

**PATIENT**

Bootsie Sadd

SPECIES

Canine

BREEDGerman Shorthair
Pointer**SEX**

SF

AGE

12 years

WEIGHT

49 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Emily Jones Guy

INVOICE

15823

DATE

1/12/23

PRESENTING CLINICAL SIGNS

Patient not clinical. ALT and ALKP has continued to increase over time despite Hepato supplement

Abnormal PE/Chem/CBC/UA Results: 11/1/22 Urine SpGr 1.020 1/9/23 ALT 218, ALKP 555- rest of chem panel WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.45 cm width at the caudal pole.

A moderately sized right adrenal mass was present with irregular contour exhibiting nonhomogeneous focally hyperechoic parenchyma, suggestive of potential discrete parenchymal mineralization. Similar appearing soft tissue echo exhibiting concurrent hyperechoic foci was present in the caudal vena cava lumen directly adjacent to the right adrenal mass, measuring approximately 2.0-2.5 cm in diameter. The overall right adrenal gland measured 4.6 cm x 3.6 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic intraparenchymal masses or nodules. The gallbladder was non-

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distended in size containing primarily anechoic content with minor, nonorganized, echogenic, gallbladder debris primarily in the cranial lumen. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass with vena cava invasion
- Bilateral mild chronic renal changes
- Nonspecific yet subjective benign hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, nonobstructive cholestasis, hyperplasia, hematopoiesis, or other hepatopathy, no overt evidence of primary or metastatic hepatic neoplastic criteria
- Sonographically normal gallbladder with minor luminal debris

INTERPRETED BYR. McKenzie Daniel,
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(Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary finding of the invasive right adrenal mass is consistent with neoplastic criteria such as pheochromocytoma, adenocarcinoma, or other with the possibility of mixed pathologies. Screening blood pressure is recommended to assess for evidence of hypertension. Full adrenal workup may be considered if clinical signs consistent with adrenal hyperfunction are present, yet no evidence of left adrenal gland suppression.

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Screening hepatic FNA cytology could be considered for further assessment primarily to assess for evidence of inflammatory cells and rule out the unlikely potential for nonobvious neoplastic criteria.

Given the evidence of vascular invasion, surgical options regarding the right adrenal gland are likely precluded, yet further assessment may include abdominal CT. Three-view chest radiographs are suggested.

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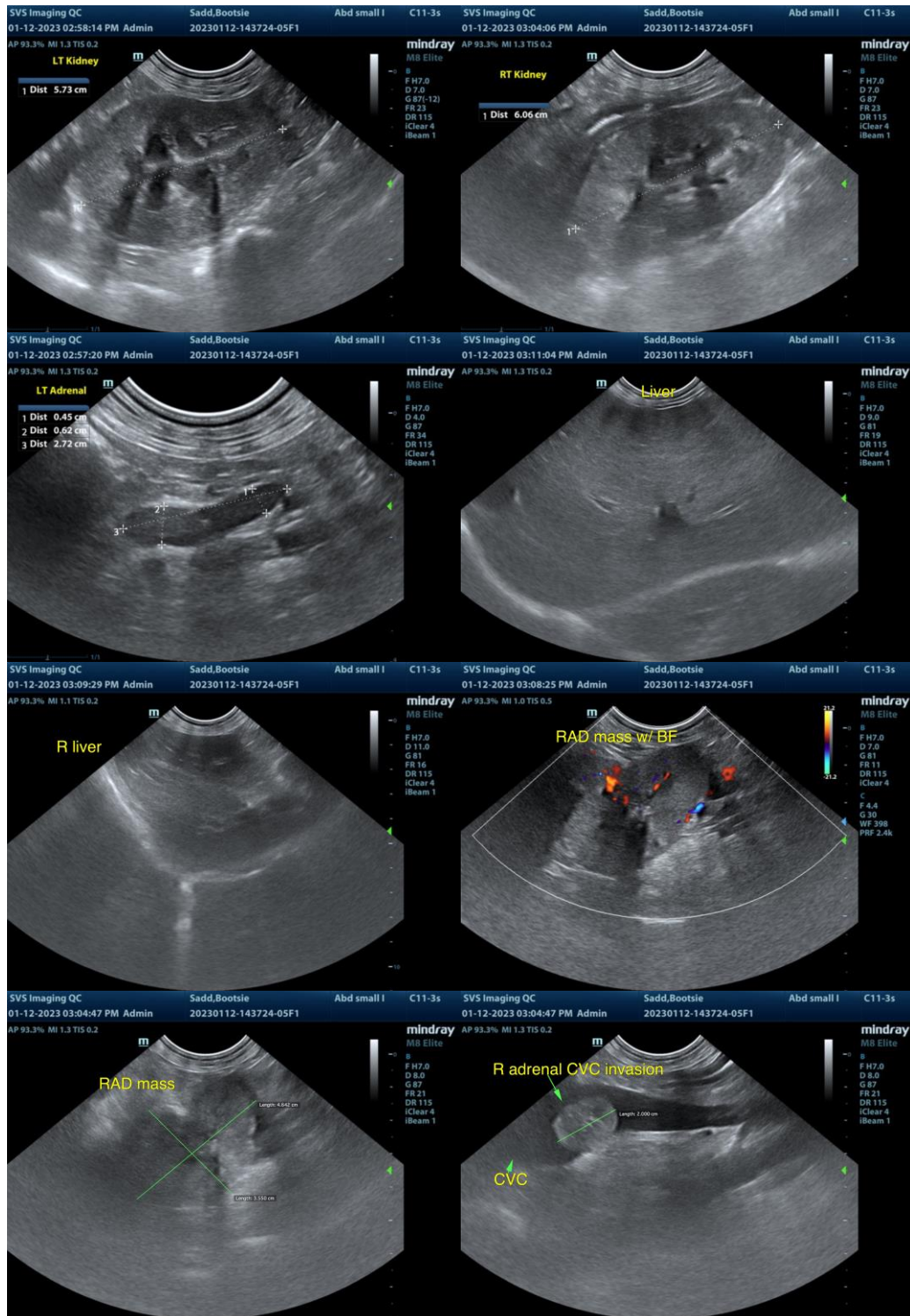
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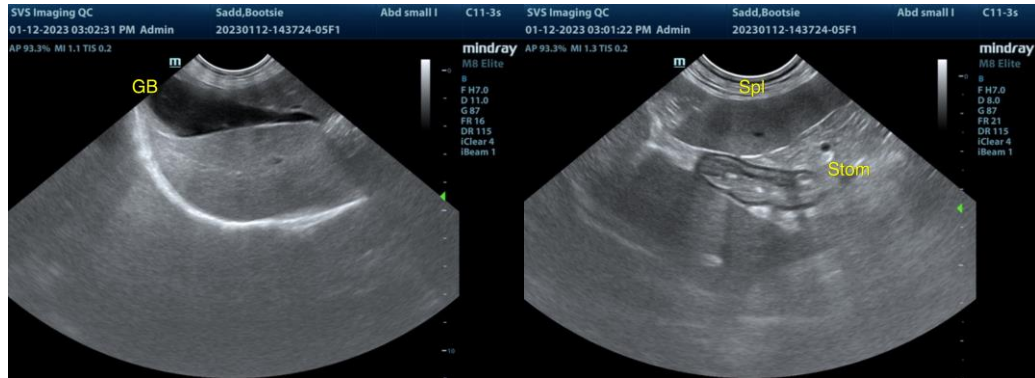
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com