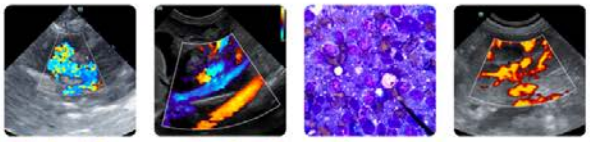

PATIENT

Eskie Bucknor

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

13

WEIGHT

9.2 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE

72162

DATE

11/27/25

PRESENTING CLINICAL SIGNS

PU/PD x 3 wk Cushings suspect, urinated in the house.

Abnormal PE/Chem/CBC/UA Results: ALT 576 rr 18 - 121 U/L ALP 2,252 rr 5 - 160 U/L GGT 134 rr 0 - 13 U/L Cholesterol 10.6 rr 3.4 - 8.9 mmol/L Lipase 505 rr 0 - 250 U/L Specific Gravity 1.006 1.030 - 1.098 inactive sediment T4 normal 15.8 13.0 - 53.0 nmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. with a smooth capsule contour. The bladder wall appeared normal in thickness and layering. There is a small amount of inflammation at the trigone by the serosal surface and/or a distal ureter. The ureters themselves appeared normal. The visible urethra was normal.

The residual prostate appeared normal in size, shape and echogenicity. There was a single hyperechoic foci within the prostate parenchyma, which was non-shadowing and non-obstructive.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length. There were diffuse pinpoint hyperechoic densities in the renal cortex. These may represent cortical mineralization, fibrosis or microinfarcts. The kidneys appeared subjectively hypervascular on power doppler assessment.

Adrenal Glands

Unilateral enlargement of the left adrenal gland was present. The capsule contour was asymmetrical and irregular in shape. The parenchyma of the enlarged adrenal gland presented a mixed echotexture with nonuniform changes. There was visible phrenicoabdominal vascular occupation including extension into the caudal vena cava. The enlarged adrenal gland measured 2.3 cm x 3.2 cm. The contralateral gland was normal in size and measured 0.33 cm at the caudal pole and 0.71 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with an overall smooth capsule contour. There were diffuse pinpoint hyperechoic densities in the parenchyma. These may represent mineralization, fibrosis or microinfarcts. There were no overt nodules or masses present.

Liver

The liver was subjectively increased in size with a mildly irregular capsule contour. The parenchyma was heterogeneous with a right-sided isoechoic to heterogeneous mass in the deep liver that measured 3.9 cm in diameter. The mass may be adhered to the diaphragm in areas. There are variably sized smaller isoechoic to hypoechoic nodules in the liver as well, which are minimally disruptive.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

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Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or neoplasia.

Free Abdomen

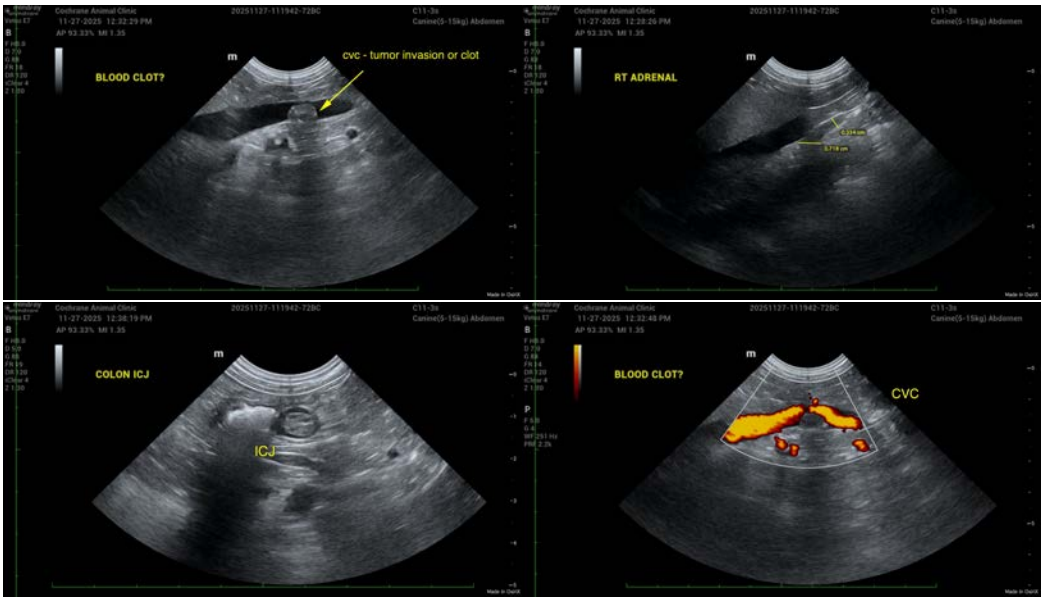
There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mineralizing mass with invasion into the caudal vena cava.
- Right liver mass.
- Separate diffuse nodular changes in the liver – metastasis versus benign nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the visible vascular invasion of the left adrenal mineralizing mass, the most likely causes are malignant, including adenocarcinoma and/or pheochromocytoma. An FNA of the right liver mass could be done to assess if this is a metastatic lesion. 3-view chest radiographs are indicated.
Blood pressure measurement is recommended. A urine metanephrine test could be considered as well.



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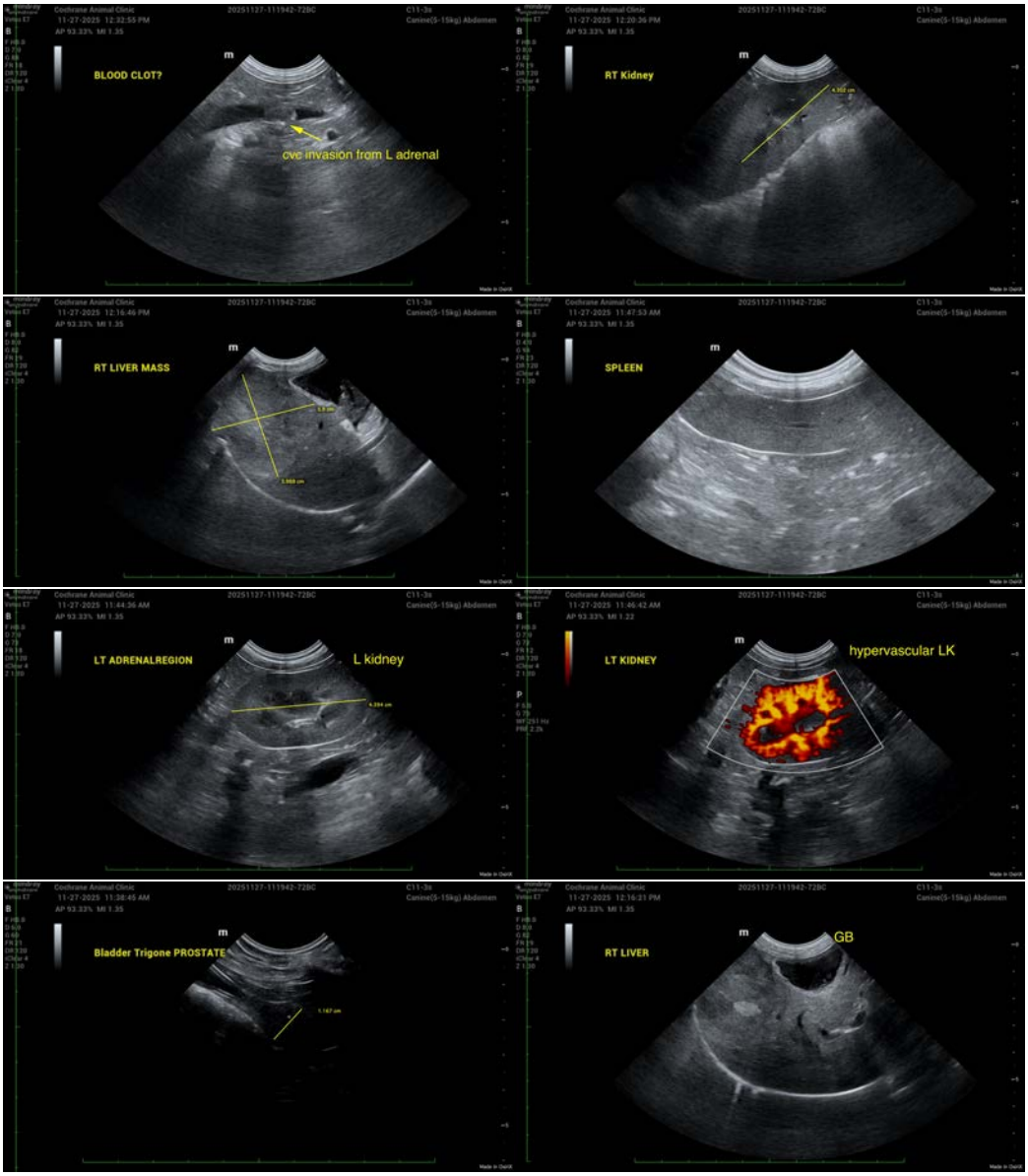

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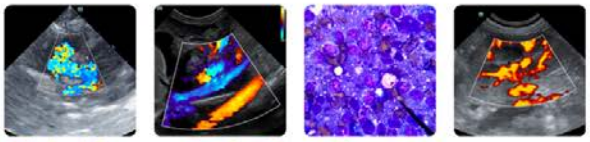

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Educational Teleconsultation Services™

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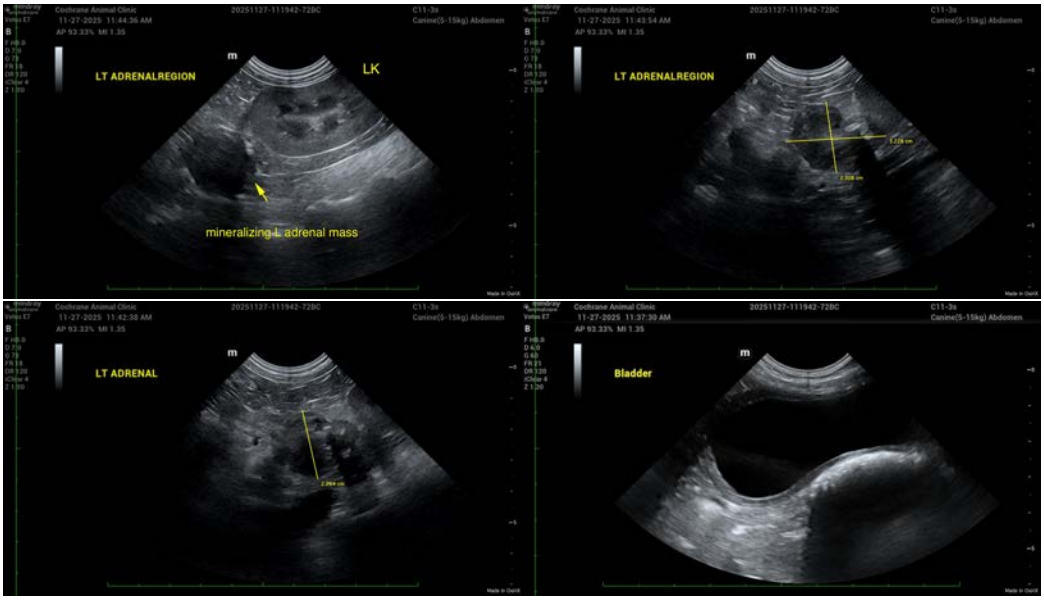

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com