



**PATIENT PRESENTING CLINICAL SIGNS**

Brandy Jackowitz

P had hx of L adrenal mass since 10/2021 which had been noted to be larger when focal AUS repeated in 5/22. P has recently developed PU/PD/PP. P is on Vetoryl 10mg po bid, Soloxine 0.3mg po bid, Ursodiol 250mg qd, Galliprant 60mg qd

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: 10/21: CBC: WNL, Chem: ALP: 247, ALT: 135, triglyc: 901, choles: 374H AUS performed, plz reference results/findings 5/22: CBC: WNL, Chem: ALPL 215H, UA: SG: 1.018, 3+ prot AUS performed, plz reference results/findings discussed catecholamine test for possible pheochromocytoma, not performed at the time 11/22: presented w symptoms CBC: plt ct: 408H, Chem: ALP: 445H, triglyc: 776H, T4: 2.8, UA: SG: 1.015, 4+ prot, quiet sediment LDDs test: pre: 4.5, 4hr post: 0.9, 8hr post: 3.5, BP: 156mmHg Vetoryl started 10mg po bid in late november, meds had to be stopped due to possible SE (v/d) and unexplained bruising in L groin region, restarted on 12/5 at 10mg BID. 12/19: ACTH stim test, started 5hrs after vetoryl dose: pre: 4.1, post: 8.0 Chem: glob: 3.7H, ALP: 334H, Na: 176H (suspect lab error), triglyc: 327H FASTED.

**BREED**

Lab X

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

12 Years

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**WEIGHT**

45.5 Pounds

The left kidney has a normal shape and size (6.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (6.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Megan Cassels-  
Conway

**Adrenal Glands**

The left adrenal gland is large and irregular, measuring 2.6 cm at the cranial pole, 1.11 cm at the caudal pole, and 4.16 cm in length. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that the adrenal gland is large and there is a hypoechoic nodule/mass effect at the cranial pole with some smaller hyperechoic areas. The mass lesion in this region measures 3.25 cm x 2.85 cm (previous measurement of the mass 5/2022 was 2.65 cm x 3.01 cm). There is no evidence of vascular invasion visualized.

**HOSPITAL NAME**

Central Broward AH

The right adrenal gland is normal in size measuring 0.80 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Janeen Lezcano

**Spleen**

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

**INVOICE**

43627

**DATE**

12/21/22



**PATIENT**

**Liver**

Brandy Jackowitz

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules visualized throughout the hepatic parenchyma, varying in size from approximately 0.50-1.5 cm.

**SPECIES**

Canine

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and there is organization and stranding of this debris into a mucocele. There is minimal surrounding inflammation and no obvious free fluid observed. The bile duct is normal/not visible. Findings are consistent with a mucocele. Consider close monitoring and initial medical management.

**BREED**

Lab X

**Gastrointestinal**

**SEX**

Spayed Female

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**AGE**

12 Years

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**WEIGHT**

45.5 Pounds

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

**INTERPRETED BY**

**Pancreas**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

**IMAGING PERFORMED BY**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Dr. Megan Cassels-  
Conway

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Central Broward AH

- Mass effect/nodule on the cranial pole of the left adrenal gland – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other. This lesion appears slightly larger than the previous scan.

**REFERRING VET**

Dr. Janeen Lezcano

- Heterogeneous liver with hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

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- Gallbladder mucocele – This lesion appears stable to slightly progressed from the previous scan 5/2022.

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**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Janeen Lezcano

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**DATE**

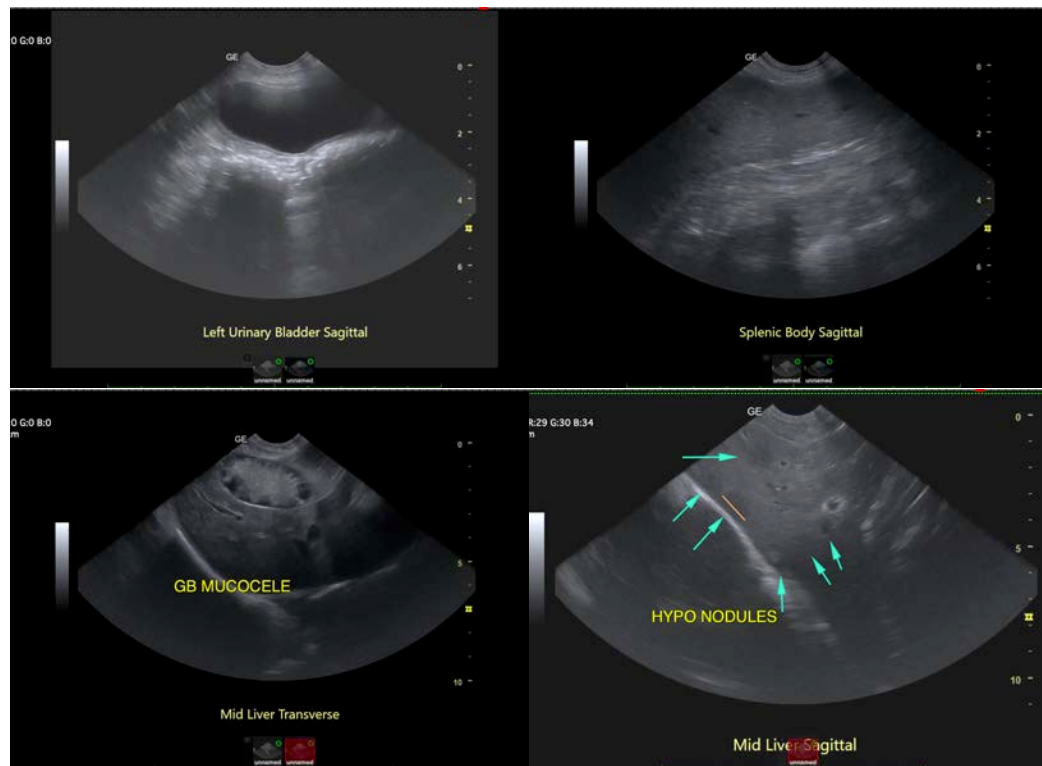
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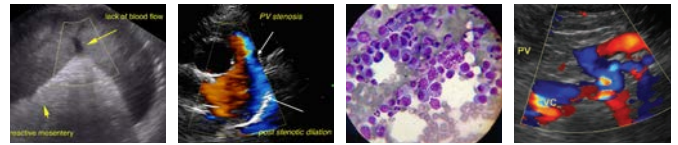
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left-sided adrenal nodule appears slightly larger than the previous scan 5/2022. It is relatively slow growing for an adrenal lesion, making the possibility of a benign lesion more likely. If not done recently, recommend routine 3-view thoracic radiographs and blood pressure monitoring (as I believe you are already doing). A limitation to medical therapy for adrenal masses is that they can be fairly resistant to treatment, requiring higher doses of medication. Close monitoring is warranted.

The liver is persistently heterogeneous, but there are more defined hypoechoic nodules on today's scan. The appearance of these hypoechoic nodules trends towards a benign appearance. If there is concern, a liver function test and a fine needle aspirate of the liver could always be considered.

The gallbladder is distended with organized intraluminal material, most consistent with a mature mucocele. There is no evidence of surrounding fluid or inflammation currently. Consider continued Ursodiol and close monitoring. If there is abdominal pain, ADR, etc., this pet should be evaluated on an emergency basis for possible progression of this to a surgical lesion.





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**REFERRING VET**

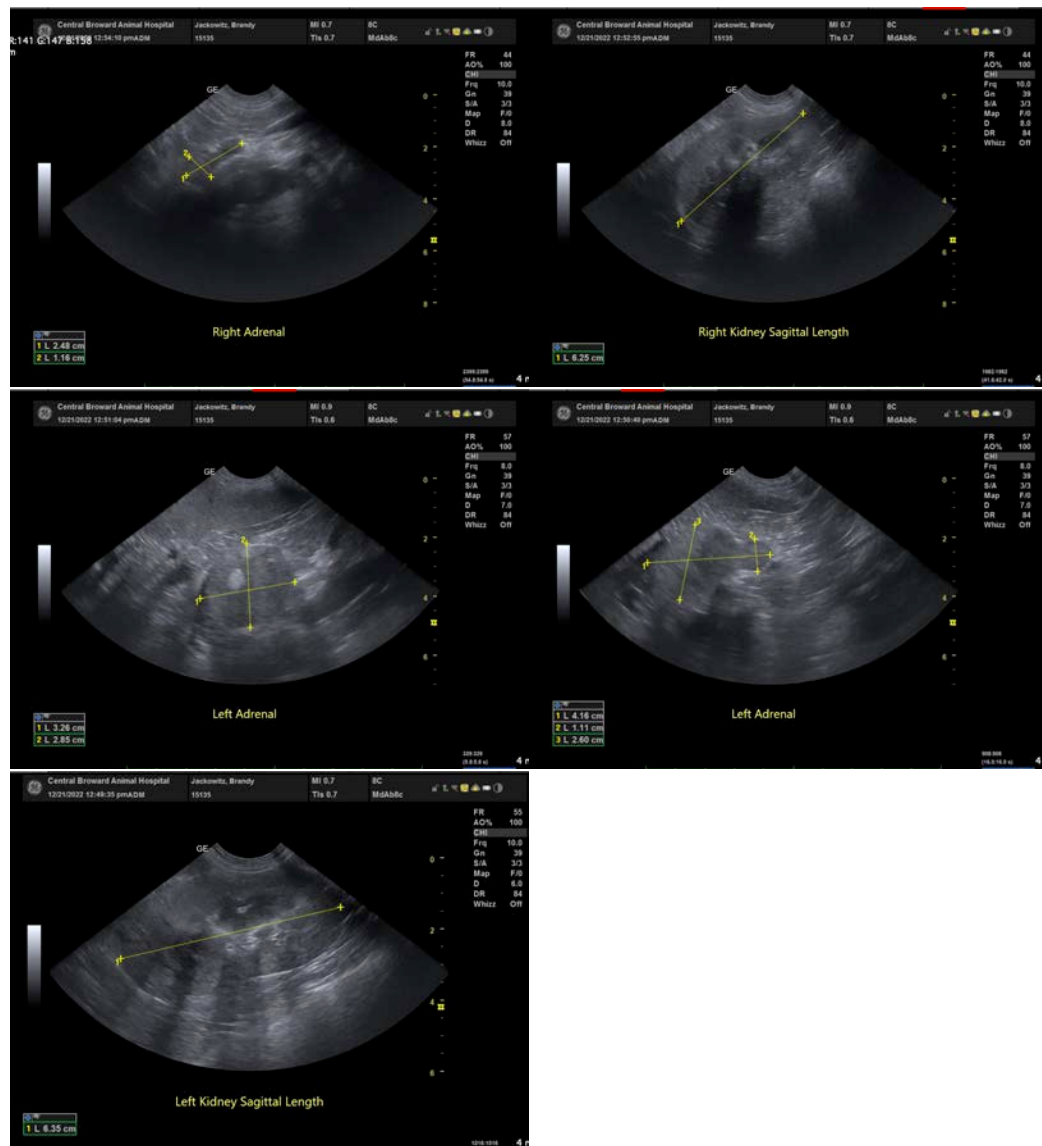
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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