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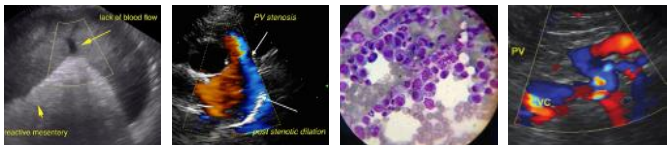
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rosco Trejo

SPECIES
Canine

BREED
PitBull Mix

SEX
MN

AGE
11yr

WEIGHT
48.8

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

IMAGING PERFORMED BY
Andrew Beachy

HOSPITAL NAME
Willamette Veterinary Hospital

REFERRING VET
Andrew Beachy

INVOICE
11352ag

DATE
08/15/2022

PRESENTING CLINICAL SIGNS

History: Hx of PU/PD, diagnosed last week with Cushing's disease through dexamethasone suppression test. Main concern: finding adrenal masses.

Abnormal PE/Chem/CBC/UA Results: Low t4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

An indistinct nonhomogeneous mass lesion exhibiting subjective pinpoint to focal hyperechoic foci was present in the area of the left adrenal gland measuring ~ 4.0 cm x 3.0 cm.

The right adrenal gland was indistinctly visualized exhibiting potential mild subnormal caudal pole width. The right adrenal gland measured 0.47 cm width at the caudal pole and 2.8 cm width at the cranial 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 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.

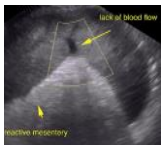
Liver

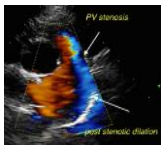
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules.

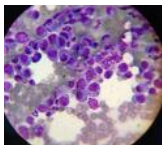
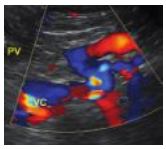
The gallbladder was non-distended with mildly prominent to echogenic walls with primarily anechoic luminal content and mild dependent to nondependent hyperechoic luminal debris along the inner luminal wall. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme 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.

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.

Transdiaphragmatic view revealed moderate comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation. Potential but not definitive caudal thoracic nodules noted.

ULTRASONOGRAPHIC FINDINGS

- Suspect left adrenal mass with potential parenchymal mineralization
- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Comet tail artefact with possible caudal thoracic nodules
- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs suggested if not done to assess for thoracic pathology.

Primary concern for possibly mineralized left adrenal mass although the possibility of bilateral pathology cannot be definitively excluded. Pending thoracic radiographs, abdominal CT for further assessment of the adrenal glands may be considered.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. 52

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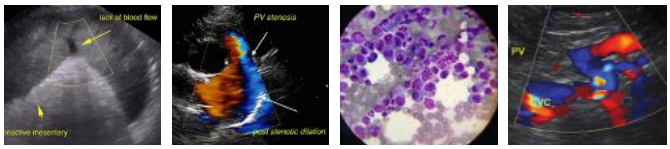

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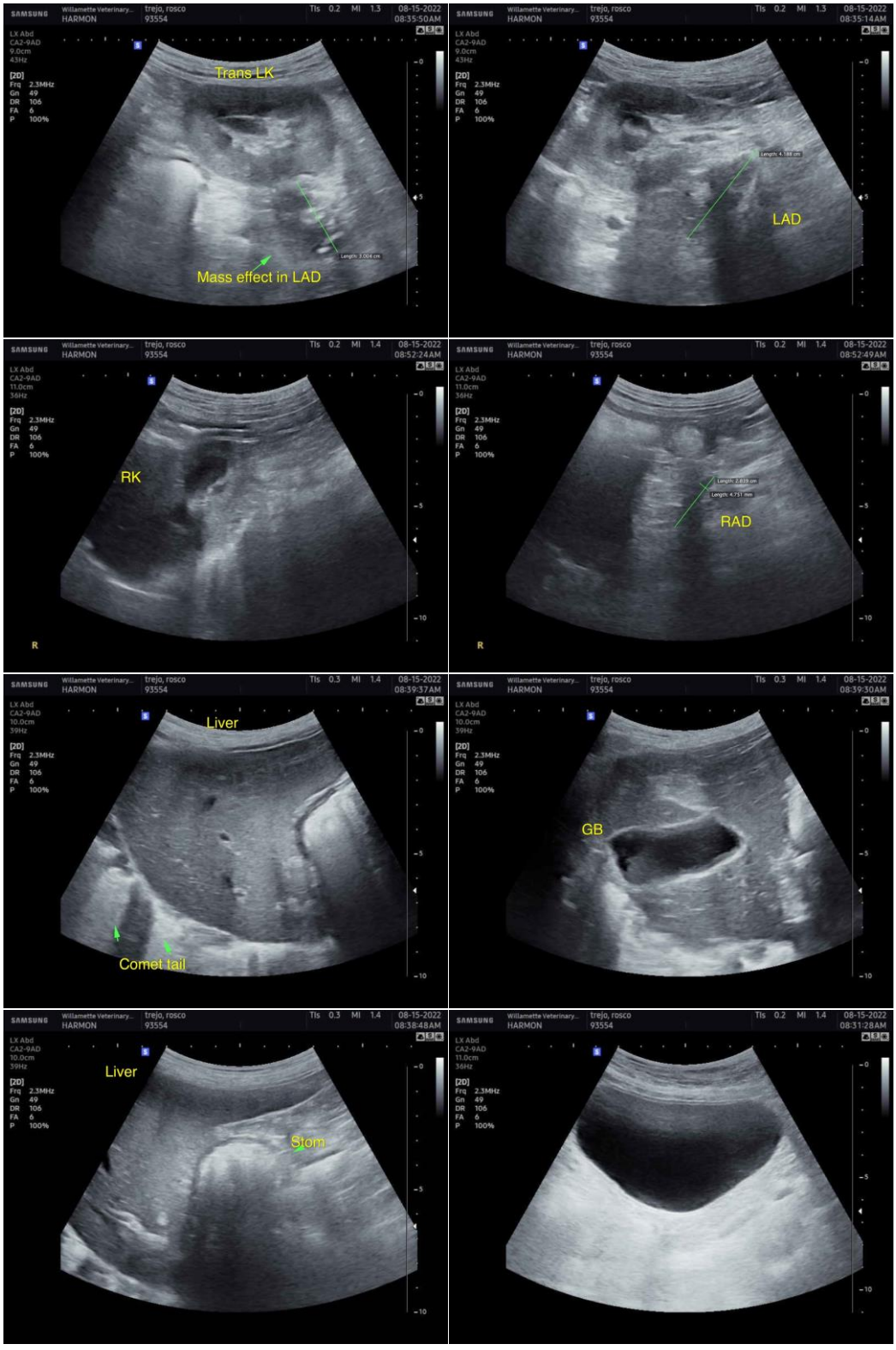

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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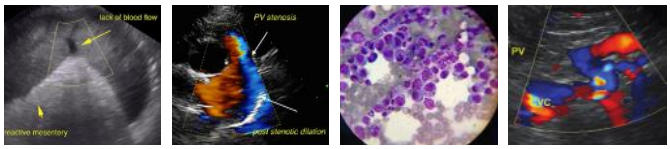

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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