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Clinical Sonography & Telecytology
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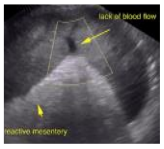
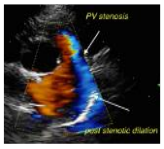
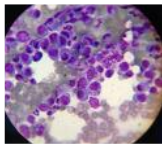
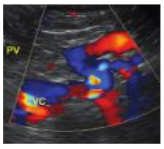




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Daisy Mae Shuman

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

10 years

WEIGHT

33.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Ark Animal Clinic

REFERRING VET

Kevin Long DVM

INVOICE

14093

DATE

6/14/22

PRESENTING CLINICAL SIGNS

Daisy Mae presented to BAESC Ultrasound service for AUS, on referral by Dr. Long, for evaluation for possible HAC. Client reports that Daisy has had profound PU/PD/PP for the last several weeks. She has recently (within the last several weeks) developed a crusting skin lesion on the L dorsolateral TL region.
Abnormal PE/Chem/CBC/UA Results: PE: --EYES: Lenticular sclerosis OU -- ORAL: Moderate dental disease -- UROGENITAL: Firm mass associated with the 1st mammary gland of the right chain; ~ 8-10 cm3 INTEGUMENT: Unhealthy, dull coat; no noted ectoparasites or petechiation, however profound alopecia bilaterally on the dorsum of the head, on the dorsum of the back, along the caudal aspects of the pelvic limbs and tail base, and ventrally on the abdomen. - An ~ 12 cm x 25 cm crusting, foul-smelling lesion/dermatitis is noted on the L dorsolateral thoracolumbar region; either profound superficial pyoderma vs calcinosis cutis. Hair is easily epilated at the region. Lichenification of the skin noted on this region with erythema. -- A large, SQ mass is noted in the R axillary region, ~ 18 cm3, consistent with lipoma ABDOMEN: Hepatomegaly suspected on palpation. Profound abdominal distention/pickwickian appearance. Non-painful. Blood work (6/4/22): --Eosinophils 52 (70-1490) --ALP 2651 (5-160) --GGT 17 (0-13) --T4: 1.0 ug/dL (1-4)

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 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. Pinpoint to minor areas of medullary mineral were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 8.2 cm in length. The right kidney measured 7.3 cm in length.

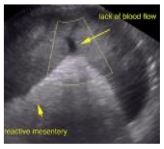
Adrenal Glands

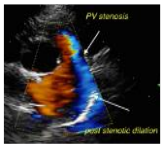
The left adrenal gland exhibited generalized enlargement with a primarily symmetrical yet rounded capsule contour and nonhomogeneous hypoechoic nonmineralized parenchyma. The left adrenal gland measured 4.6 cm length x 1.8 cm width at the cranial pole and 2.3 cm width at the caudal pole.

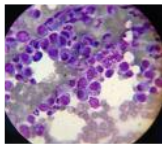
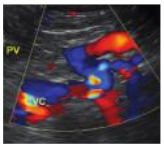
The right adrenal gland exhibited generalized enlargement primarily in the mid to cranial right adrenal gland owing to a mildly echogenic to nonhomogeneous, nonmineralized nodule measuring 2.1 cm x 1.9 cm. The overall right adrenal gland measured 2.9 cm length x 1.9 cm width at the cranial pole and 0.8 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





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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/ Gallbladder

The liver was enlarged with a primarily maintained symmetrical to mildly rounded hepatic contour. Mild mixed echogenic hepatic parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling were present. The gallbladder was non-distended in size with minor gallbladder debris. The gallbladder was otherwise normal with no evidence of peripheral gallbladder Inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, ingesta exhibiting strong distal acoustic shadowing.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left adrenomegaly exhibiting nonhomogeneous hypoechoic nonmineralized parenchyma
- Mid to cranial primarily homogeneous nonmineralized right adrenal nodule and concurrent right adrenomegaly
- Hepatopathy exhibiting nonuniform to remodeled parenchyma
- Minor gallbladder debris (non-mucocele)
- Age-related kidneys exhibiting pinpoint minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both of the adrenal glands in this patient were abnormal with considerations Including benign hyperplasia (pituitary-dependent hyperadrenocorticism), functional vs. nonfunctional adenomatous change, while the possibility of neoplastic criteria in both adrenals, but specifically the right adrenal gland, given the presence of the nodule, i.e., pheochromocytoma, adenocarcinoma, or other with potential for mixed pathologies cannot be excluded.

No overt evidence of hepatic neoplastic criteria with vacuolar hepatic changes and nonobstructive cholestasis considered likely.

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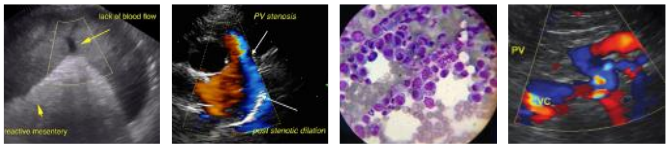

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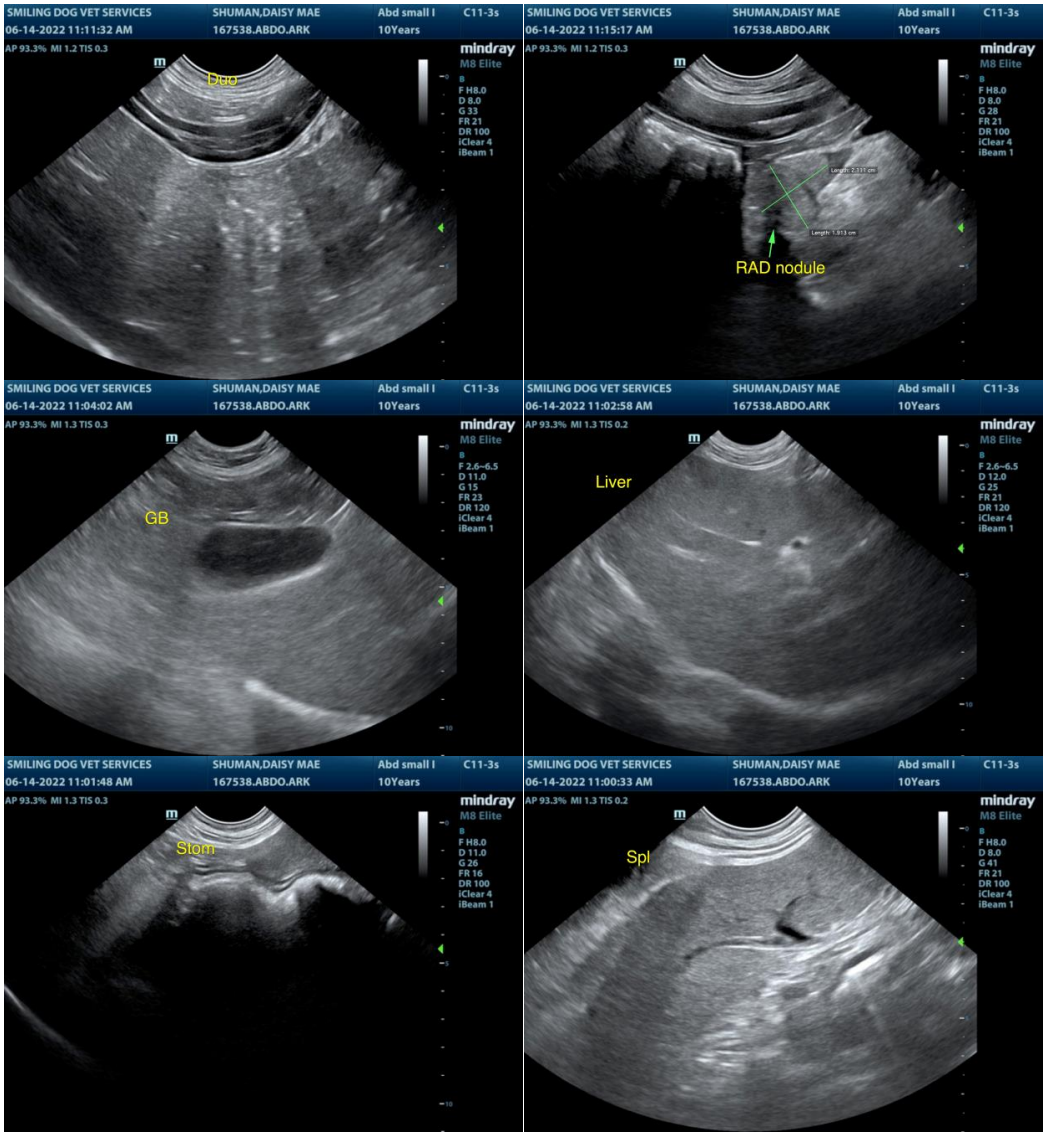
Full adrenal work up with LDDST, as well as assessment and monitoring of systemic blood pressure for evidence of hypertension which may potentially allude to a pheochromocytoma, is recommended. Sonographic monitoring of the bilateral adrenal gland for evidence of progressive enlargement or nodular changes would be ideal.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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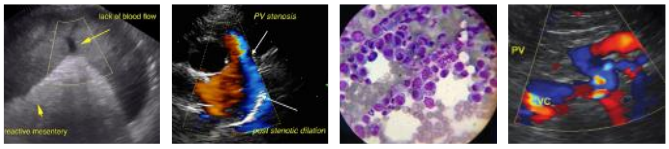

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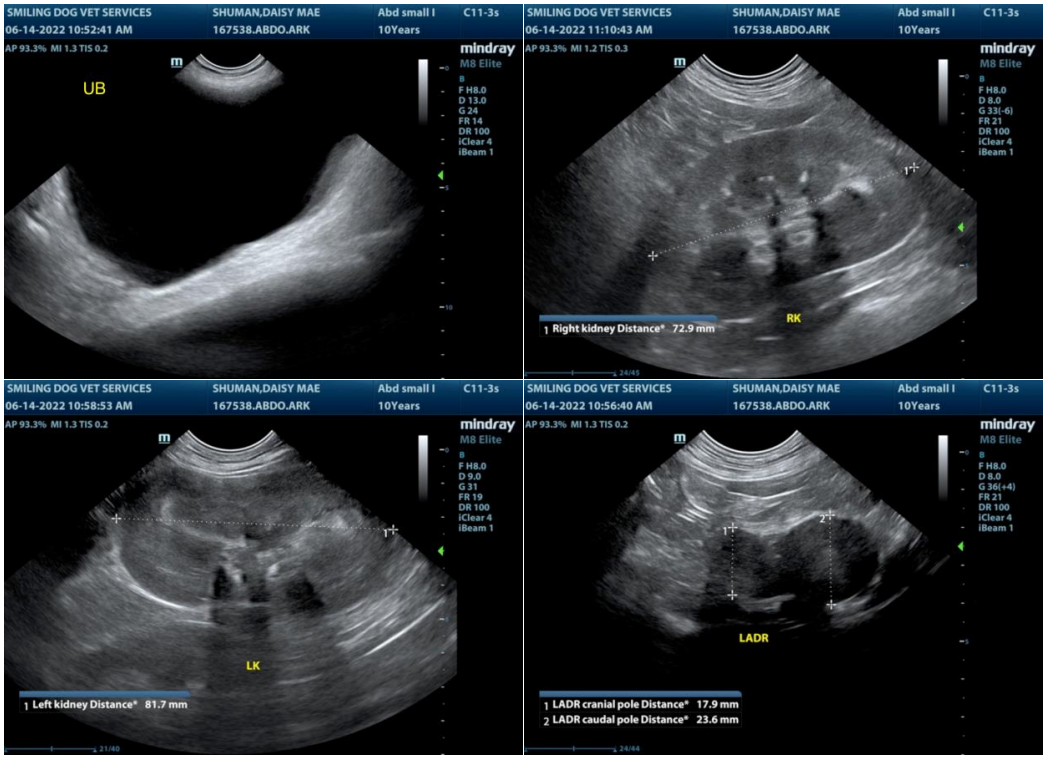

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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