



PATIENT

Bain Cummins

SPECIES

Canine

BREED

Hound Mix

SEX

NM

AGE

12 years

WEIGHT

62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Oakland AH

REFERRING VET

Dr. Pellicano

INVOICE

10587

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting, weight loss, Pu/Pd
- Meds: Marbofloxacin 100 mg

Abnormal PE/Chem/CBC/UA Results: SDMA, Urine: Low USG, rare Cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

Unilateral enlargement of the left adrenal gland was present. An asymmetrically expansive, nonhomogeneous left adrenal gland mass was present with vascular invasion, measuring ~6.3 cm x 5.7 cm. The right adrenal gland was indistinctly visualized owing to adrenal vascular invasion adjacent to the area of the right adrenal gland. The visualized right adrenal was overtly normal in size, position, and shape, subjectively measuring 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited several mildly expansive, nonhomogeneous to hypochoic nodules with concurrent mild splenic capsule distortion. An example of a splenic nodule measured 1.6 -1.9 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypochoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present without evidence of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, retained, nonshadowing ingesta / fluid and mild lumen gas without signs of 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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

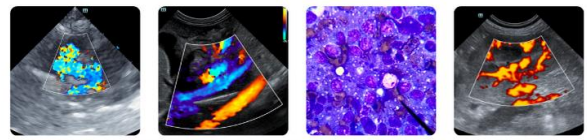
- Left adrenal mass with vascular invasion
- Expansive splenic nodules
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non mucocele)
- Bilateral chronic renal changes
- Nonshadowing gastric ingesta, sonographically normal empty small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass with vascular invasion is consistent with neoplastic criteria, i.e., carcinoma, pheochromocytoma, or other. Monitoring of systemic blood pressure for evidence of hypertension +/- urine metanephrine level if hypertension is present, is recommended.

Concurrent splenic neoplastic or metastatic nodules are suspected with hyperplasia, hematopoiesis, or splenic granulomas thought less likely. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology.

No overt mechanical upper gastrointestinal obstruction, which may suggest metabolic or functional gastric ileus. Correlation with the most recent meal ingestion is recommended. Monitoring of gastric motility, which may include a documented 12-hour fast, and sonographic reassessment is recommended.



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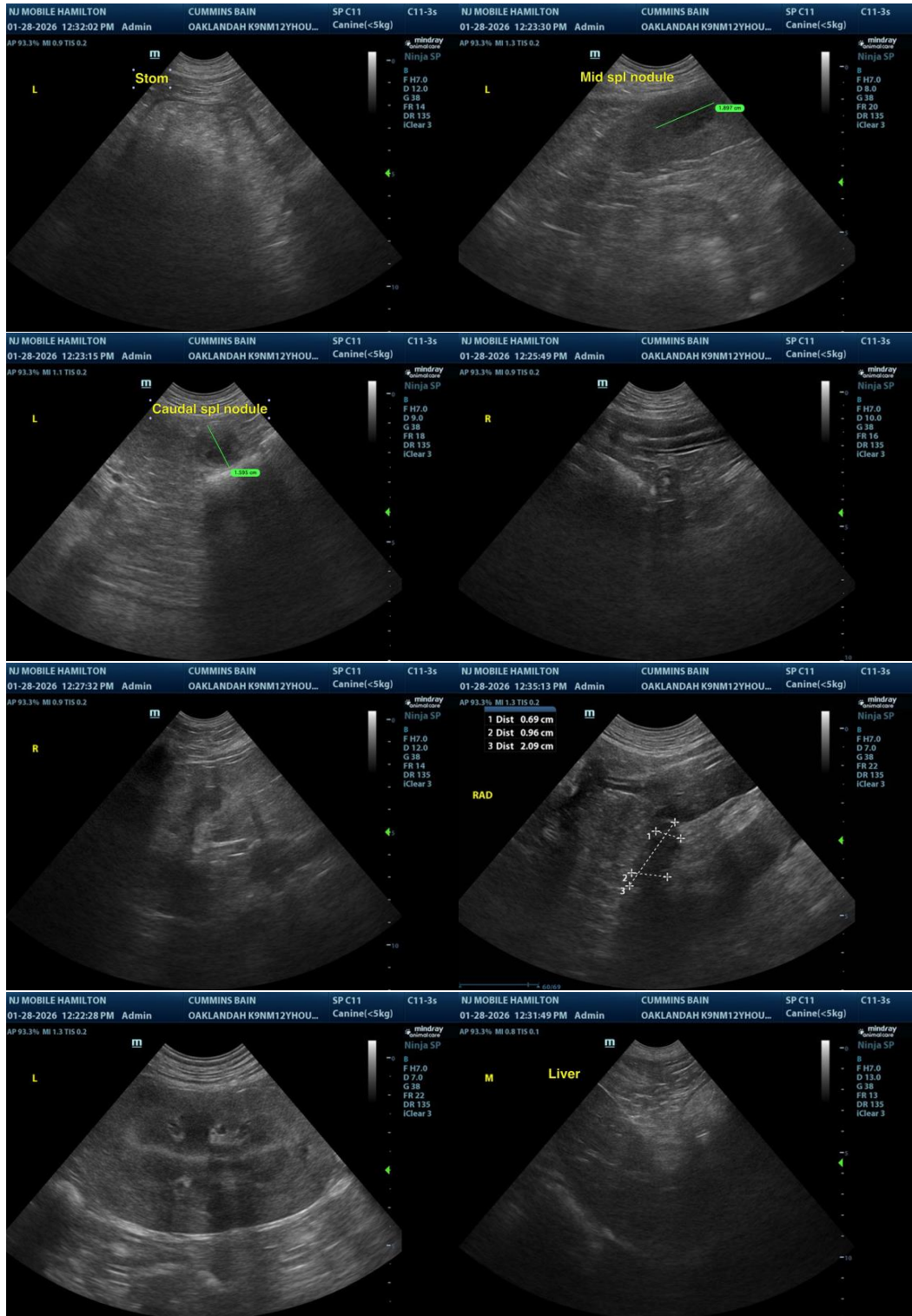
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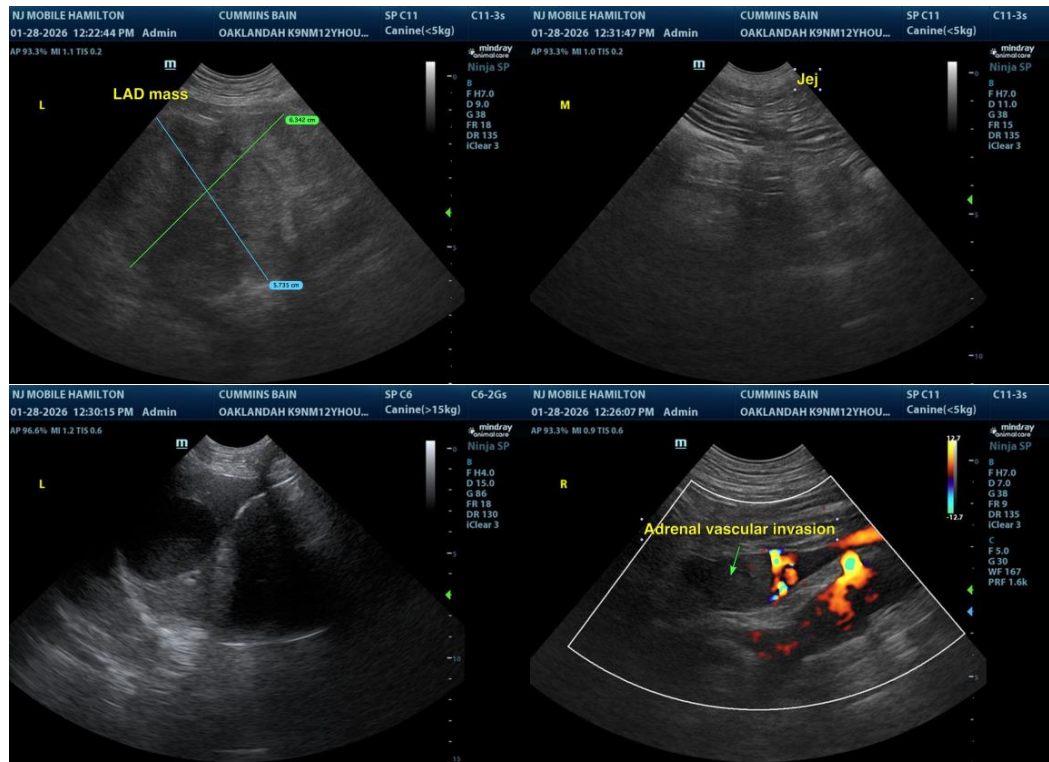
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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