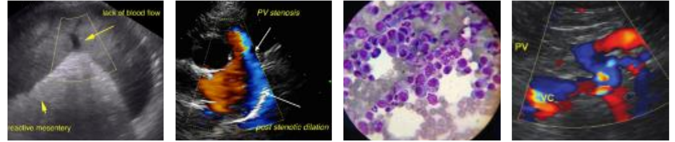
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Star Finnegan

**SPECIES**
Canine

**BREED**
Golden Doodle

**SEX**
Spayed Female

**AGE**
11 Years

**WEIGHT**
28.6 kg

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

**IMAGING PERFORMED BY**
Erin Wicks

**HOSPITAL NAME**
Shores VEC

**REFERRING VET**
Dr. Slenbaker

**INVOICE**
37507

**DATE**
5/7/22

## PRESENTING CLINICAL SIGNS

Presented at our hospital ; transfer form Good Hope AH; decreased appetite one month, vomiting; rads today- large ingesta filled stomach with numerous radiopaque fb( gravel/stones concern as dog was eating grass earlier this week; seems lethargic, weak; collapses on walks; BW relatively non-remarkable( including cPL) Previous Health Concerns: no Current Medications: Pepto Bismol occasionally over last few weeks- yesterday and 2 days prior; dasuquin Appetite/When did they eat last: NE yesterday or today
Abnormal PE/Chem/CBC/UA Results: RDVM BW- NR including cpl; rads- large amount of ingesta with radiopacities through out gi tract- stones/ gravel?

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm. The right kidney measured 7.2 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the cranial pole and 0.64 cm at the caudal pole.

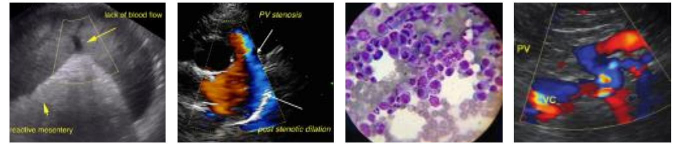
A subtly expansive, uniform, mildly hyperechoic, non-mineralized nodule was present in the cranial pole of the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.7 cm x 1.6 cm. The overall right adrenal gland measured 1.8 cm at the cranial pole and 0.72 cm at the caudal pole. No obvious vascular invasion.

### *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 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.



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### *Gastrointestinal*

The stomach exhibited moderate distention with strongly shadowing ingesta present in the fundus and body along with shadowing subjective ovoid to curvilinear echoes noted in the area of the antrum and pylorus. Example of shadowing pyloric echo measured 1.07 cm diameter.

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*

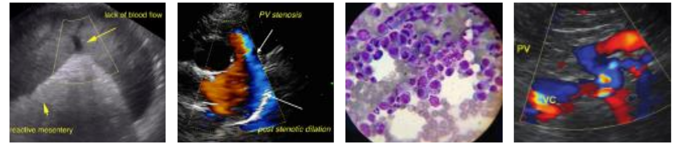
No omental masses, lymphadenopathy or peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Moderate, strongly shadowing gastric/pyloric ingesta and echoes – consistent with gastric foreign material (i.e., rocks, stone or other).
- Sonographically unremarkable small bowel – no evidence of concurrent small bowel obstructive pattern.
- Right adrenal nodule – non-specific, adenoma, hyperplasia, emerging neoplasia (i.e., pheochromocytoma, adenocarcinoma possible).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening blood pressure recommended to assess for evidence of hypertension, which may allude to a right pheochromocytoma. Exploratory laparotomy with gastrotomy along with gastrointestinal biopsies strongly suggested, given potential for PICA. Gross inspection of the right adrenal gland +/- adrenalectomy and time of surgery is recommended. Sonographic monitoring of the right adrenal gland for evidence of progression would be a more conservative approach. 3-view chest radiographs suggested prior to surgery.

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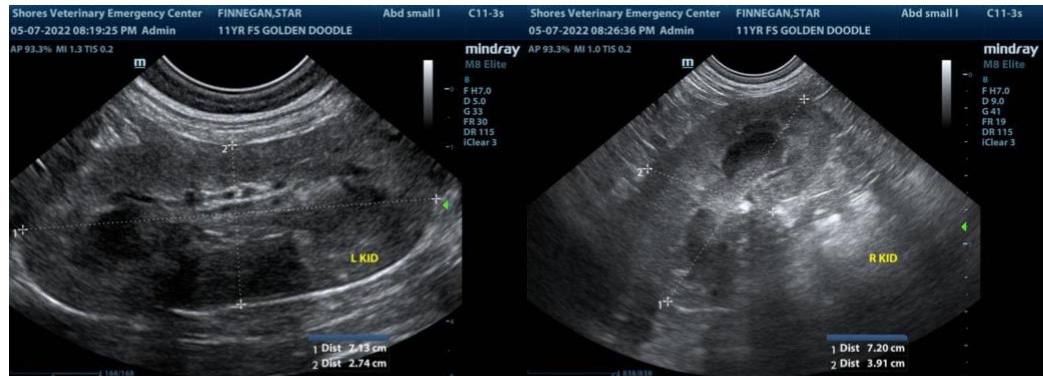


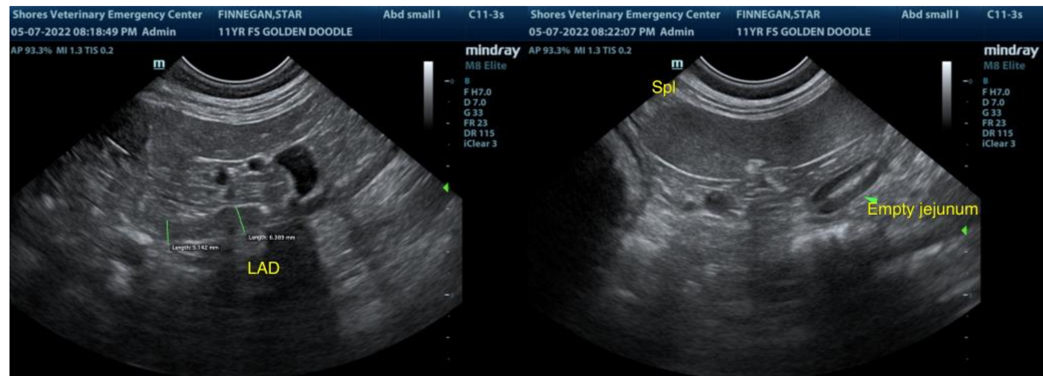


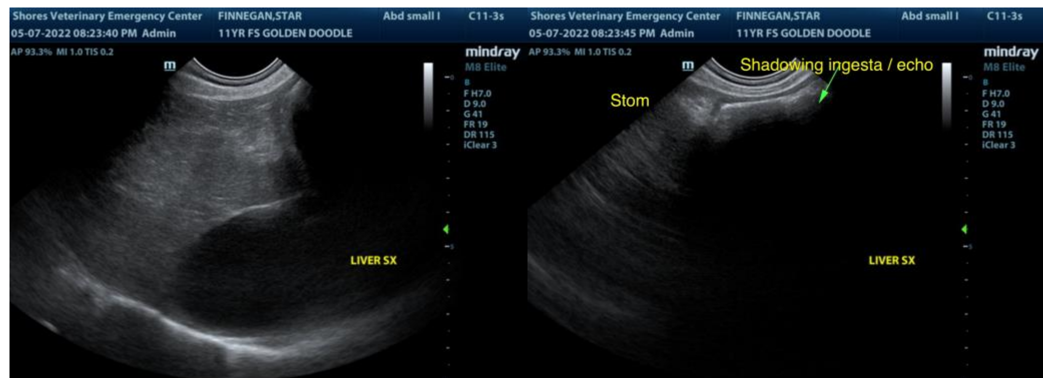


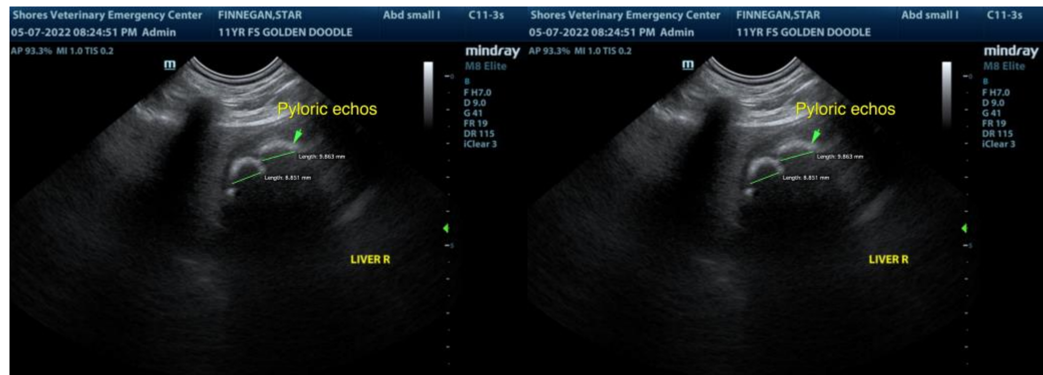

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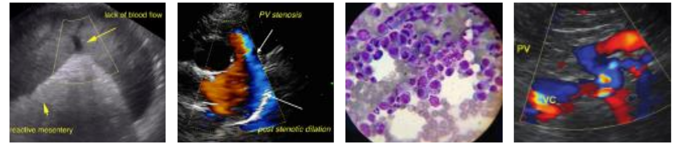

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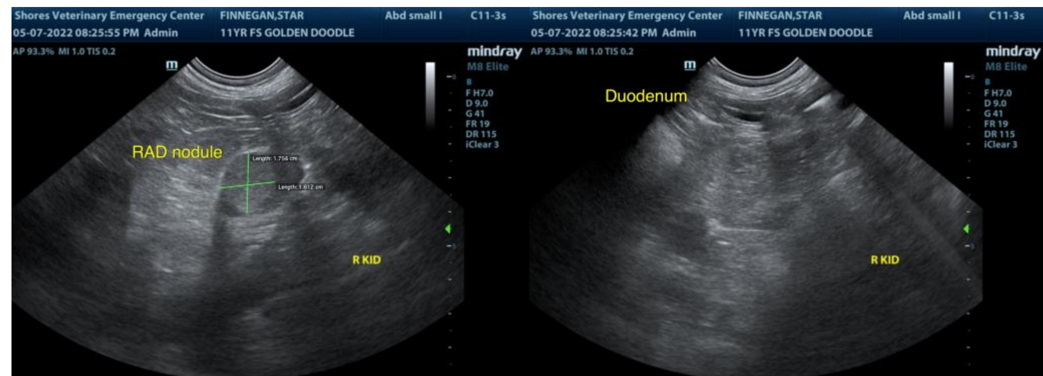


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**