



PATIENT PRESENTING CLINICAL SIGNS

Cassie Palm History: Coughing.
Physical Examination: Alopecia, pot-bellied appearance
SPECIES Urinalysis: N/A.
Canine CBC: N/A.
BREED Serum Biochemistry: N/A.
Pekingese Radiographic Findings: Mineralized right adrenal mass, hepatomegaly.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**
Age Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
14 years Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.
WEIGHT Normal iliac lymph nodes. Ureters not visualized.
19 # Normal renal size (left 4.3 cm, right 5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

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Reproductive System

N/A.

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Sonya Myers, DVM

Adrenal Glands

Left adrenal – normal shape, echogenic appearance, position, and size (0.53 cm).

HOSPITAL NAME

Oviedo Veterinary Care and
Emergency

Mottled echogenic right adrenal mass (2.3 x 2.6 cm) with no obvious involvement of the surrounding vasculature.

REFERRING VET

Dr Kim

Spleen

Normal size (1.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Liver

Enlarged with a diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Focal dilation of the bile duct at the level of the duodenal papilla (0.6 cm), otherwise normal size (0.2 cm).



PATIENT *Gastrointestinal*

Cassie Palm Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum (0.54 cm) and small intestine (0.54 cm) with a prominent hypoechoogenic appearance of the submucosal layer but with no loss of layering or distension of the lumen.

SPECIES

Canine

Pancreas

BREED

Pekingese

Normal size (1.2 cm) echogenic appearance and regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

SEX

FS

Normal mesenteric lymph nodes (0.9 cm).
No ascites.

Age

14 years

Neck

Normal size and appearance of the thyroid glands (both 0.7 cm), salivary glands, and lymph nodes (0.8 cm).

WEIGHT

19 #

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right adrenal mass.
- Hepatopathy.
- Enteropathy.

Secondary Findings:

- Age-related renal changes.
- Focal dilation of the bile duct.

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Dr Kim

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the right adrenal mass would be a functional cortisol producing carcinoma.

Etiologies for the hepatopathy would be metabolic, reactive, hyperplasia, vacuolar, early nodular regeneration, chronic hepatitis, and infiltrative neoplasia.

Etiologies for the enteropathy would be non-specific enteritis (viral, bacterial, protozoal, helminths, dietary indiscretion, toxins), inflammatory bowel disease, and dietary hypersensitivity.

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Further assessment would be fecal analysis, adrenal function testing (ACTH stimulation/LDDS test), FNA cytology of the liver, and possibly endoscopy of the upper GI tract with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Cassie Palm

SPECIES

Canine

BREED

Pekingese

SEX

FS

Age

14 years

WEIGHT

19 #

IMAGES

Right adrenal



INTERPRETED BY

Liver

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PATIENT Small intestine

Cassie Palm

SPECIES

Canine

BREED

Pekingese

SEX

FS

Age

14 years

WEIGHT

19 #



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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HOSPITAL NAME

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