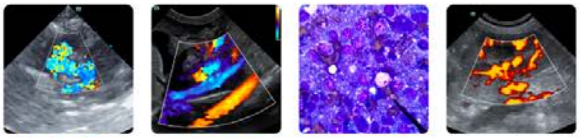


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Indie Armstrong

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

71.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

72411

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Doing very well, in for health exam and spleen is enlarged on palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization and resolution of the right kidney was severely limited making assessment and measurement possibly inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. Left measures 5.96 cm. Right measures 5.42 cm.

Adrenal Glands

The right adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 2.28 cm in length x 0.66 cm at the caudal pole and 1.13 cm at the cranial pole.

The left adrenal gland is generally normal in size and shape. The cranial pole contains a hyperechoic nodule measuring approximately 1.0 cm x 0.60 cm. Visible phrenic vasculature is unremarkable. Left measures 2.34 cm in length x 0.54 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

PATIENT

Indie Armstrong

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

71.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

72411

DATE

12/9/25

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

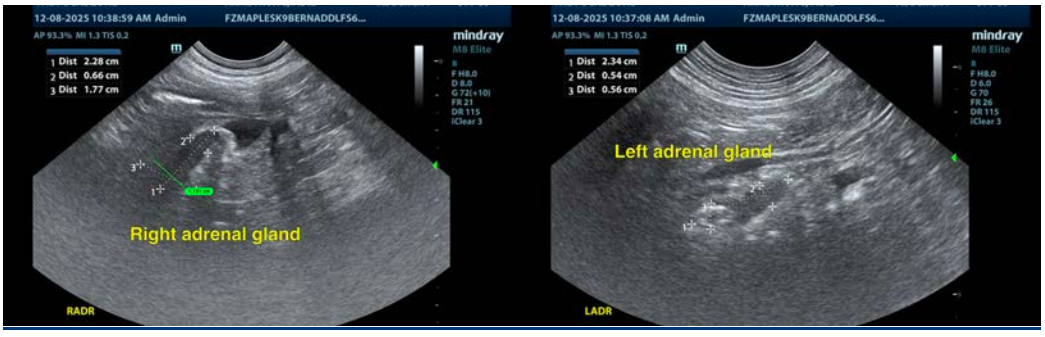
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule in the cranial pole of the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen was ultrasonographically normal. If clinical suspicion for splenic disease remains, FNA should be considered to further evaluate the spleen cytologically.

Left adrenal gland pole changes are most consistent with an early adrenal mass which may be malignant or benign. It appears subjectively resectable with capsular expansion without obvious capsular escape or vascular invasion. Pre-surgical abdominal CT for surgical planning and thoracic CT for metastasis screen is recommended. Differentials owing to sonographic architecture and clinical history include carcinoma, pheochromocytoma, adenoma, hyperplasia, cortisol secreting tumor, myelolipoma less likely. Adrenal gland function testing (ACTH stimulation test and/or LDDST and urine metanephrine screen) should be considered to further evaluate functionality. I recommend urine catecholamine screen for pheochromocytoma detection if surgical removal is pursued as pre-surgical treatment of pheochromocytoma is essential. It is possible to have both cortisol and catecholamine secretion from the same adrenal tumor so presence of hypercortisolemia does not obviate the need for presurgical urine metanephrine screening. Serial ultrasound in evaluations (every 2-3 months) for progression could alternatively be considered.



PATIENT

Indie Armstrong

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

6 Years

WEIGHT

71.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Maples Animal Hospital

REFERRING VET

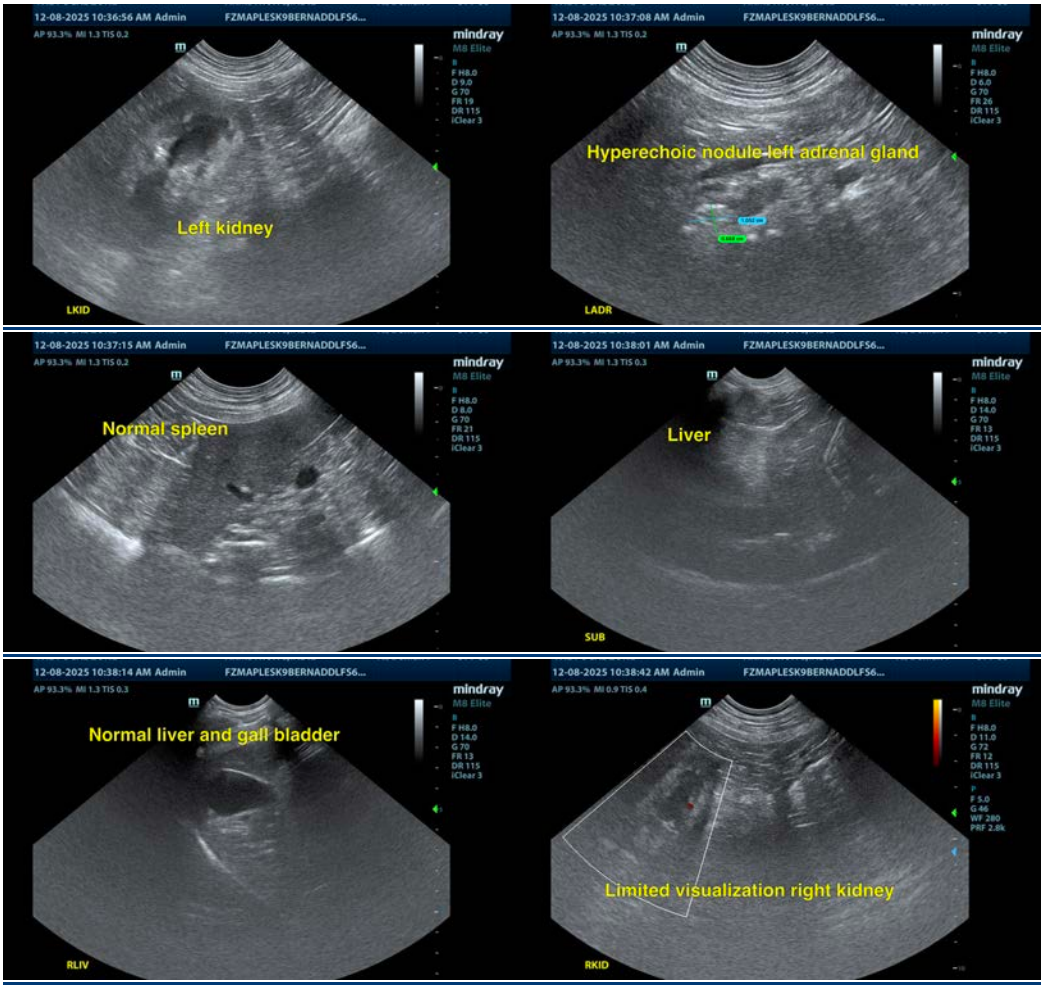
Dr. Kazienko

INVOICE

72411

DATE

12/9/25



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com