

PATIENT

Anubalina Schoeberl

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

17 Years

WEIGHT

8.5 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Blouin

INVOICE

46927

DATE

8-10-21

PRESENTING CLINICAL SIGNS

Anubalina was diagnosed with hypertensive retinopathy, hyperglycemia, and borderline T4 in August 2020: 1. Please compare adrenal gland size and character today to that of 8-12-21 2. Please assess other abdominal organs for metastatic disease - Started amlodipine therapy 8-3-21 - Ultrasound on 8-12-20 through Animal Sounds (case invoice #41465) revealed a normal right adrenal gland, and a non-invasive nodule of the left adrenal gland. - The hyperglycemia and T4 elevation subsequently resolved without treatment - Low Dose Dexamethasone Suppression Test suggested Hyperadrenocorticism - Anubalina started Trilostane therapy on 2-24-21; This improved her health markedly - Recent lab work showed decreased potassium = 3.3 mEq/L - Aldosterone level of 7-7-21 was >4605 (198-388) - Anubalina was normotensive on 7-7-21 and 7-9-21 without amlodipine therapy - Anubalina has gained 0.53 lbs since 7-7-21 AND is hypertensive today (BP=236 mm/Hg)
Abnormal PE/Chem/CBC/UA Results: Current meds: Trilostane 5 mg once daily, amlodipine 1.25 mg given 9:30 am today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Compared to prior study dated 8-12-20.

Urinary system

The urinary bladder, trigone und 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 are noted.

Left kidney measures 3.62 cm length, right kidney 2.64 cm. Both show a fuzzy corticomedullary transition. The cranial pole of the right kidney shows a wedge-shaped defect of the surface. Renal pelvis and exit to the ureters are unremarkable. Renal perfusion is within expected limits.

Adrenal glands

The left adrenal gland is significantly enlarged with loss of the corticomedullary detail. There are maximum diameters of 1.54 x 1.12 cm recognized (8/13/20: 1.3 x 0.62). Shape and echogenicity now clearly present a nodule with a homogeneous isoechoic texture. Invasion of the phrenicoabdominal vein is suspected.

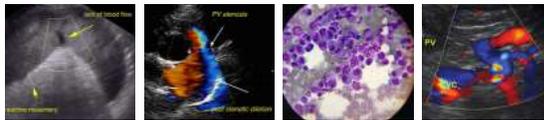
The right adrenal gland measures 0.88 x 0.40 cm (8/13/20: 0.8 x 0.34) and additionally presents mild central calcifications.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.74 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

Liver/Gallbladder

Liver images show a hyperechoic, cystic lesion of 2.96 x 2.08 cm at the level of the right lateral liver margin. Liver echogenic texture apart from that appears normal. Gallbladder is unremarkable without signs of relevant sludge, a florid process or cholestasis. Liver vasculature presents normal appearance.



PATIENT **Gastrointestinal**

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Stomach, small and large intestine present intact wall layers being normal in width and echogenicity. Wall of the jejunum shows constant diameters compared to the former study (0.33 cm) with a mildly prominent muscular layer. Adjacent mesentery and fat tissue are mildly hyperechoic (unchanged). No overt evidence of ileus and no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered as 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

No peritoneal or retroperitoneal effusion. Great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Left adrenal mass 1.54 x 1.12 with suspected invasion of the phrenicoabdominal vein
- Hyperechoic, cystic mass right lateral liver 2.96 x 2.08 cm

Secondary

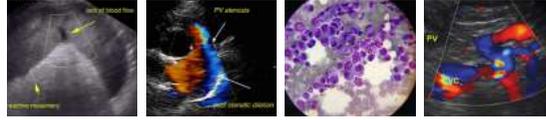
- Mild central calcification of the right adrenal gland
- Signs of a bilateral, chronic, and age-appropriate nephropathy
- Chronic renal infarct right kidney
- Subtle signs of a chronic enteritis with a mild and reactive mesenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the left adrenal gland are significantly progressive in terms of shape, size and loss of the corticomedullary detail and do explain the clinical symptoms with an aldosterone-producing neoplasia of the adrenal cortex. Invasion of the phrenicoabdominal vein is highly suspected most probably going along with an invasive/aggressive and malignant neoplasia. The liver is a common location for metastatic spread, which I would favor in this case. Cystic adenoma/adenocarcinoma and biliary dilation with mild peripheral inflammation are further differentials.

Except for the renal infarct on the right, changes of the kidneys are bilateral. I suggest they are normal age-related changes as well as the adrenal calcification on the right.

Findings of the small intestine show no progression, I therefore, assume they are non-relevant sonographic findings.



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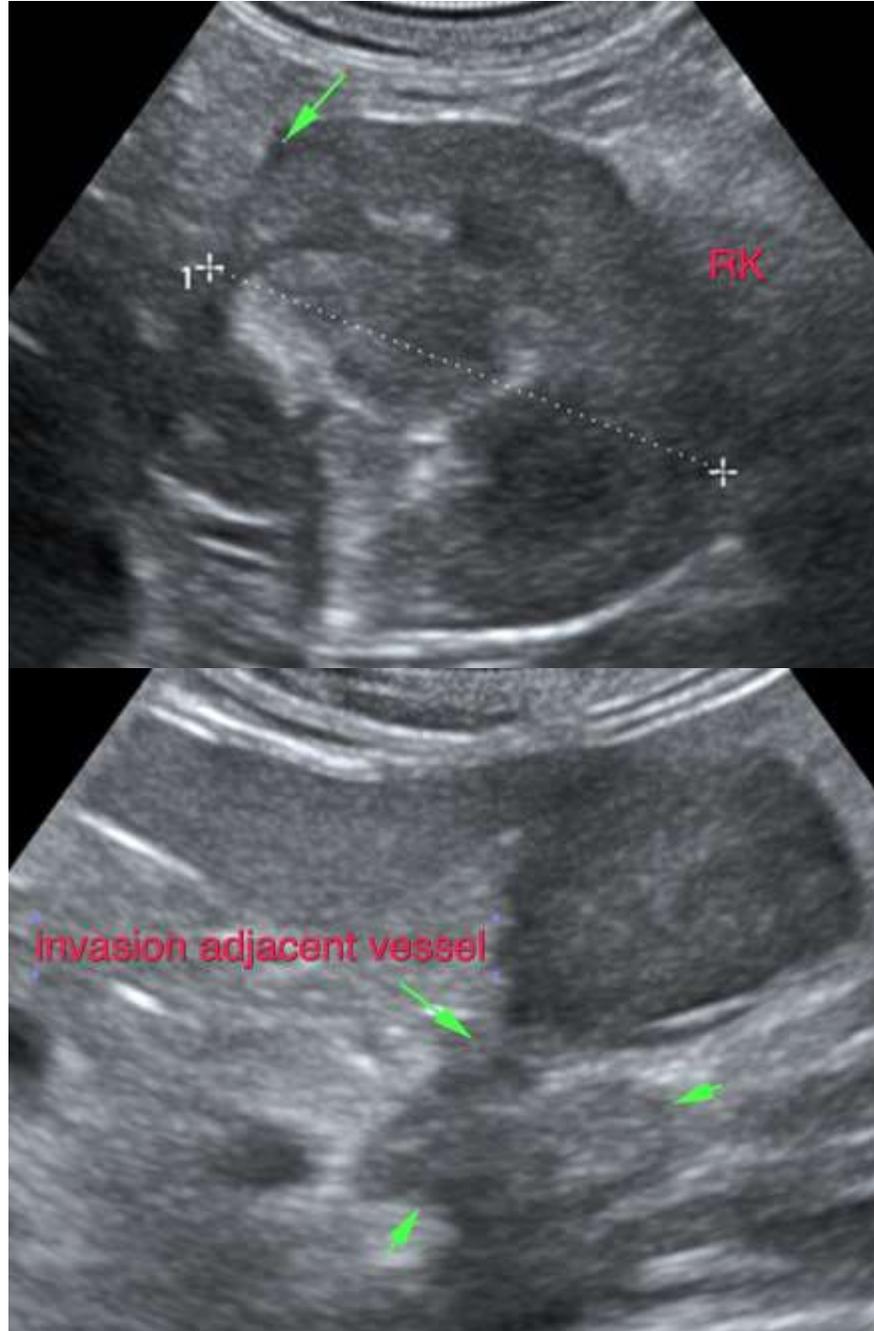
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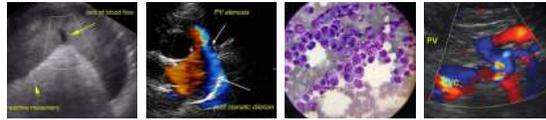
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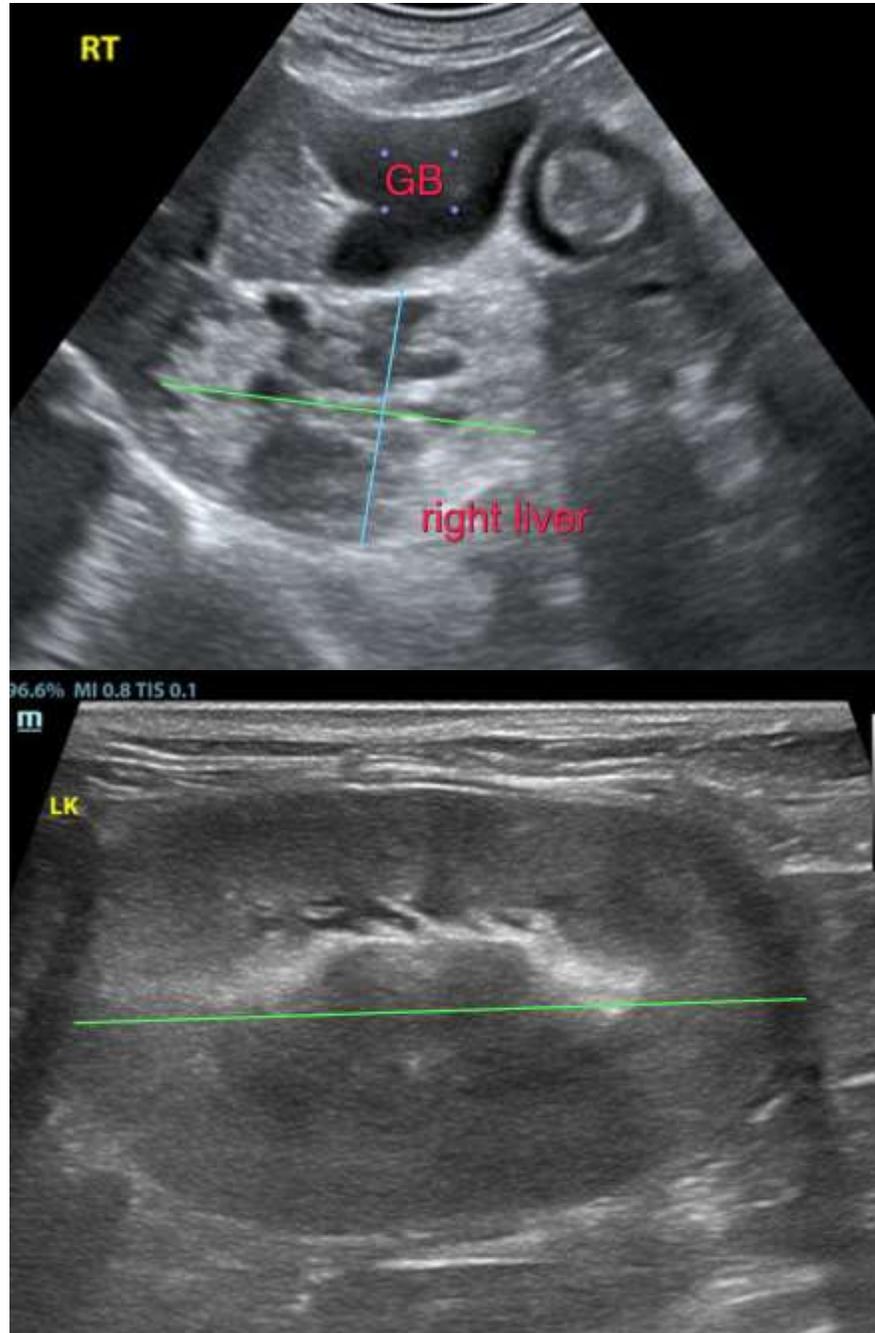
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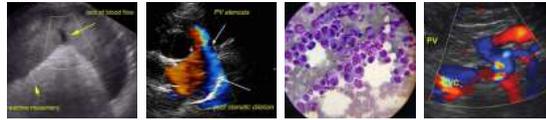
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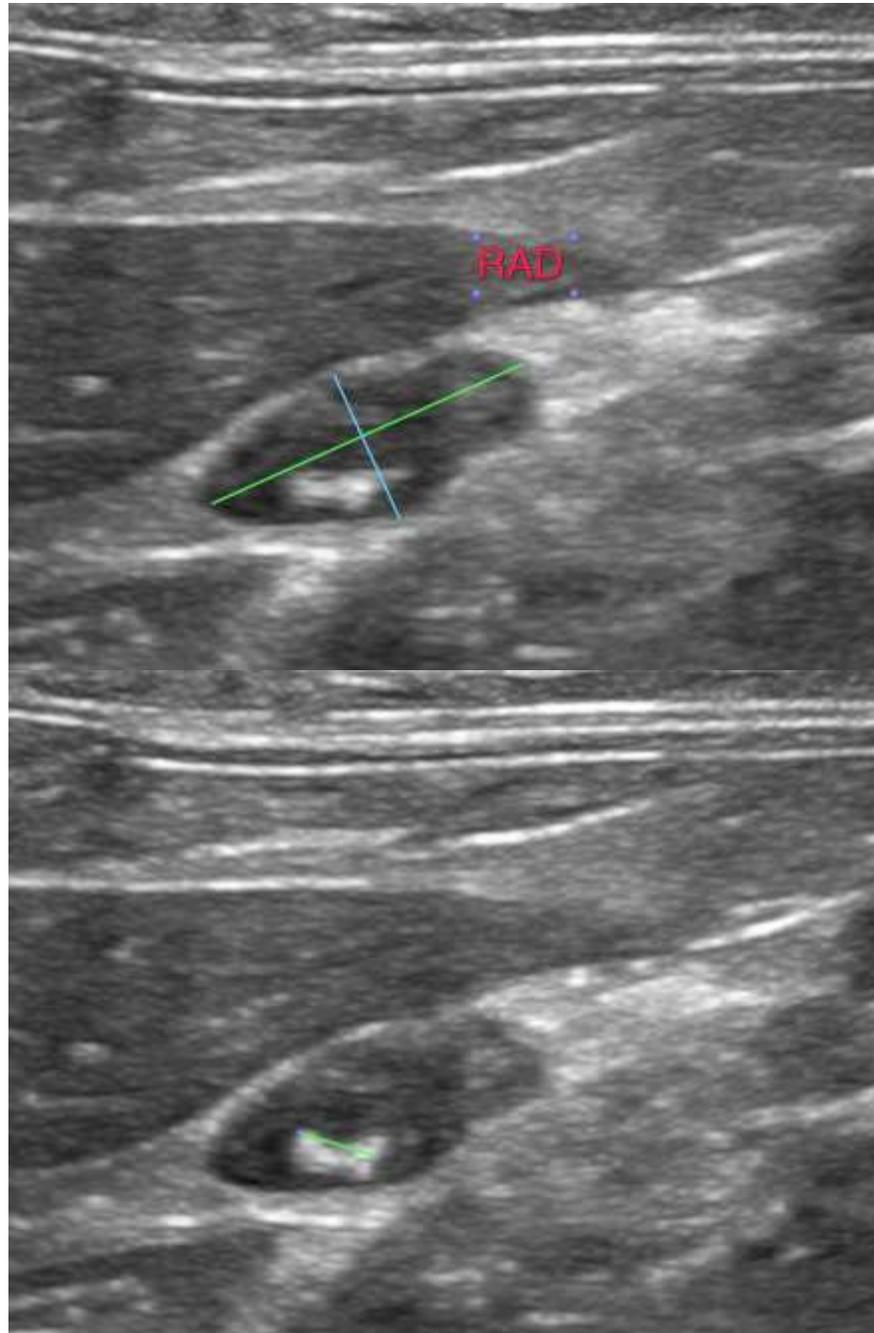
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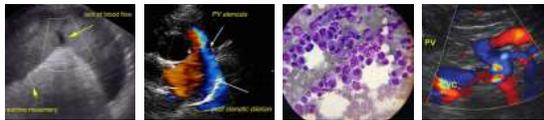
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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