



**PATIENT**

Roscoe Agaman

**PRESENTING CLINICAL SIGNS**

PU/PD; losing weight (10 lb weight loss x 8 months). Stim = Cushing's. ALT 449; TLI > 50; BUN 28; SDMA 18

**SPECIES**

Canine

***Urinary System***

The urinary bladder, trigone, and cystourethral junction 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 was noted.

**BREED**

Pitbull

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

12 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. Focal cortical cysts were present in both kidneys. An example of a right kidney cortical cyst measured 0.97 cm in diameter. An example of a left kidney cortical cyst measured 1.0 cm in diameter. The left kidney measured 6.9 cm in length. The right kidney measured 6.6 cm in length.

**WEIGHT**

54.4 lbs.

***Adrenal Glands***

The left adrenal gland exhibited mildly nonhomogeneous yet nonmineralized mass. Evidence of phrenicoabdominal vein invasion associated with the left adrenal mass with minor to early extension into the adjacent caudal vena cava was present. The left adrenal mass measured 3.8 cm length x 1.65 caudal pole 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 0.68 cm width at the caudal pole and 0.43 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mashpee Veterinary  
 Hospital

***Spleen***

The spleen exhibited subjective generalized enlargement and mild asymmetrical medial capsule contour with generalized parenchyma heterogeneity. No distinct splenic masses or nodules were noted. Normal splenic vascularity was present.

**REFERRING VET**

Mark Oldham, DVM

***Liver/ Gallbladder***

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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***Gastrointestinal***

Roscoe Agaman

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, focally shadowing ingesta and chyme.

**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. The duodenum wall width measured 0.70 cm. The jejunum wall width measured 0.43 cm.

**BREED**

Pitbull

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

**SEX**

MN

***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.

**AGE**

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***Free Abdomen***

Intermittent, medial iliac lymph nodes were present. These lymph nodes were not consistent with inflammatory or neoplastic criteria and likely incidental. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**WEIGHT**

54.4 lbs.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Left adrenal mass with phrenicoabdominal vein and mild caudal vena cava invasion
- Sonographically unremarkable right adrenal gland
- Bilateral chronic renal changes exhibiting mild pyelectasia and cortical cysts
- Hepatic parenchymal remodeling - subjectively benign
- Mild splenomegaly with generalized parenchyma heterogeneity - nonspecific
- Mild retained to focally shadowing gastric ingesta
- Overtly normal small bowel and pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the associated vascular invasion, the left adrenal mass is most consistent with probable neoplastic criteria. Splenic changes may indicate benign etiologies such as hyperplasia, hematopoiesis, incidental splenitis, while the possibility of early infiltrative splenic neoplasia cannot be definitively excluded. Assuming normal clotting status, screening splenic FNA using a 25-gauge needle is warranted.

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.



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CT assessment of the left adrenal mass for further clarification and assessment of potential surgical resectability may be considered.

**SPECIES**

Canine

Potential for structurally insignificant gastrointestinal disease or pancreatitis, which may present as sonographically normal, cannot be definitively excluded. Correlation with a cobalamin / folate levels may be considered if not done.

**BREED**

Pitbull

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**SEX**

MN

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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Mashpee Veterinary Hospital

**REFERRING VET**

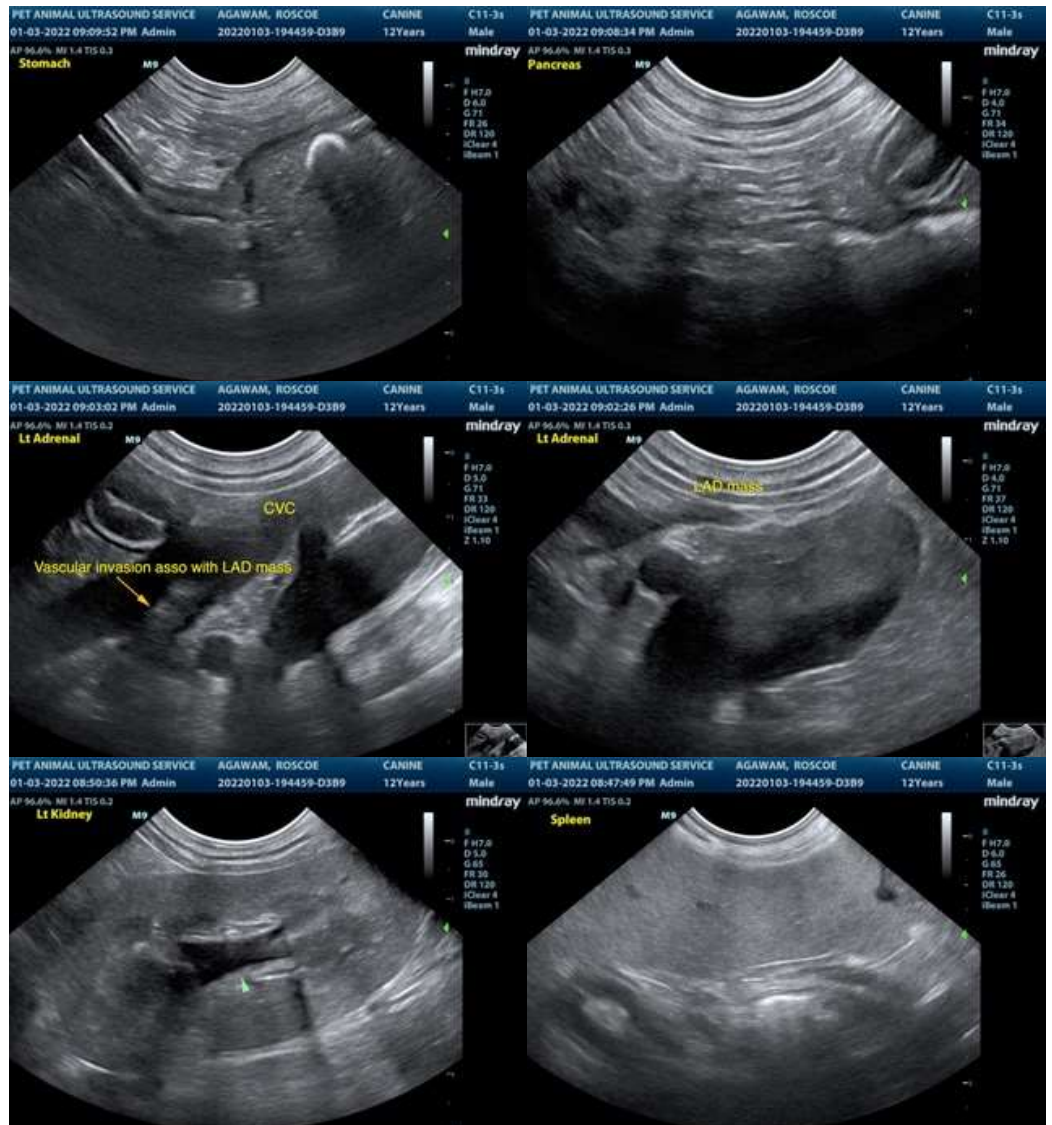
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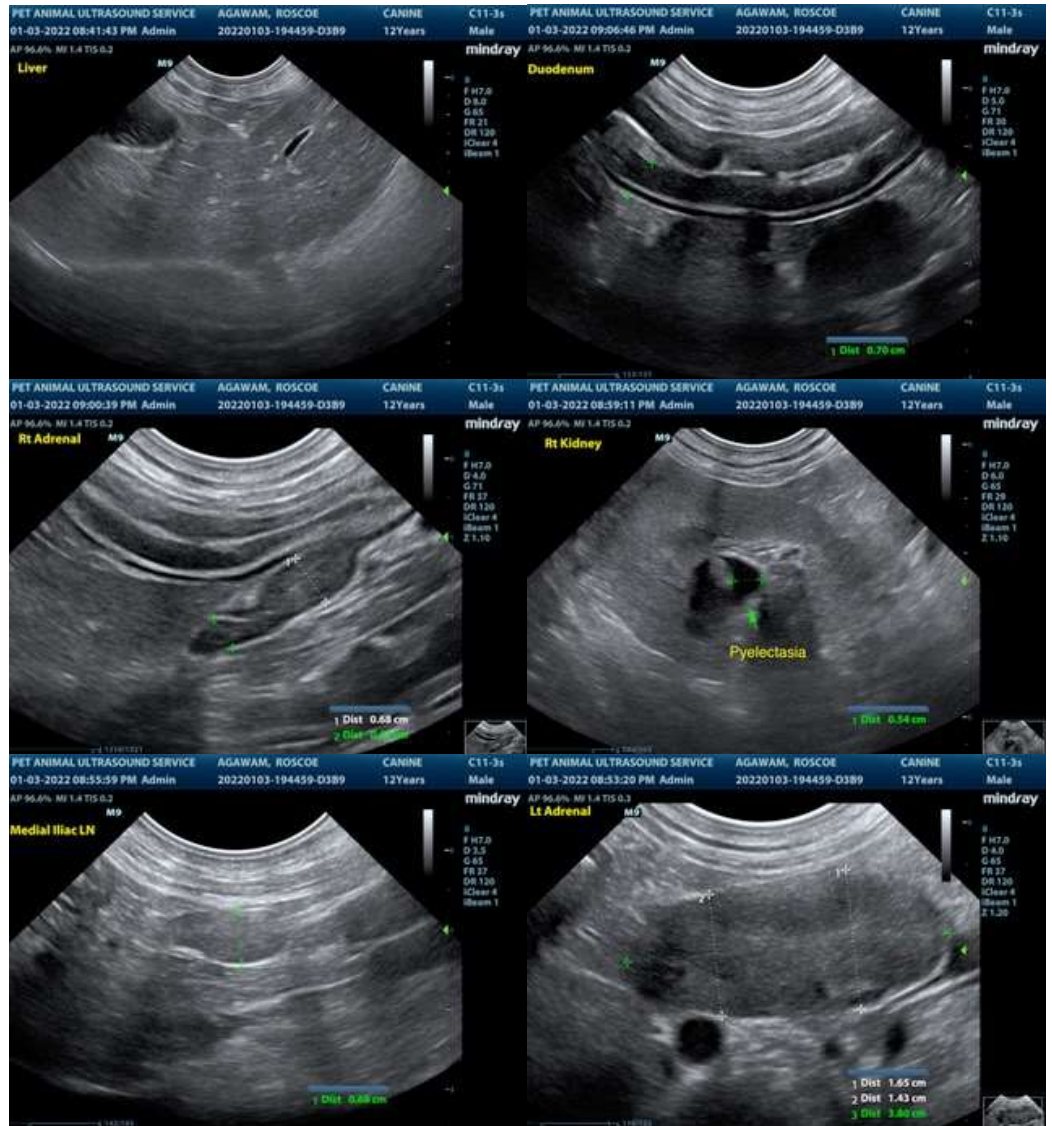
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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