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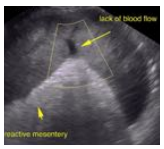
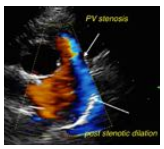
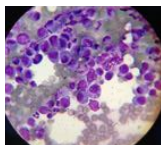
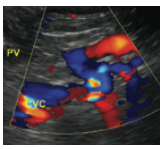
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Dallas Evans

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

9.5 years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mule

INVOICE

43300

DATE

3/14/23

PRESENTING CLINICAL SIGNS

History: 1 month history of vomiting and diarrhea, and progressive abdominal distention. No other diagnostic testing yet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted.

The prostate is not distinctly visualized due to the abdominal distension, it has been displaced into the pelvis.

The left kidney is hyperechoic and exhibits moderately decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.4 cm in length.

The right kidney is effaced by the presence of a large inhomogenous mass. Only the caudal pole of the right kidney is distinctly visualized and has normal profusion and no evidence of nephrolithiasis or mineralization.

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 left adrenal gland height is (4.7) mm at the cranial pole and (5.1) mm at the caudal pole. The right adrenal is not distinctly seen and is likely the origin of the large abdominal mass described below.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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.

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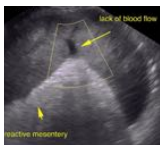
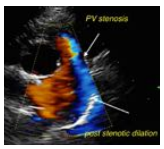
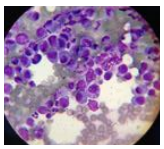
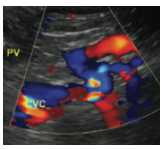

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Gastrointestinal

The stomach is empty. The gastric wall hass 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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not visualized.

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 a 20 cm diameter, inhomogenous, encapsulated mass that fills most of the abdominal cavity and appears to originate from the right retroperitoneal space. The omentum and intraabdominal fat are hyperechoic and there is a moderate amount of hypoechoic fluid throughout the abdomen. The aortic trifurcation has normal blood with no evidence of thrombosis. The abdominal lymph nodes appear unremarkable.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large right retroperitoneal mass with associated regional peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is most likely adrenal in origin. Given the size and location it is highly unlikely that surgical resection would be possible, though the CT can be considered to confirm this. Palliative care with appetite stimulants, antiemetics, and other supportive care would be recommended.

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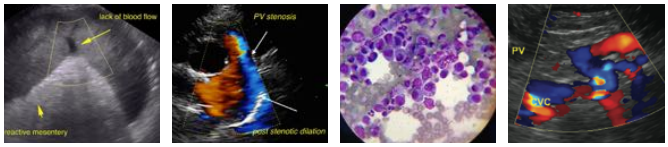

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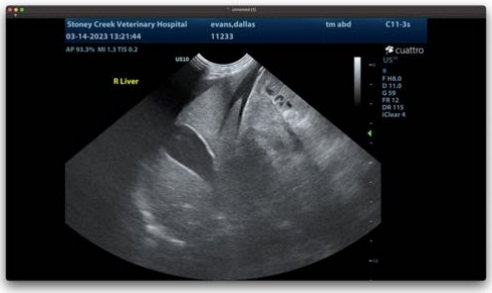

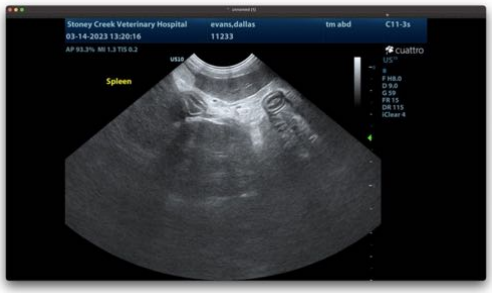

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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