



PATIENT

Bella Corratge

SPECIES

Canine

BREED

Maltese

SEX

FI

AGE

12yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

11131ag

DATE

07/12/2022

PRESENTING CLINICAL SIGNS

History: Bella had hx of dry cough/ SHM II/VI, DDZ STAGE 2/4, POSSIBLE PU/PD

Abnormal PE/Chem/CBC/UA Results: SYSTOLIC HM 2/6, DISTENDED ABDOMEN. BW 6/20/22
CHEM: ALK P: 1927 (H) 5-131 T4: WNL CBC: PLATELET: 419 (H) 170-400 HWT: NEGATIVE UA: NOT PERFORMED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterus or bilateral ovaries.

Adrenal Glands

The left adrenal gland was mildly prominent in size and contour with a subtly nonhomogeneous hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.65 cm width at the cranial pole.

A well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 1.1 cm. The right adrenal gland measured 0.58 cm width at the caudal pole and 2.4 cm length.

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 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 to remodeled 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 primarily anechoic luminal content and minor hyperechoic debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic retained ingesta with no signs of ileus, obstruction or foreign material.

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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.

BREED

Pancreas

Maltese

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

FI

No overt lymphadenopathy or peritoneal effusion was present.

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12yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11lb

- Cranial right adrenal nodule to small mass
- Mildly prominent left adrenal gland
- Vacuolar hepatopathy pattern with mild parenchyma remodeling
- Minor gallbladder debris-incident
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for the right adrenal nodule include functional vs nonfunctional adenoma, hyperplasia, lipogranuloma or neoplastic criteria. A full adrenal workup with LDDST is warranted in this patient. Screening BP to assess for hypertension which may allude to a right pheochromocytoma is recommended. Pending additional diagnostics hepatosupportive medications including Denamarin and Ursodiol with either sonographic monitoring of the right adrenal nodule for evidence of progression vs right adrenalectomy could be considered. Three view chest radiographs are suggested if not already done.

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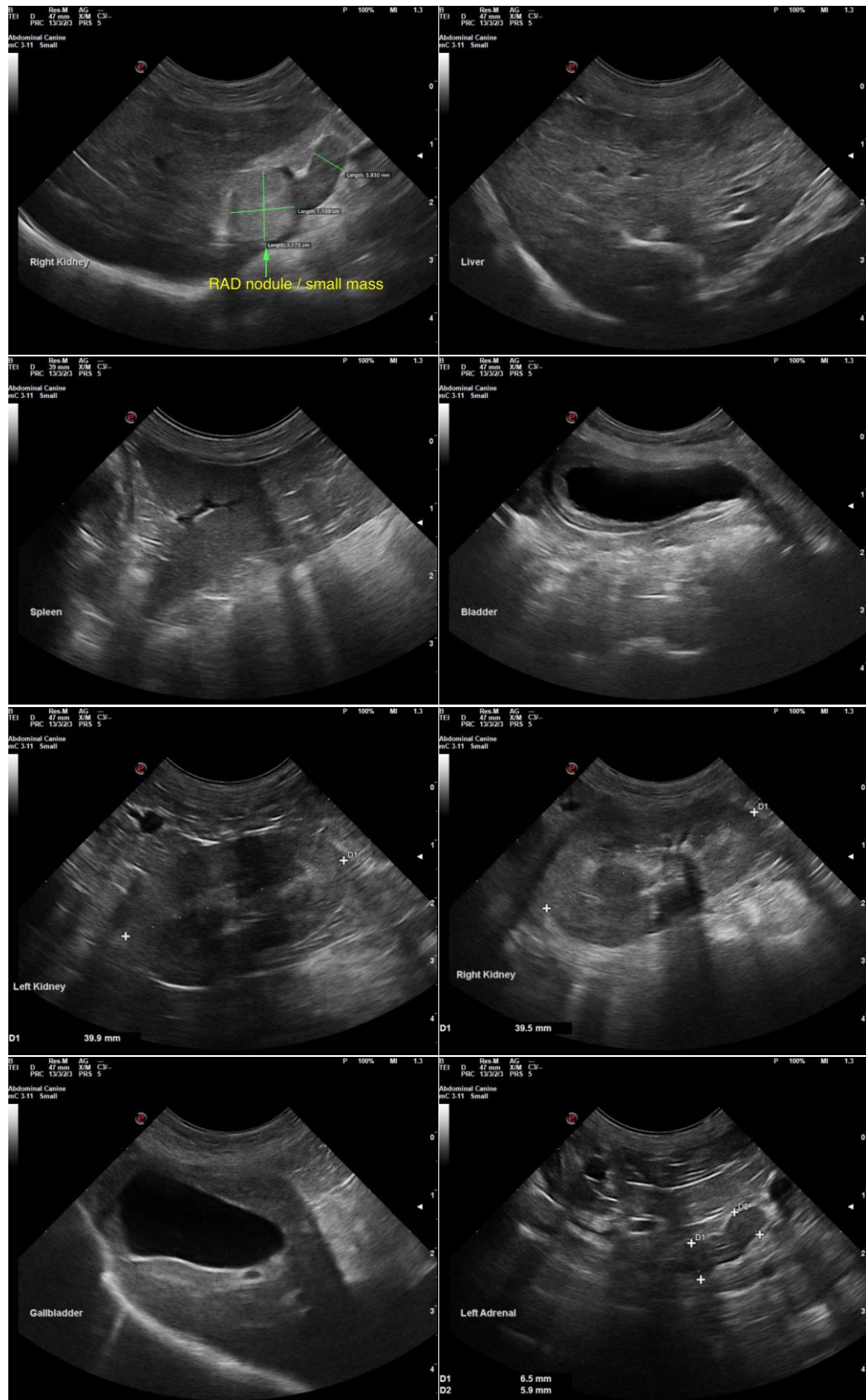
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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