

**PATIENT**

Agape Tregoning

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8

WEIGHT

37kg

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists-Dr.
Custead**INVOICE**

50303

DATE

2-15-22

PRESENTING CLINICAL SIGNS

Reese presented for a recheck for T-zone lymphoma. During prior ultrasound a nodule was found in the cranial pole of the left adrenal gland.

Abnormal PE/Chem/CBC/UA Results: No abnormalities on prior bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition. Left kidney measures 7.47 cm length, right kidney 6.86 cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, homogeneous, appears smoothly marginated.

Adrenal glands

The left adrenal presents a rounded, mildly hyperechoic nodule of the cranial pole with diameters of 2.90 x 2.27 cm. The phrenic-abdominal vasculature and the adjacent aorta appear regular.

The right adrenal gland measures 2.53 x 0.68 x 0.57 cm and is within normal limits.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 2.50 cm. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis. The gallbladder wall is unremarkable.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

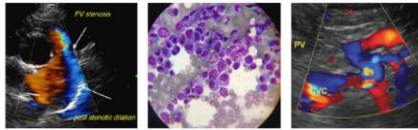
All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are still considered to be normal. The abdominal fat and great vessels show no pathological findings.

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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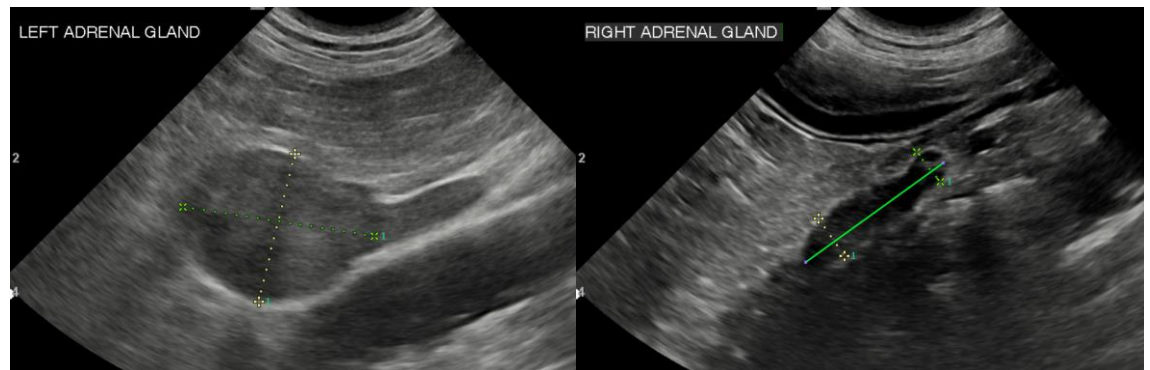
ULTRASONOGRAPHIC FINDINGS

- Left adrenal nodule cranial pole 2.90 x 2.27 cm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal nodule shows significant progression in size compared to the study of 12/13/21 (1.9 x 1.5 cm). Overt inclusion of the adjacent vasculature is not recognized.

Final assessment of the left adrenal lesion (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. Due to the increasing size, I currently favor a malignant but still capsulated lesion (adenocarcinoma, pheochromocytoma). Possible further functional tests include LDDS, HDDS, ACTH stimulation, urine cortisol-creatinine ratio, blood pressure for hypertension and urine analysis (USG). If not pathbreaking another sonographic recheck is recommended in 6 weeks. If still progressive surgery needs to be considered.



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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

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