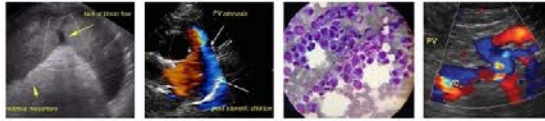


PATIENT	PRESENTING CLINICAL SIGNS
Patches Baird	Chronic Renal Failure, Pancreatitis Current Medications Cerenia, SQ Fluids, Provable, Mirtazapine
SPECIES	Abnormal PE/Chem/CBC/UA Results: PLi abnormal CBC: anemia, neutrophilia Biochem: SDMA very high, elevated creatinine, urea, and phosphorous IRIS stage 4 elevated amylase/lipase
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Lhasa Apso	Urinary System
SEX	The urinary bladder is moderately 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.
Neutered Male	Prostate is normal in size, echotexture and echogenicity for a neutered male.
AGE	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. The right kidney measures 3.71 cm. The left kidney measures 3.1 cm.
15 Years	
WEIGHT	Adrenal Glands
6.5 kg	In the area of the right adrenal gland, there is a 2.7 cm x 3.7 cm heterogeneous expansive mass with suspected caval invasion.
INTERPRETED BY	The left adrenal gland is normal in size (0.60 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Kelly Reschny	The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Acton Vet Clinic	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.
REFERRING VET	
Dr. Hess	
INVOICE	Gastrointestinal
44760	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
DATE	
8/17/23	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



PATIENT

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Patches Baird

SPECIES

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

Canine

BREED

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

Lhasa Apso

SEX

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Neutered Male

AGE

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

15 Years

WEIGHT

There is no apparent lymphadenopathy noted in these images.

6.5 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Suspect right adrenal mass with caval invasion – Most concerning for infiltrative neoplasia such as carcinoma versus possibly pheochromocytoma versus other. While the mass is believed (based on location) to be right adrenal gland, origination from other surrounding tissue can't be definitively ruled out, and advanced imaging could be considered.
- Age related kidney changes

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported azotemia, and if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Kelly Reschny

HOSPITAL NAME

A blood pressure is also recommended if not recently evaluated.

Acton Vet Clinic

REFERRING VET

Further evaluation of the right cranial (suspect right adrenal) mass is recommended in the form of an abdominal contrast CT scan, to help further guide therapeutic recommendations.

Dr. Hess

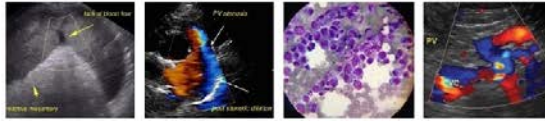
INVOICE

If further, more invasive intervention is declined, then management of any comorbidities such as hypertension, proteinuria, gastrointestinal signs, etc. supportively/symptomatically is recommended based on quality-of-life response.

44760

DATE

8/17/23



PATIENT

Patches Baird

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

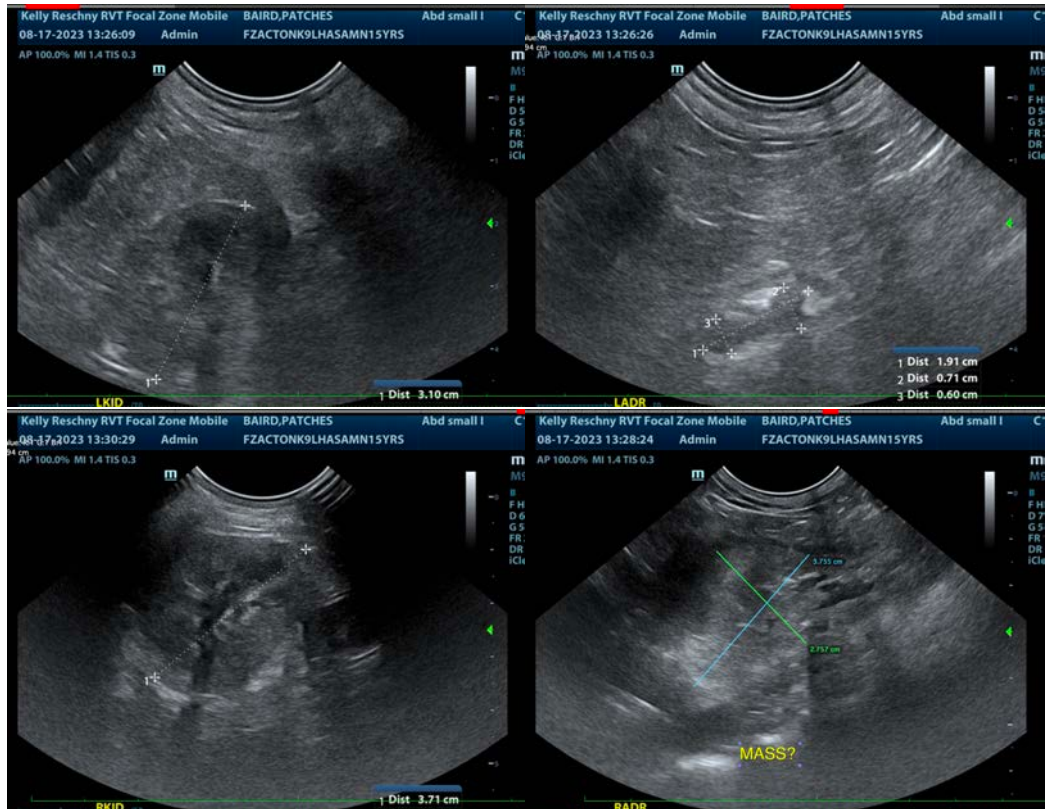
Dr. Hess

INVOICE

44760

DATE

8/17/23



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