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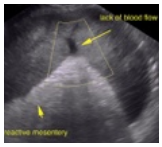
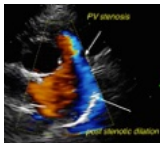
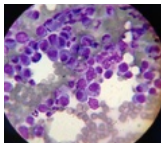
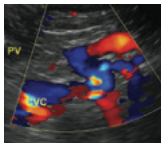
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Joy Phillips

SPECIES
Canine

BREED
Medium Mixed Breed

SEX
Spayed Female

AGE
11

WEIGHT
36.7 kg

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

IMAGING PERFORMED BY
Dr. Alastair Westcott, DVM

HOSPITAL NAME
Dr. Alastair Westcott, DVM

REFERRING VET
Dr. Alastair Westcott, DVM

INVOICE
10325

DATE
7/14/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Presented for an acute 48-hour history of significant lethargy, Hyporexia/anorexia and not drinking. There have been several episodes of vomiting that have been mainly bilious with fluid. There is no diarrhea. Diet is not unusual. Does not often ingested foreign material. Over the last few weeks to months is been no change in eating, drinking, laminating and behavior. There is been no coughing, sneezing.

Abnormal PE/Chem/CBC/UA Results: Very lethargic and weak Mildly hypothermic Pale pink mucous membranes Relative tachycardia with variable pulses Some weight loss **Bloodwork:** CBC and leukogram is unremarkable Mild elevation in ALT/ALP Normal TT4 **Urinalysis:** Very concentrated Otherwise unremarkable **Thoracic radiographs:** Normal cardiac dimensions VHS 10.28, VLAS 1.67. No pulmonary vessel dilation. Mild bronchointerstitial patterning.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths. Mild nondependent hyperechoic sediment was present. 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. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size. Minor capsular symmetry noted. Nonhomogenous to mildly nodular cystic left adrenal parenchyma. No obvious left adrenal vascular invasion. The left adrenal gland measured 7.2 cm in length x 3.3 cm caudal pole width. Age-related right adrenal gland is normal in size based on caudal pole width measurement in light of body weight, measuring 2.9 cm length x 0.72 caudal pole width.

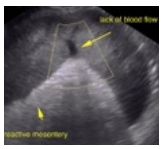
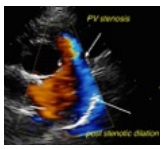
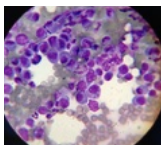
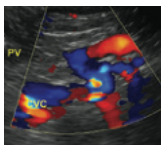
Spleen

The spleen is overall normal in size, focal area of mild capsule symmetry with mildly reduced nonhomogenous splenic parenchyma subjective of potential splenic infarct. Otherwise, primarily maintained homogenous finely textured parenchyma. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively borderline to mildly enlarged in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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

Heterogenous pancreas consistent with age related pancreatic changes and is incidental.

Free Abdomen

A solitary nonspecific variably echogenic omental nodule or lymph node medial to the spleen. It is measuring 2.7 cm in diameter. No evidence of peritoneal effusion

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non homogenous / nodular cystic left adrenal mass.
- Mild chronic renal change
- Borderline enlarged non homogenous liver.
- Minor gallbladder sediment (non-mucocele)
- Possible splenic infarct
- Probable non homogenous peri splenic omental lymph node versus nonspecific nodule
- Sonographically unremarkable gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening blood pressure and urine catecholamine levels if evidence of hypertension or to screen for left pheochromocytoma is recommended. The current clinical signs and lack of reported PUPD not overtly suggestive functional left adrenal mass, yet full adrenal work up is suggested if clinical signs consistent with adrenal hyperfunction arise. Correlation with pending adrenal hepatic and splenic cytology recommended.

Ideally, abdominal CT for further assessment of the left adrenal mass as well as potential surgical planning is recommended if possible. As needed gastrointestinal support recommended.

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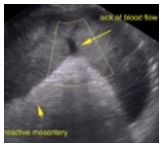
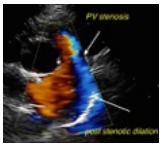
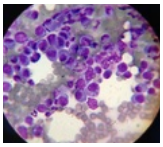
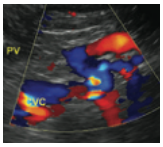

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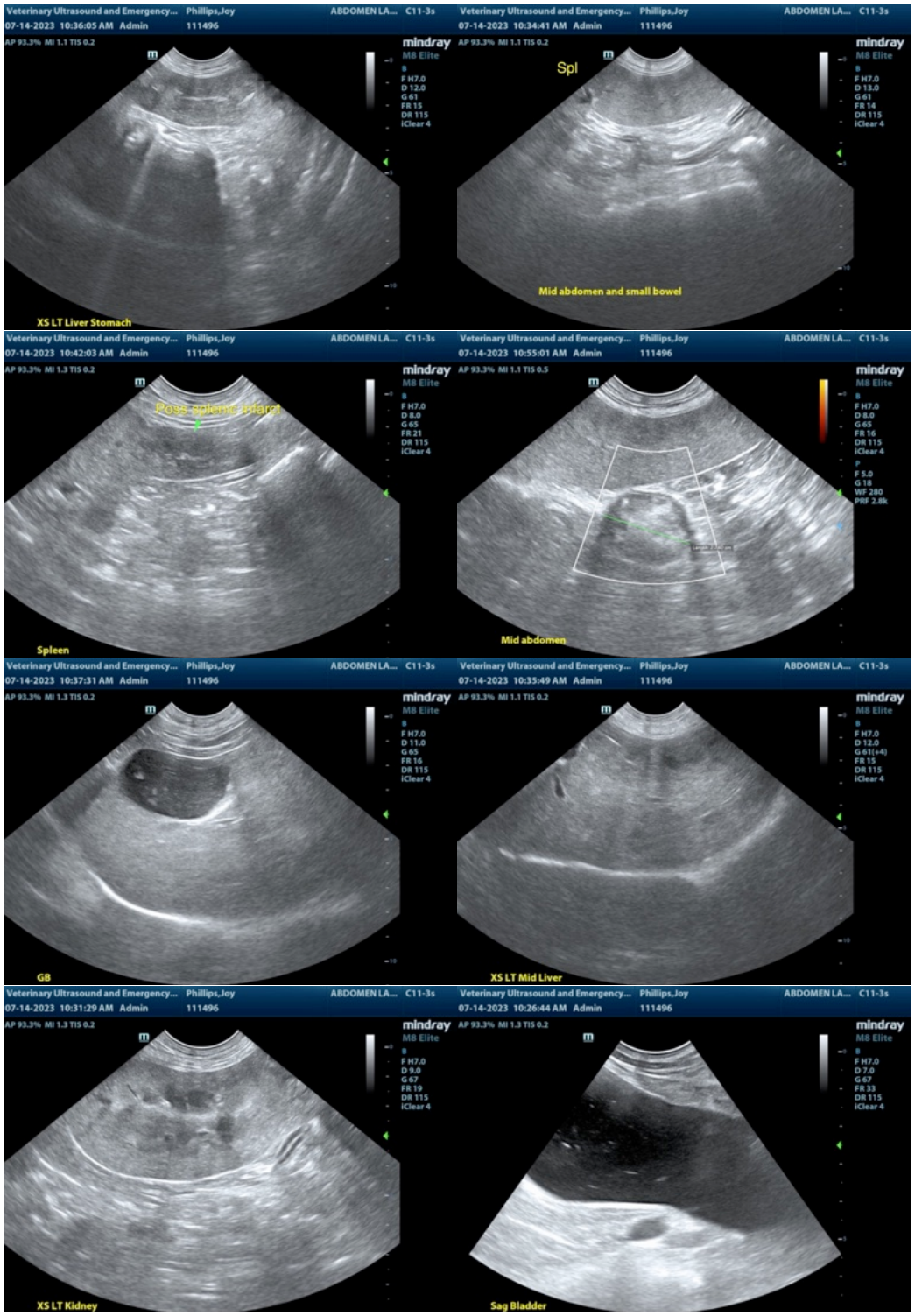

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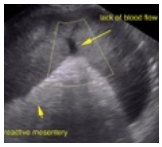
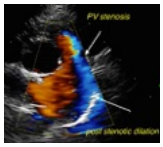
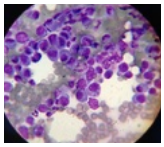
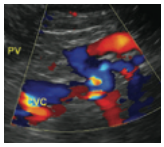

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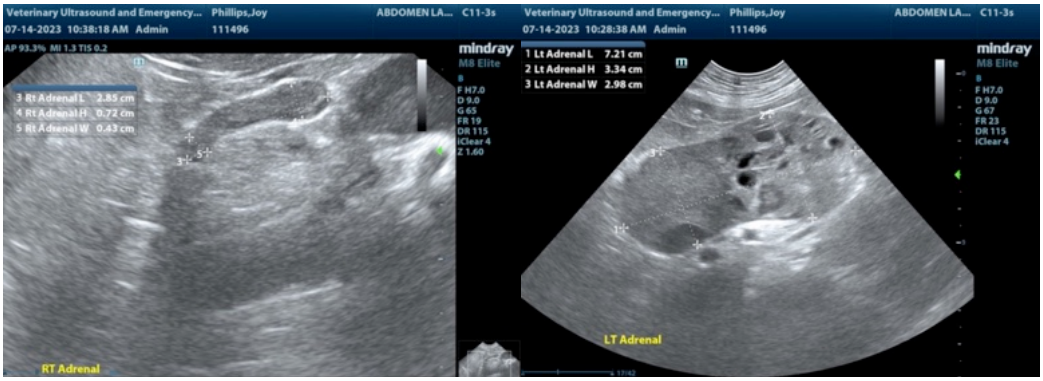

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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