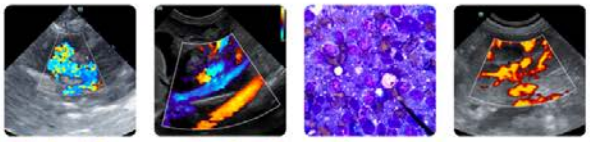


PATIENT

Gizmo Rowe

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

20.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Katie Buchana, VMD

INVOICE

75097

DATE

5/13/26

PRESENTING CLINICAL SIGNS

O reports winded/exercise intolerance. BW showed anemia and elevated LES, radiographs concerning for possible mass effect/enlarged left kidney and cardiomegally. P was fasted for US scan No sedation needed. O elects AUS to R/o neoplasia vs renal dz vs cushings vs other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.46 cm. Right kidney measured 5.46 cm. Multiple (too numerous to count) small cortical cysts are noted bilaterally.

Adrenal Glands

The right adrenal gland appears normal. It is unable to be definitively measured, as the machine is measuring in pixels, but it appears to measure approximately 0.5-0.7 cm at both the cranial and caudal poles.

In the area of the left adrenal gland is an approximately 6.0 cm in diameter, mildly heterogeneous, hypoechoic density/mass that I believe is a left adrenal mass with vascular invasion (see other).

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

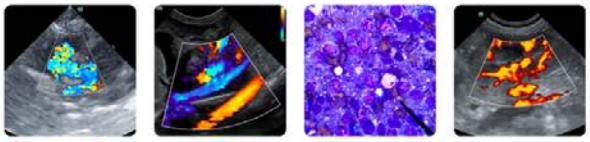
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. *See other.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT

Gizmo Rowe

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

20.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Katie Buchana, VMD

INVOICE

75097

DATE

5/13/26

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Other

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In some views there is a mass (similar in appearance and size to the one described in the area of the left adrenal gland) that appears to be in the cranial abdomen caudal to the stomach, but upon further video review I believe it is the same adrenal mass being seen in a different view, or attached to the suspected adrenal mass versus a 2nd lesion.

In the right cranial abdomen, there is an approximately 3.0 cm wide x unknown length (machine measures in pixels) intracaval echogenic density concerning for a vascular invasion from the suspected left adrenal tumor versus potentially a thrombus.

ULTRASONOGRAPHIC FINDINGS

- The suspected left adrenal tumor with suspected vascular invasion is concerning for a malignant process such as adenocarcinoma or pheochromocytoma. Benign adenoma or even hyperplasia is possible but considered less likely.
- Subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Mild to moderate age related kidney changes with multiple bilateral cortical cysts.

PATIENT

Gizmo Rowe

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

20.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Katie Buchana, VMD

INVOICE

75097

DATE

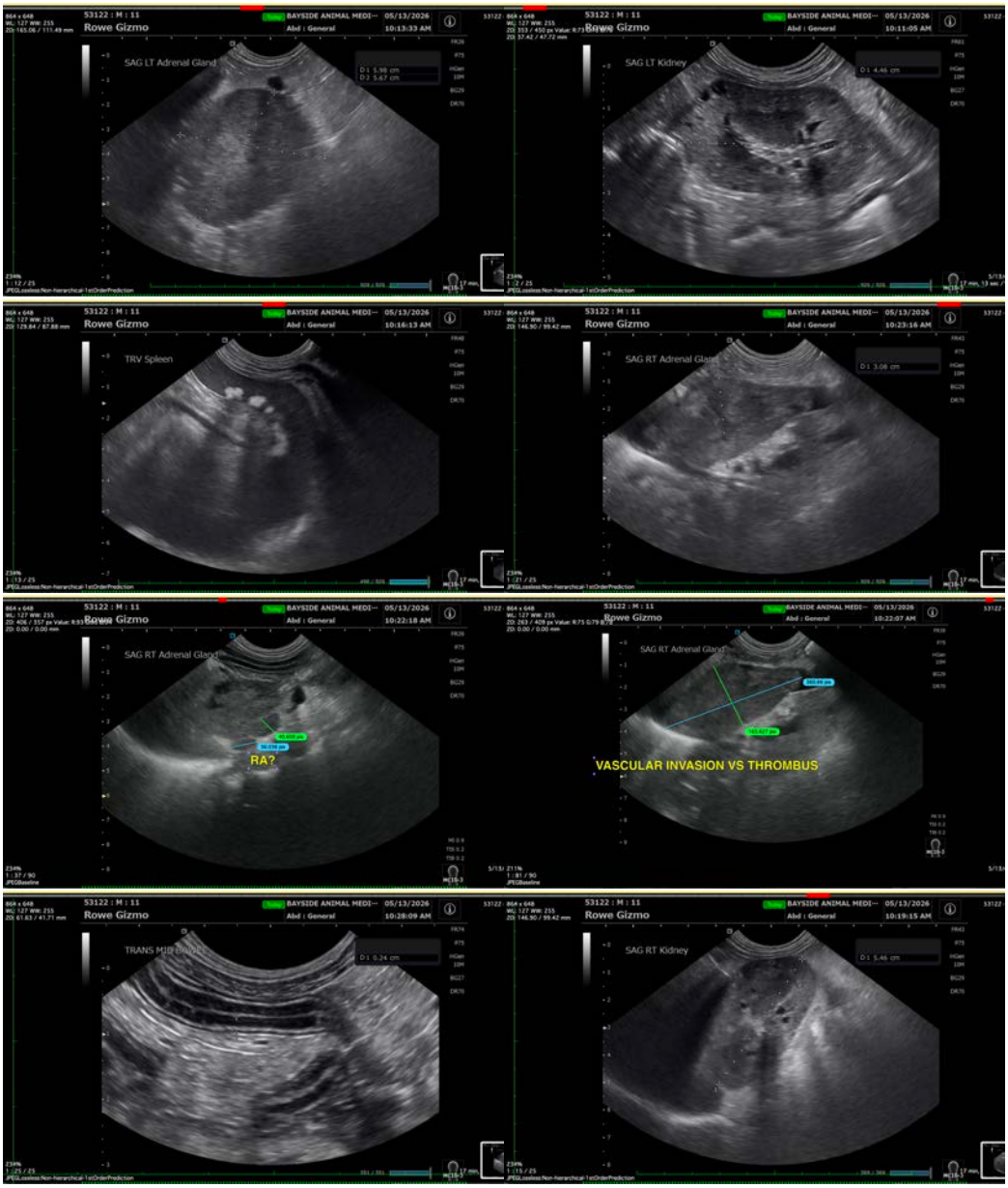
5/13/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure is recommended if not recently evaluated.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the mass could be considered if patient's coagulation status is appropriate. Hormone testing is recommended, beginning with a low-dose Dexamethasone suppression test. Ultimately, however, especially if surgery is indicated and pursued, a staging abdominal contrast CT scan may be warranted.



PATIENT

Gizmo Rowe

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

20.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

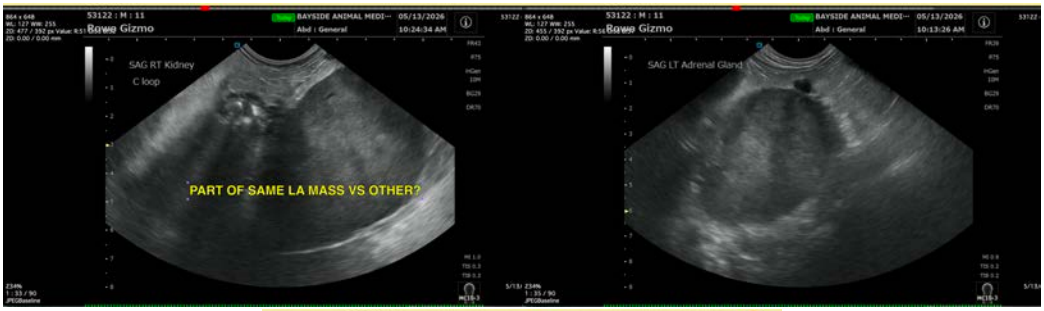
Katie Buchana, VMD

INVOICE

75097

DATE

5/13/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com