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Clinical Sonography & Telecytology
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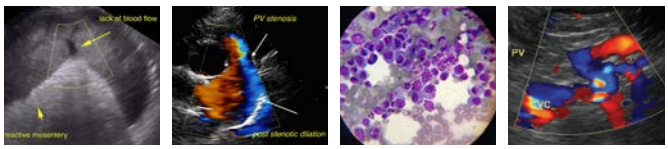

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Molly Centrella

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
12.5 Years

WEIGHT
45.6 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
41856

DATE
10/5/22

PRESENTING CLINICAL SIGNS

3-4 week history of decreased appetite, licking at lips, occasional hacking cough and diarrhea. Symptoms improved with omeprazole initially, but in last 48 hrs barely eating . CBC / Chem and chest rads unremarkable. Normotensive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal).

Adrenal Glands

The left adrenal gland is identified in its normal locations. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The cranial pole measures 4.6 mm. The caudal pole measures 5.2 mm.

The right adrenal gland is identified in its normal location. There is a mixed echogenic mass arising from both the cranial and caudal poles of the right adrenal gland, measuring 2.3 cm x 1.9 cm.. Vascular invasion is not evident. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring up to 2.0 cm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal (3.2 mm in thickness) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Jejunum measures up to 5.4 mm. Duodenum measures up to 6.3 mm. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.0 mm with intact wall layering. The ileocecal junction is visualized and normal. The descending colon is diffusely corrugated and fluid filled.

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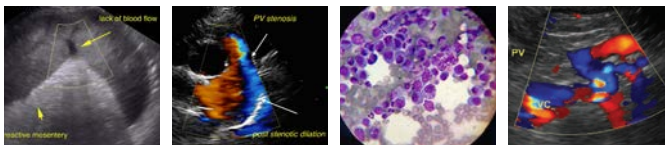

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Right adrenal mass

SECONDARY FINDINGS

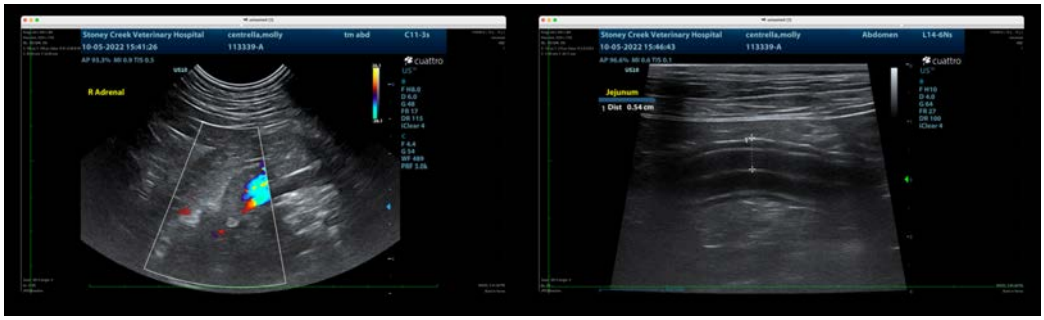
- Mild chronic renal changes
- Mild colitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged right adrenal gland could be consistent with a benign adenoma, adenocarcinoma, pheochromocytoma or hyperplastic change. Given the size and echogenicity, an adrenal malignancy is a concern. Recommendations include:

- ❖ three-view chest radiographs to screen for metastasis
- ❖ blood pressure measurement to screen for pheochromocytoma
- ❖ if signs of Cushing's disease are present, then adrenal function testing (either a low-dose dex-suppression test or ACTH stimulation test) is recommended
- ❖ measurement of urine catecholamine metabolites can help to identify a pheochromocytoma. Availability of this testing has been variable, but may currently be available from Marshfield Laboratories or Idexx Laboratories.
- ❖ fine needle aspiration with a 25G needle could be considered if a coagulation profile is normal.
- ❖ further assessment via CT scan would also be warranted, especially if adrenalectomy is a consideration.

The changes to the kidneys and colon are mild and should be correlated with clinical signs and treated accordingly.



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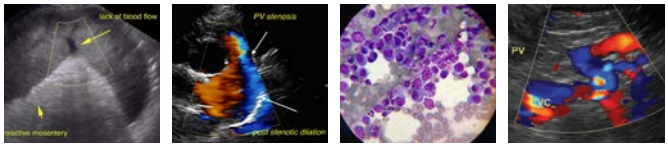

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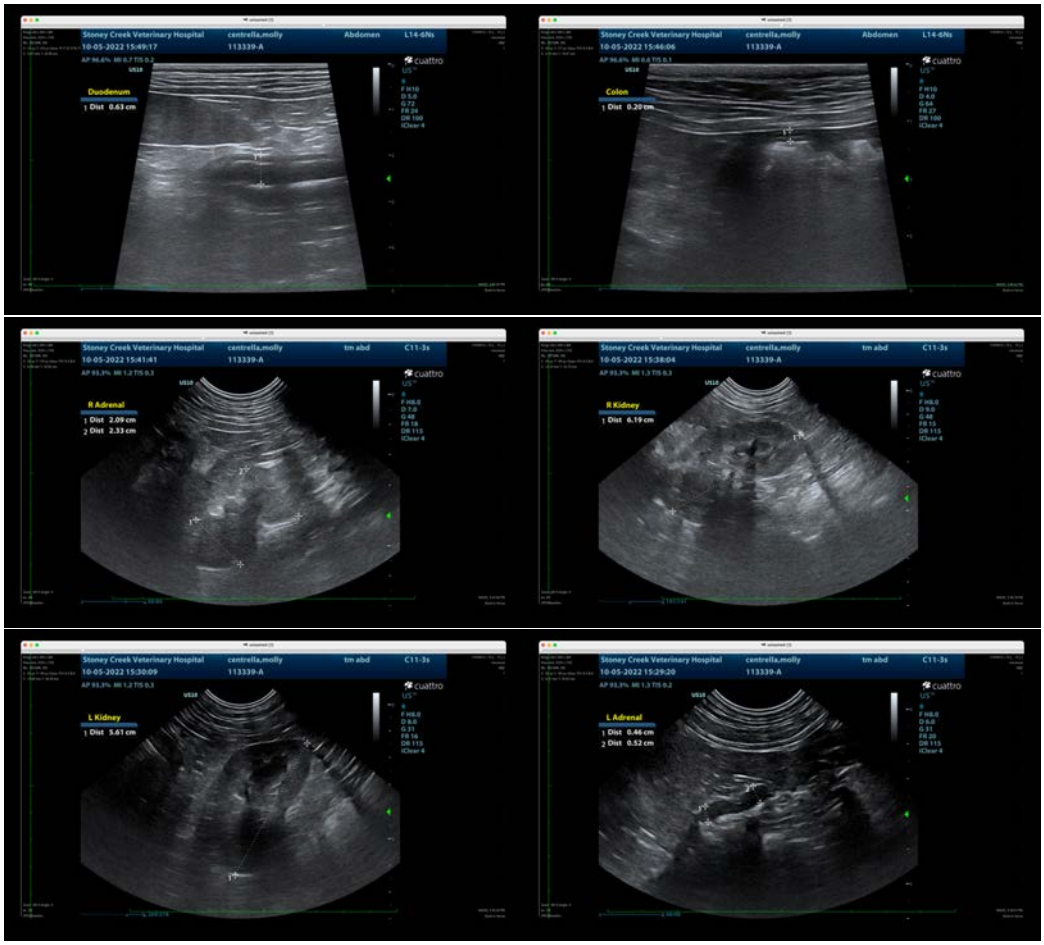

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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