



PATIENT

Bella Dynan

PRESENTING CLINICAL SIGNS

History of hepatopathy, body score 7/9. Severe dental disease. On Ursodiol 250 mg/ml 0.35ml SID. Abnormal PE/Chem/CBC/UA Results: ALT 274, ALP 444, GGT<5.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A small sessile-based homogeneous, pinpoint, hyperechoic mass was present in the mid-dorsal urinary bladder wall extending mildly into the urinary bladder lumen measuring approximately 1.3 cm x 1.0 cm. Otherwise, the urinary bladder exhibited sonographically normal urinary bladder walls. Anechoic urine was present with no calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

SEX

FS

No evidence of medial Iliac or sublumbar lymphadenopathy.

AGE

13 years

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length. Pinpoint dystrophic medullary mineral was present. Intermittent, small cortical cysts and mild pyelectasia was present.

WEIGHT

19 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was enlarged exhibiting nonhomogeneous to mixed echogenic parenchyma. Focally expansive, irregular to nodular mass which appeared to connect to the right adrenal gland potentially in the area of the right phrenicoabdominal vein measuring approximately 2.5 cm in diameter was present.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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

Norfolk County
 Veterinary Service

REFERRING VET

Tami Ilovich, DVM

Liver/ Gallbladder

The liver was enlarged in size with nonuniform mildly increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. Focal intraparenchymal thinly walled mildly complex cyst containing anechoic content and mild echogenic debris. The cyst measured 1.8 cm in diameter and did not distort the hepatic capsule. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nondependent, mildly organized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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.

BREED

Maltese

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

- Small sessile-based dorsal urinary bladder mass lesion - polyp, focal cystitis, primary concern for emerging neoplasia i.e., transitional cell carcinoma
- Bilateral chronic renal changes exhibiting minor dystrophic medullary mineral, small cortical cysts, and mild pyelectasia
- Chronic hepatopathy exhibiting nonhomogeneous focally cystic parenchyma
- Mild to moderate nondependent gallbladder debris - possible early mucocele
- Normal left adrenal gland
- Right adrenal mass with possible phrenicoabdominal vein invasion
- Heterogenous pancreas - age/patient variant, benign remodeling, potential for chronic pancreatitis

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DABVP (Canine and Feline)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is most likely consistent with neoplastic criteria i.e., pheochromocytoma, adenocarcinoma, or other. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a right pheochromocytoma. Adrenal workup could be considered if clinical signs consistent with adrenal hyperfunction are present or arise. Screening BRAF Assay is recommended. However, if negative, the possibility of a concerning emerging urinary bladder neoplasia cannot be excluded.

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Continued Hepatosupportive medications including Denamarin and Ursodiol are recommended. Ideally, if possible, abdominal CT for further assessment of the right adrenal mass, if additional clarification is indicated, is recommended.

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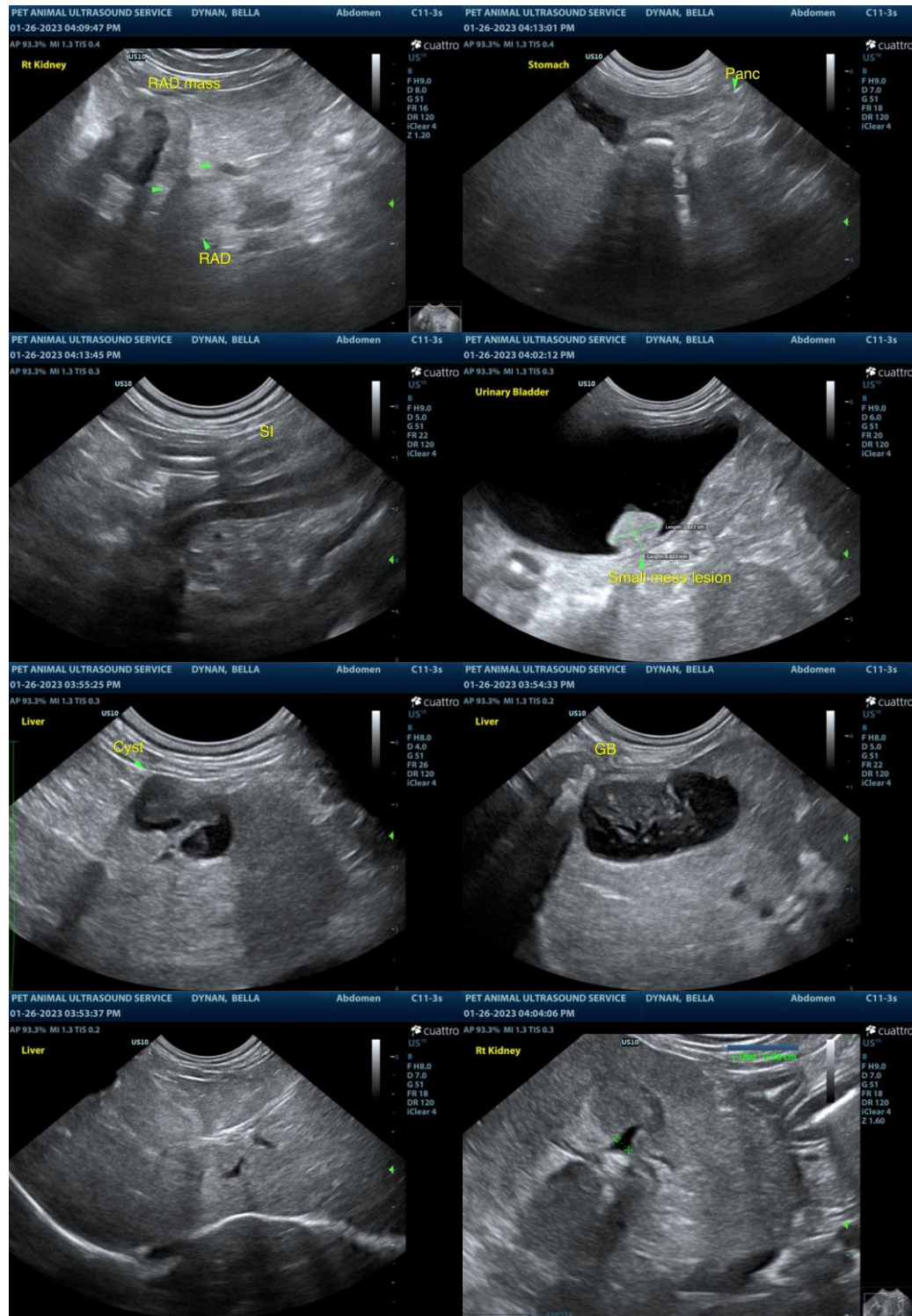
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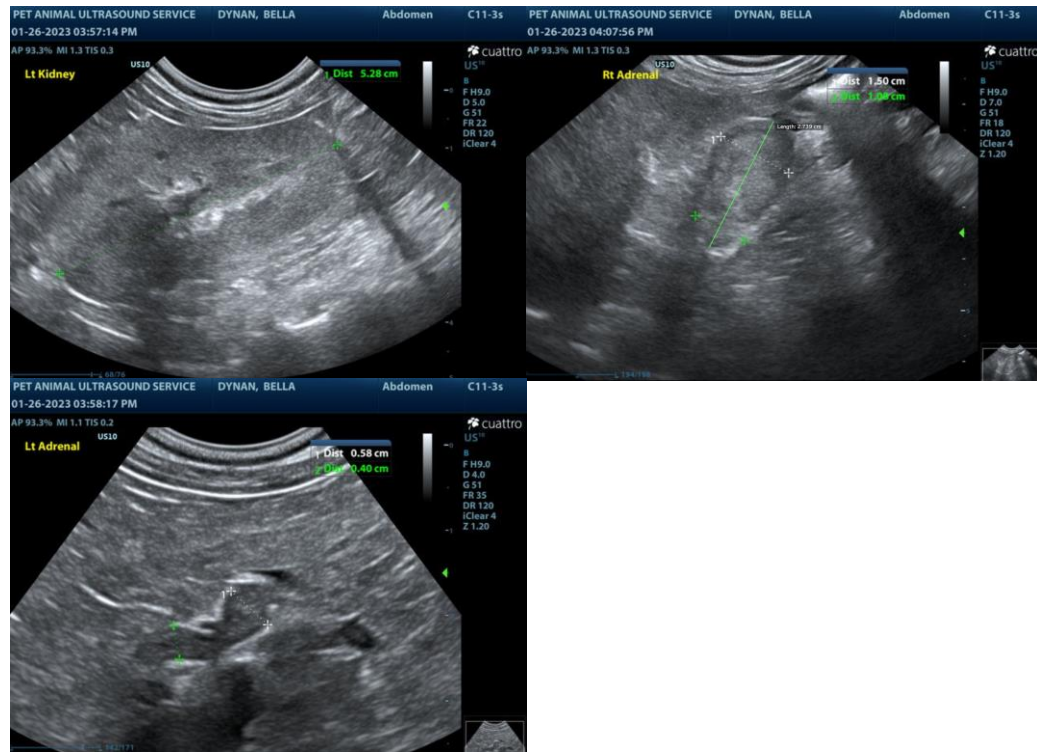
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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