



PATIENT PRESENTING CLINICAL SIGNS

Ozzy Flint History: Recheck AUS to reassess liver due to persistent ALP elevation as well as left adrenal nodule identified October 2022. No clinical signs.

SPECIES Abnormal PE/Chem/CBC/UA Results: Persistently elevated ALP at 2300 for over 1 year.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Shepherd X 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX

Neutered Male The residual prostate was free of pathology.

AGE

11 Years 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 5.4 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT

19.9 kg

Adrenal Glands

Previously noted uniform well-demarcated nonmineralized nodule, occupying the mid to caudal left adrenal gland with mild associated symmetrical capsule distortion was present. The nodule measured 2.3 cm x 1.4 cm. The overall left adrenal gland measured 2.9 cm in length x 1.4 cm at the caudal pole in width.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.62 cm width at the cranial pole.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

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.

HOSPITAL NAME

9th Avenue AC

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Waldman

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The gallbladder was non-distended with anechoic content with minor persistent nonorganized echogenic debris in the cranial dependent lumen. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

1/19/23



PATIENT

Ozzy Flint

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.

SPECIES

Canine

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.

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

Pancreas

BREED

Shepherd X

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 was evident.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

- Mildly progressive left adrenal nodule
- Benign hepatopathy- suspect vacuolar hepatopathy
- Minor persistent gallbladder debris- incidental (non-mucocele)
- Static mild age-related kidneys

WEIGHT

19.9 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
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The previously noted adrenal nodule measured slightly larger compared to the previous study, which may indicate mild progression, although some degree of measurement variability is possible. No evidence of vascular invasion or mineralization. The left adrenal nodule is nonspecific with previously mentioned etiologies still applicable and of unclear clinical significance given the lack of clinical signs suggestive of adrenal hyperfunction.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Assessment and monitoring of systemic blood pressure for evidence of hypertension, which may allude to a left pheochromocytoma +/- catecholamine levels for further assessment may be considered. Continued serial sonographic monitoring of the left adrenal nodule for continued progression or potential referral for further assessment and additional therapy would be reasonable. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial if not currently instituted.

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SPECIES

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BREED

Shepherd X

SEX

Neutered Male

AGE

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WEIGHT

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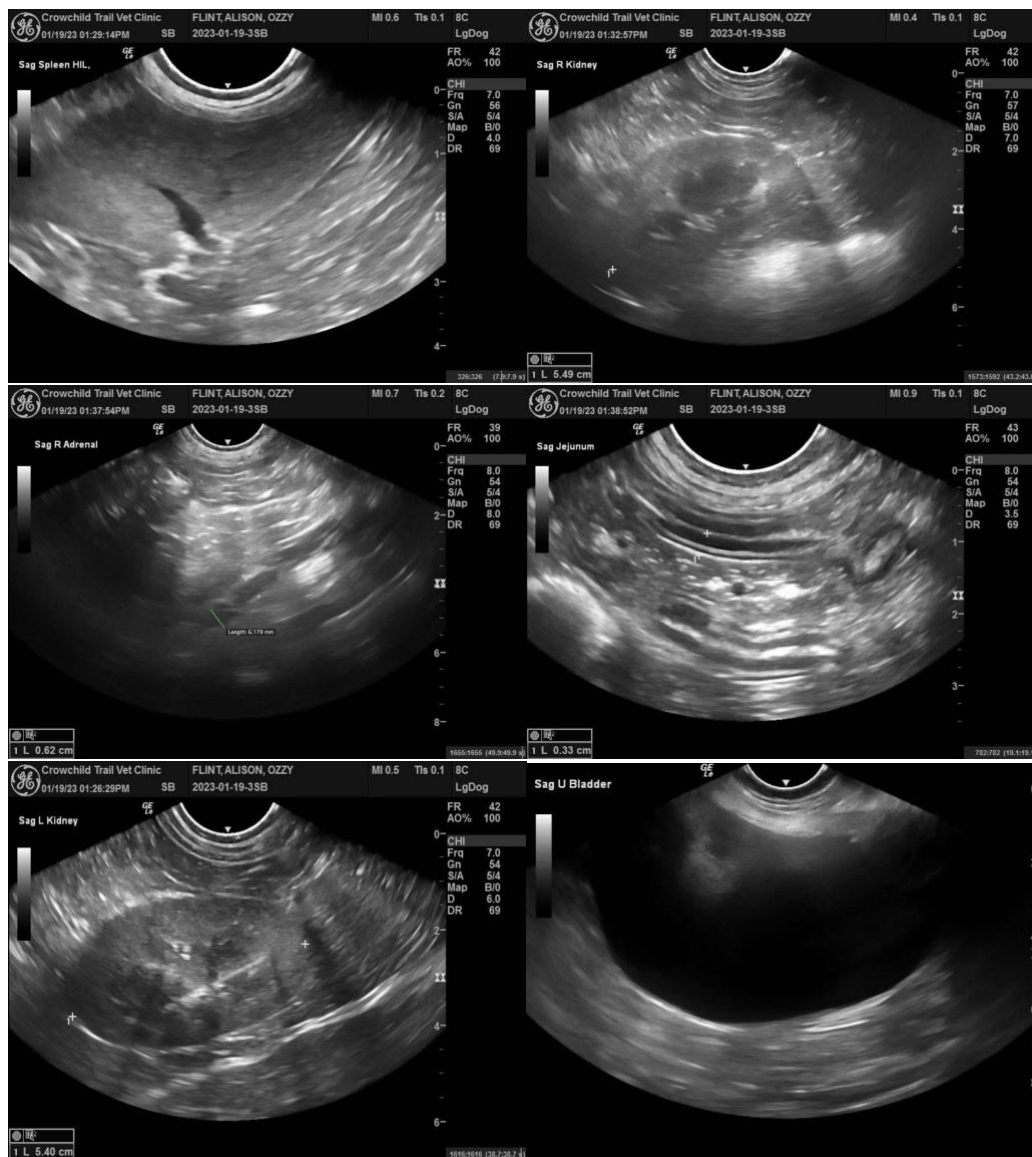
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SPECIES

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BREED

Shepherd X

SEX

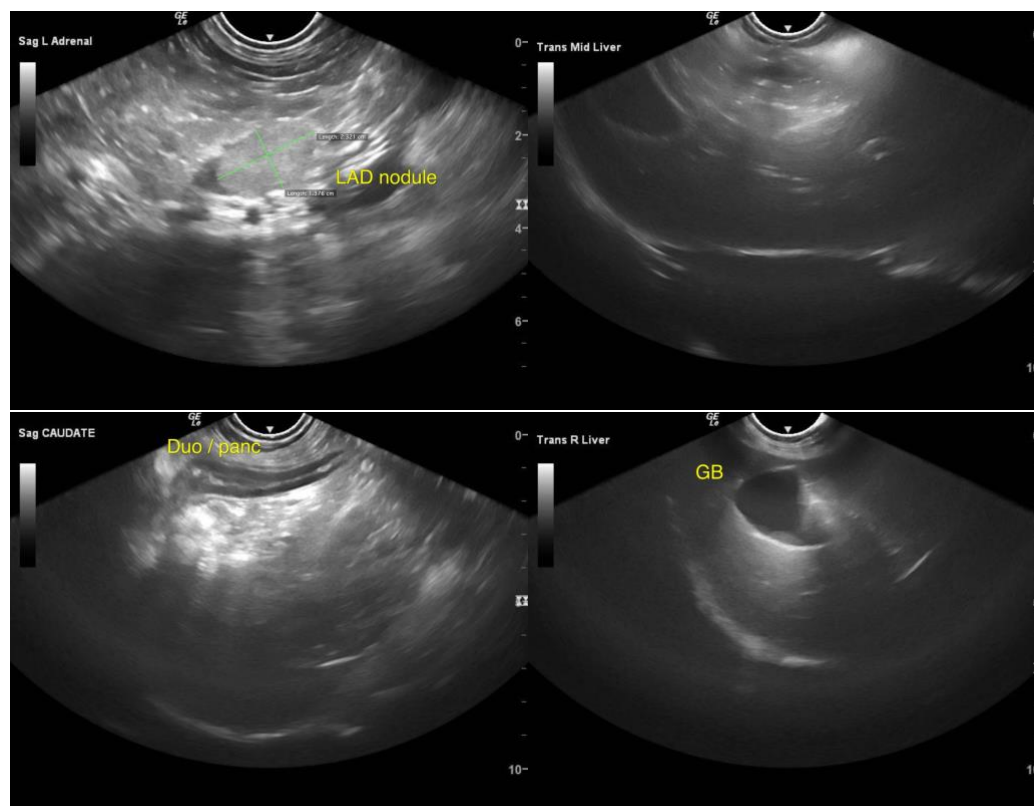
Neutered Male

AGE

11 Years

WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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