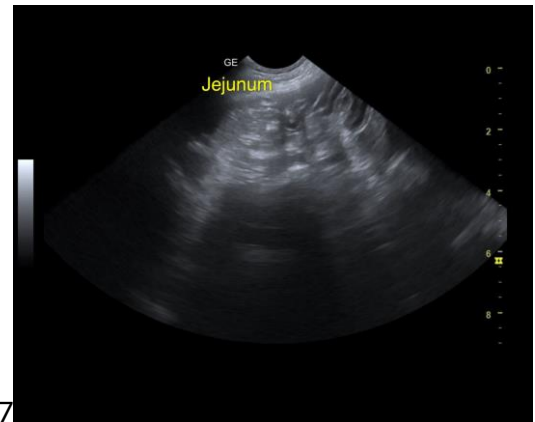
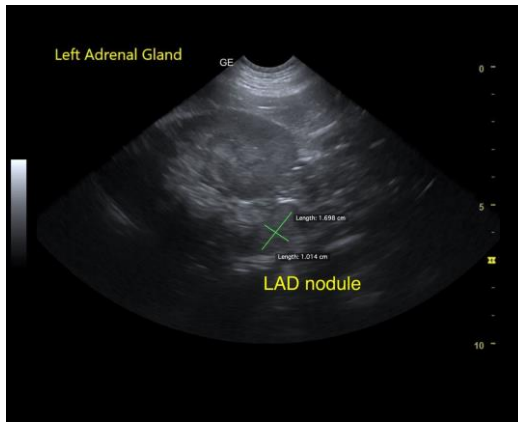
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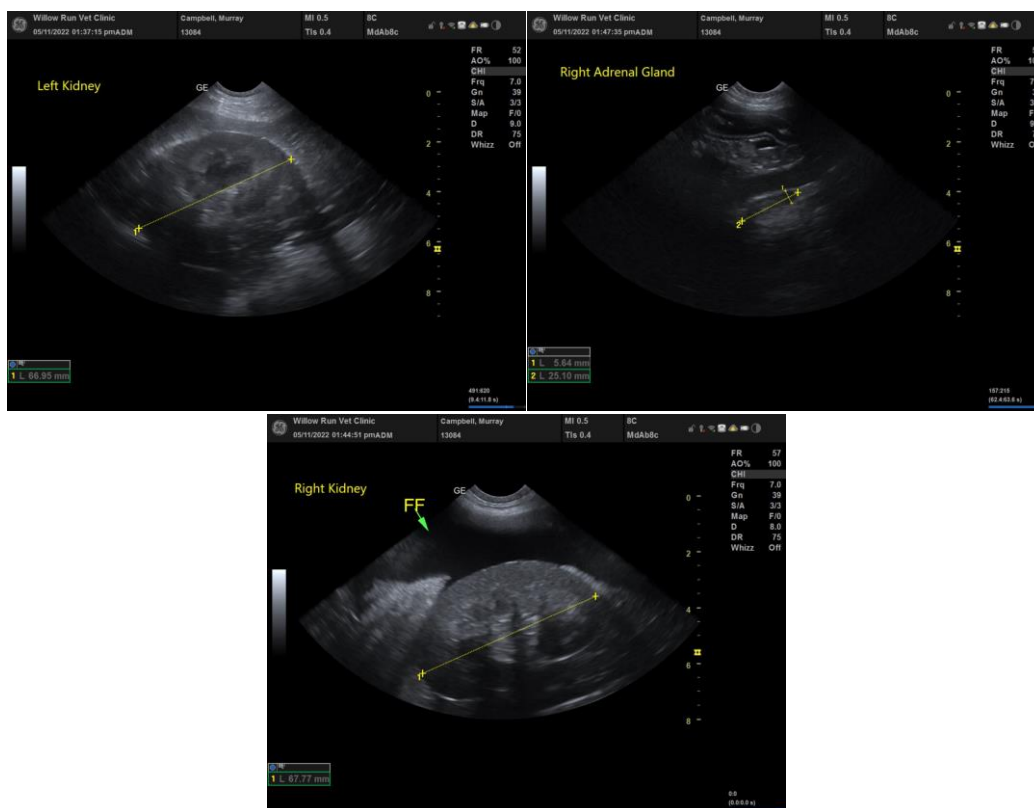
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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