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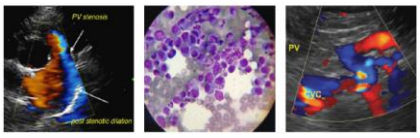

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ginger Stindt

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

12 years

WEIGHT

51.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

14066

DATE

6/9/22

PRESENTING CLINICAL SIGNS

5/13/22: Stopped eating well in the week. Vomited canned food.
Abnormal PE/Chem/CBC/UA Results: Pt has thin skin, some skin lesions, and thinning fur. 5/13 Chem: ALT 913 (12-118), ALKP 8532 (5-131), GGT 291 (1-12). Sodium, NA/K ratio, and Chloride slightly low. CHOL 565 (92-324). T4 0.5 (0.8-3.5). CBC normal except PLT 576 (170-400).

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. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation and likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 areas of medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. Small right kidney cortical cysts were present. The left kidney measured 7.3 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland exhibited generalized enlargement yet maintained symmetrical capsule contour with nonhomogeneous parenchyma. Suspect focal left adrenal intraparenchymal cyst was noted. No evidence of left adrenal parenchyma hyperechoic foci was noted. The left adrenal gland measured 3.3 cm length x 1.1 cm width at the caudal pole.

The right adrenal gland exhibited generalized enlargement yet primarily maintained symmetrical capsule contour with nonhomogeneous pinpoint hyperechoic parenchyma. The right adrenal gland measured 3.7 cm x 2.7 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. The capsule was smooth and regular without apparent expansion. Potential for mild coalescing hyperechoic nodules vs. medial capsule fibrosis was noted. This is incidental. No evidence of inflammatory or neoplastic splenic criteria was noted. 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.

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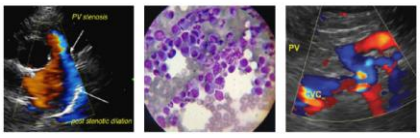

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Liver/ Gallbladder

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 generalized mildly thickened to nonhomogeneous gallbladder walls. The gallbladder wall width measured 0.46 cm. Primarily anechoic content was present with minor luminal debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting areas of mild progressive 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Benign medial splenic coalescing nodules vs. medial capsule fibrosis
- Hepatopathy with cholecystitis pattern
- Right adrenal mass with concurrent left adrenomegaly
- Pancreatic remodeling - age-related pancreatic changes suspected
- Overtly normal gastrointestinal tract with variably echogenic gastric ingesta

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal and reveal potential for bilateral adrenal tumors. The right adrenal gland is highly likely neoplastic, given its presentation and suspect pinpoint areas of medullary mineralization. The left adrenal gland is more nonspecific with considerations including adenomatous

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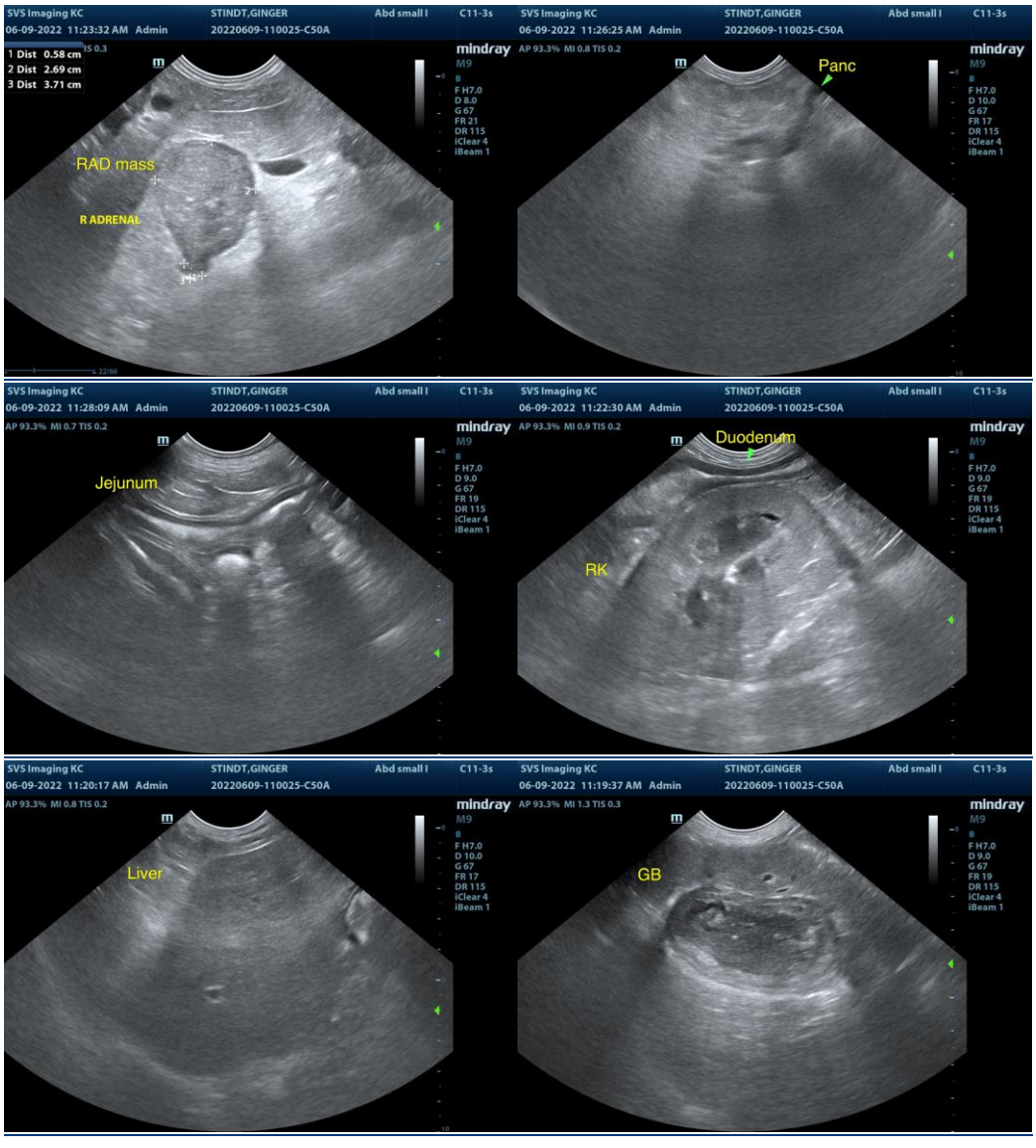
change and benign hyperplasia, with potential for concurrent emerging neoplastic criteria. Overt evidence of vascular invasion was not noted yet cannot be definitively excluded.

Although the patient's current clinical signs are not overtly consistent with Cushing's Syndrome, full adrenal workup with LDDST is suggested given concurrent skin issues. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a pheochromocytoma.

The presence of gastric ingesta is nonspecific and may correlate with recent meal ingestion. However, if documented NPO, some degree of metabolic gastric stasis may be possible. Monitoring for evidence of gastric emptying with as-needed gastrointestinal support is suggested.

Ultrasound-guided hepatic FNA for screening cytology could be considered, yet overall, the hepatic presentation is suggestive of benign hepatopathy, i.e., vacuolar hepatopathy, inflammatory hepatopathy, or other. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



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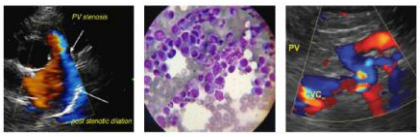

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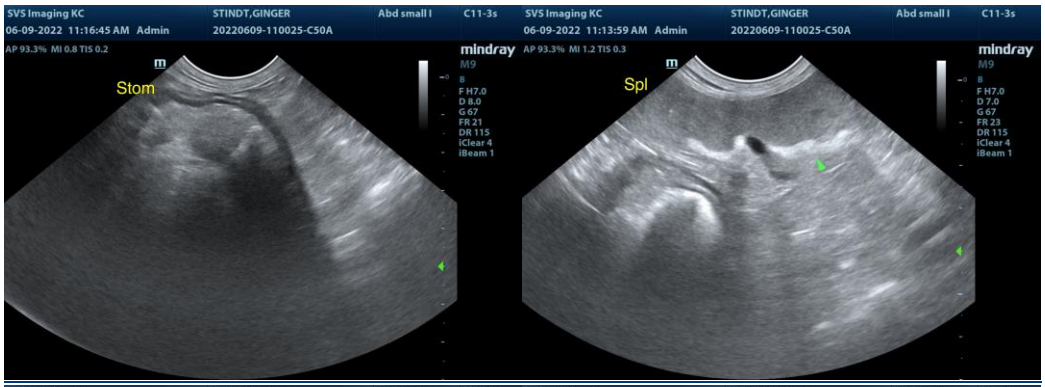

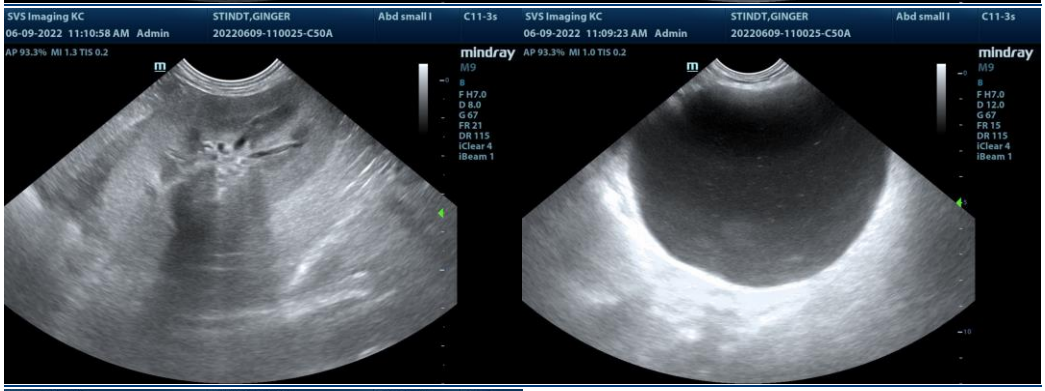

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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