



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bentley Descoteau	History: Bentley presented for decreased energy level, weight loss, and increased urination with persistent microscopic hematuria and hyposthenuria.
<b>SPECIES</b>	Pyuria with bacteruria 3/31, completed a course of AmoxiClav.
Canine	Bentley was on carprofen for DJD, however dark stools were noted so it was discontinued.
<b>BREED</b>	Historically anaplas+ on 4dx.
Newfoundland	Today owner reports PU/PD with decreased energy
<b>SEX</b>	Weight trending downwards - 9/4/25 126, now 120.4
Neutered male	Abnormal PE/Chem/CBC/UA Results: pyuria (WBC 7/HPF) and bacteria in urine noted March 31st
<b>AGE</b>	microscopic hematuria (RBC 40/HPF) and hyposthenuria (1.010 & 1.005) mild elevation in neutrophils (10.028) and decreased lymphocytes (0.759), presumed stress leukogram and mild increases in ALKP (342)/ GGT (14) with a decreased ALT (16). Mildly elevated cholesterol (369)
10 years	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>WEIGHT</b>	<b>Urinary System</b>
120 lbs	The <b>urinary bladder</b> was large in size potentially consistent with the patient having a history of polydipsic and polyuric.
<b>INTERPRETED BY</b>	The <b>kidneys</b> revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>6.7 cm</u> and the right kidney was <u>8.65 cm</u> in length.
Kim Radway, DVM, DABVP (Canine/ Feline)	The <b>prostate</b> was ill-defined in the images provided, but appeared to have a width that measured 1.4 cm.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Warner	The <b>left adrenal gland</b> was ill-defined in the images provided but appeared to be enlarged with a more rounded shape and contour. There was a slight mixed echogenicity to the cranial pole. The left adrenal gland appeared to measure <u>3.96 cm by 2.9 cm by 1.71 cm</u> . The <b>right adrenal gland</b> maintained normal size, shape and echogenicity measuring <u>2.58 cm by 0.97 cm by 0.76 cm</u> in size.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
VT NH Vet Clinic	The <b>spleen</b> presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. In the images provided the splenic parenchyma did not show discrete evidence of splenic masses or nodules. There was a large, round, hypoechoic mass located between the spleen and left kidney measuring 8.45 x 8.25 cm. The mass may be originating from the tail of the spleen; however, the specific point of connection to the organ that the mass is originating from was not specifically identified. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. McNamera	
<b>INVOICE</b>	
74943	
<b>DATE</b>	
4/28/26	



## PATIENT

Bentley Descoteau

## SPECIES

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Neutered male

## AGE

10 years

## WEIGHT

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The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

### *Gastrointestinal*

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

### *Pancreas*

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Large solid mass in the region of the spleen between the left kidney and tail of the spleen. Left adrenal gland appeared to be enlarged and possibly representing an adrenal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Since the patient was large in size and difficult to scan, it is recommended to consider referral for an abdominal CT scan. This will better determine the organ that the large solid mass between the left kidney and spleen is originating from and determine if this is a splenic mass. It is also recommended to pursue additional imaging through a CT scan in order to confirm if the left adrenal gland is enlarged and consistent with an adrenal gland mass. A low-dose Dexamethasone suppression test can be considered in order to determine if there is evidence of hyperadrenocorticism secondary to a left adrenal mass. This may explain the recent urinary tract infections and increased urination that this patient has presented with clinically. If a CT scan is declined then an exploratory surgery can be considered in order to determine the organ of origination for the mass present in these images. Evaluation of the adrenal gland can be performed at the same time as surgery. A liver biopsy could also be obtained.



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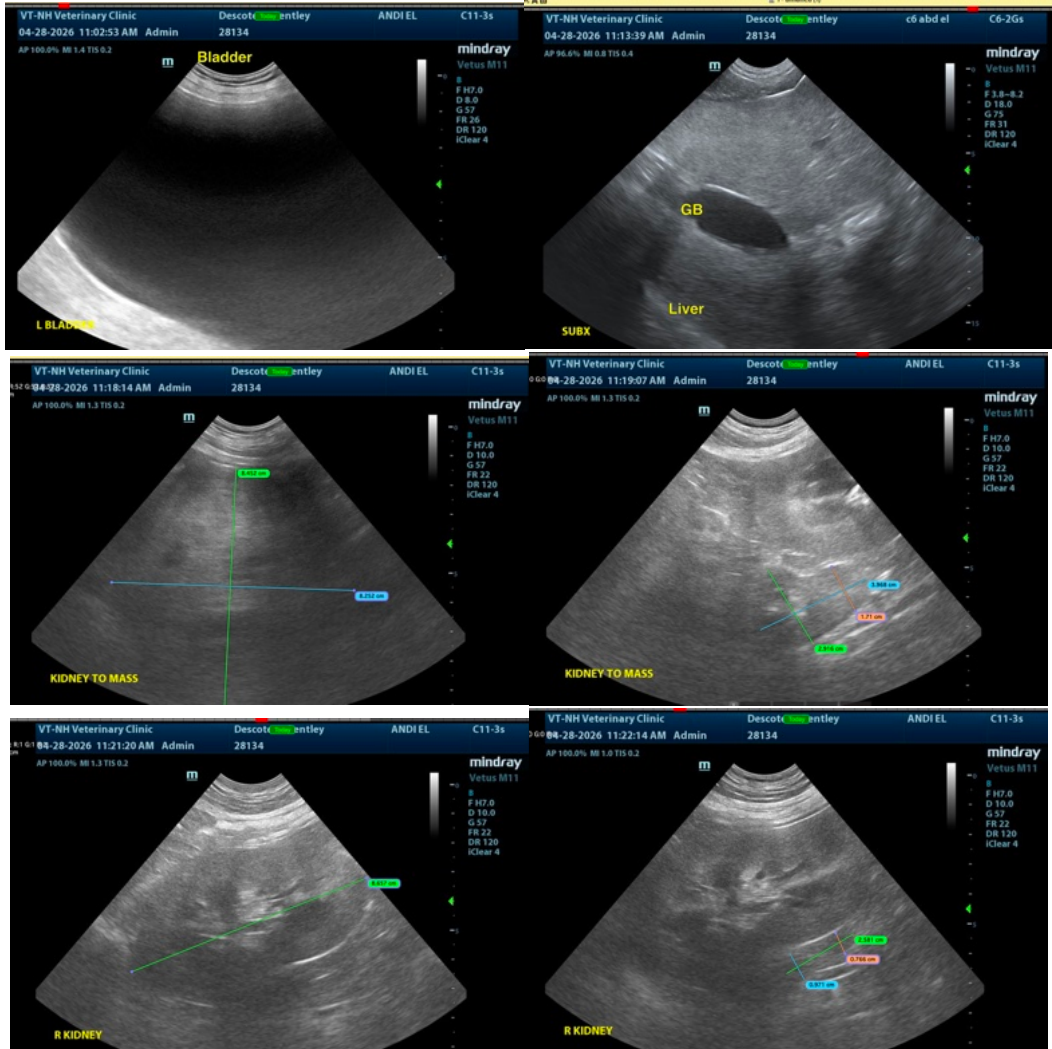
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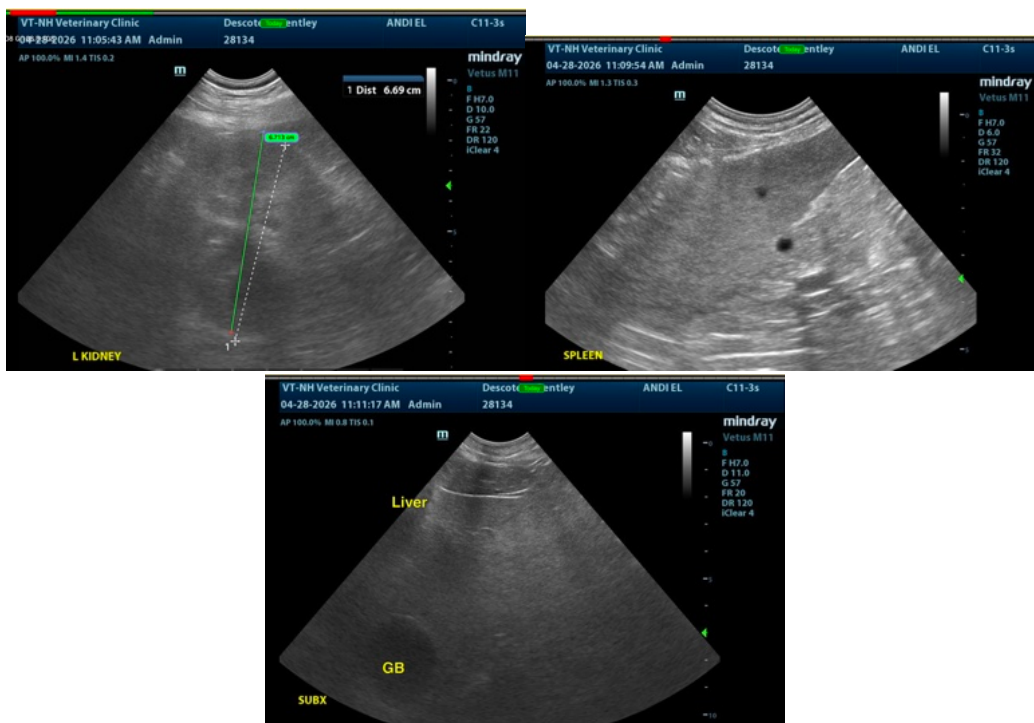
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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