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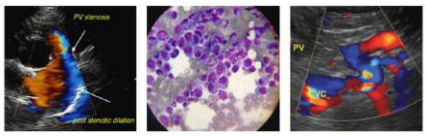
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



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

PATIENT

Rocky Gabbard
53339A

SPECIES

Canine

BREED

Pitbull Terrier

SEX

MN

AGE

10yr

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists Dr. Thomas

INVOICE

11691ag

DATE

09/21/2022

PRESENTING CLINICAL SIGNS

Acute onset of pelvic limb weakness last night to non-ambulatory paraparesis today.

Abnormal PE/Chem/CBC/UA Results: Patient is cachexic. Musculoskeletal: Nonambulatory, severe paraparesis Neurological: Alert and appropriate; no CN deficits; absent CPs in PLs; severe nonambulatory paraparesis (L worse than R); patellar intact x2; withdrawal intact x4 Today: SDMA- 16 (0-14) BUN- 31 (7-27) ALT- 154 (10-125) GGT- 14 (0-11) 8/25/22 UA - blood 1+, protein 3+, Sq. epi 11-20/HPF 8/25/22 Urine C&S - E. coli 50,000-100,000, B. haemolytic streptococcus >100,000 8/25/22 CBC - WNL 8/25/22 CHEM - WNL 8/25/22 T4 - WNL 9/8/22 BP - 180mmHg 9/8/22 UA - USG 1.016, Pro 100mg/dL, Bld 250 Ery/uL, WBC 4/hpf, RBC >50/hpf, suspect cocci .

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was moderately distended in size with subjective normal tone. The 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 7.8 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was overtly normal in size symmetry and echogenicity measuring 1.6 cm in diameter.

Adrenal Glands

An ill-defined asymmetrical mildly non-homogeneous mass in the area of the left adrenal gland measuring ~ 6cm x 3 cm was present. A variably echogenic soft tissue structure noted in the adjacent caudal vena cava extending cranially to the approximate level of the liver or potential diaphragm as well as caudally to the level of the iliac trifurcation. The caudal vena cava at the level of the mass measured ~ 2.8 cm in diameter. The mass exhibited moderate vascularity.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.50 cm width at the caudal pole and 3.3 cm length.

Spleen

The spleen exhibited generalized parenchymal heterogeneity. A solitary non-disruptive discrete hypoechoic nodule was present in the mid lateral spleen measuring 0.62 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively normal 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. A solitary non-disruptive intraparenchymal nodule measuring 2.4 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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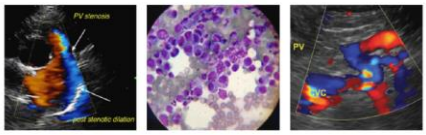

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Gastrointestinal

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

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 was evident.

Free Abdomen

No peritoneal effusion was present. Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.2 cm x 0.86 cm.

ULTRASONOGRAPHIC FINDINGS

- Ill defined left adrenal mass with evidence of vascular invasion vs diffuse to variable caudal vena cava thrombosis
- Non-specific discrete splenic nodule
- Hepatic parenchyma remodeling with solitary centrally echogenic intraparenchymal nodule
- Intermittent non-specific benign/reactive mesenteric lymphadenopathy

Secondary

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the left adrenal mass with evidence of vascular invasion and/or diffuse caudal vena cava thrombosis is consistent with neoplastic criteria with primary concern for pheochromocytoma given evidence of hypertension. Possible hypercoagulable state is possible. Clotting status may be considered.

Surgical options are likely precluded. Abdominal CT could be considered for further clarification however an unfavorable prognosis is unfortunately indicated.

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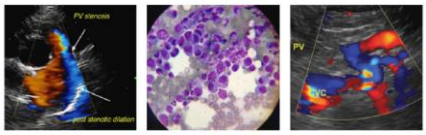

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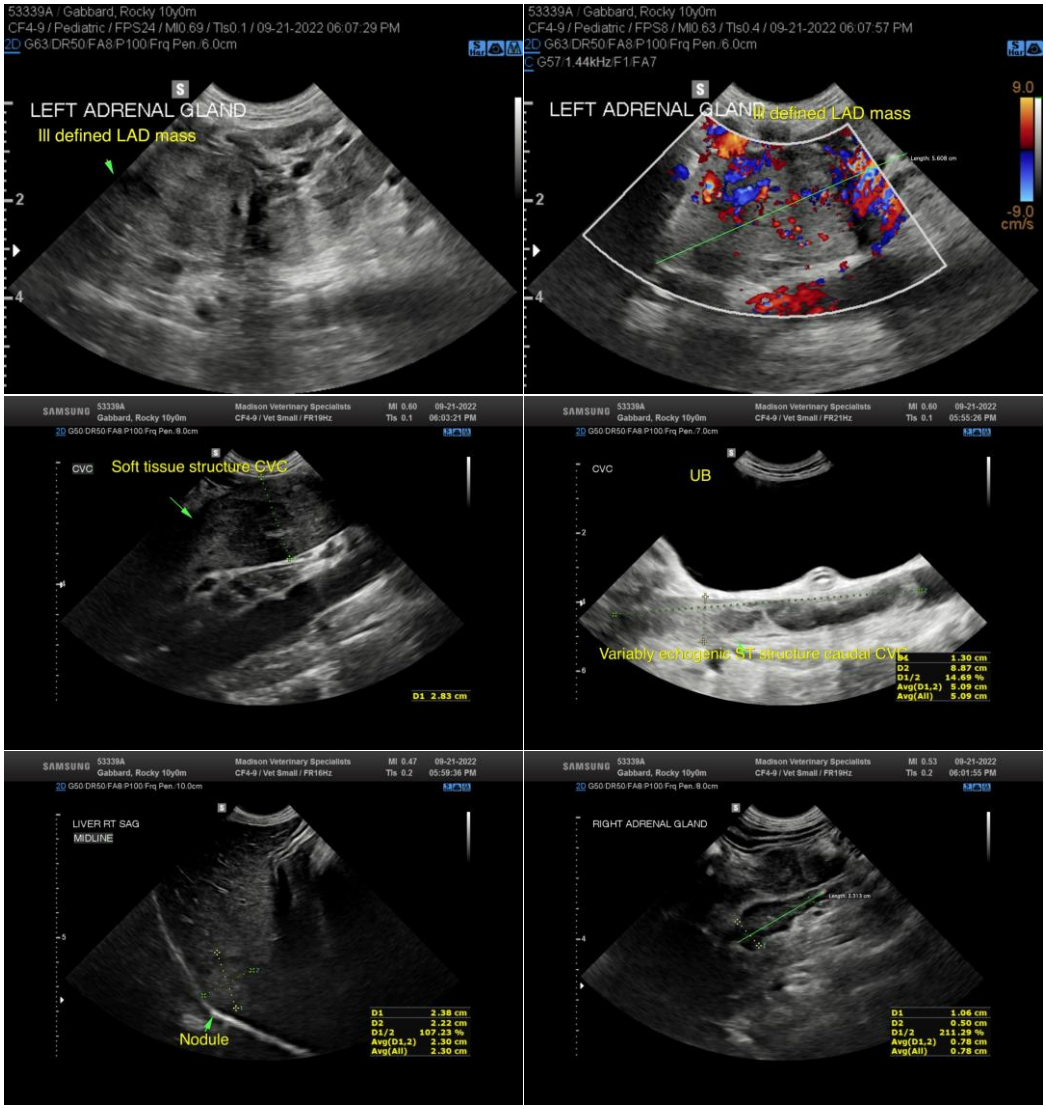

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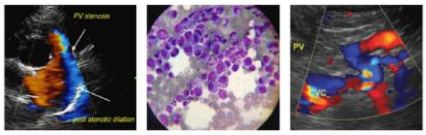

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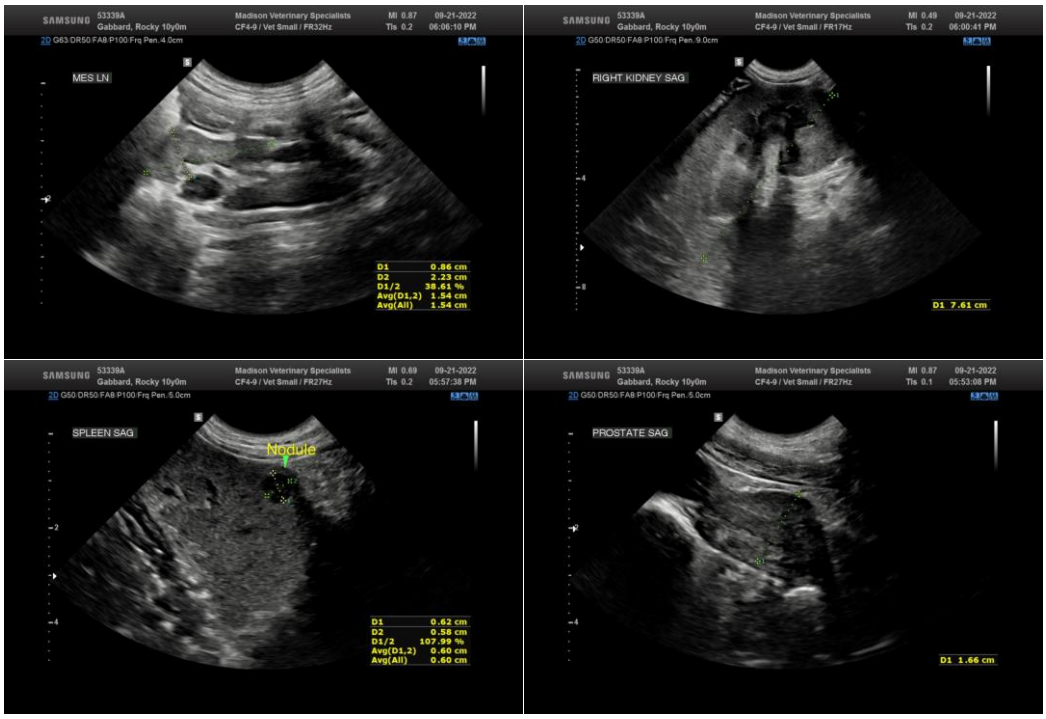

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com