



PATIENT	PRESENTING CLINICAL SIGNS
Coco Martin	persistently elevated liver values on annual BW
SPECIES	Abnormal PE/Chem/CBC/UA Results: increased Platelets, ALT and ALP
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Yorkie	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
SEX	Normal size and margination was 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. Areas of pinpoint medullary mineral were present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
10	The area of the residual prostate appeared normal and free of pathology
WEIGHT	<i>Adrenal Glands</i>
21	The left adrenal gland revealed a mildly expansive non-homogeneous irregular mass exhibiting mild mixed echogenic parenchyma without evidence of parenchymal mineralization measuring 3.7 cm x 2.7 cm width. The possibility of vascular invasion cannot be definitively excluded.
INTERPRETED BY	The right adrenal gland was enlarged in size with minor asymmetrical capsule contour. Mild non-homogeneous parenchyma without evidence of mineralization or vascular invasion was present. The right adrenal gland measured 0.85 cm width at the caudal pole and 1.37 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i>
IMAGING PERFORMED BY	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.
Jenn	<i>Liver</i>
HOSPITAL NAME	The liver presented mildly 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.
Rockaway Animal Hospital	
REFERRING VET	The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent mildly echogenic luminal debris. The cystic and common bile ducts were normal.
Dr. Kahn	<i>Gastrointestinal</i>
INVOICE	
11833ag	
DATE	
10/11/2022	



PATIENT	
Coco Martin	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.57 cm width. Mild gastric distension with mild to moderate retained anechoic gastric fluid was present.
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	
Yorkie	Pancreas The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. This is likely suggestive of age-related parenchymal changes and an incidental finding. No signs of active inflammation or neoplasia.
SEX	
MN	Free Abdomen No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	
10	ULTRASONOGRAPHIC FINDINGS <ul style="list-style-type: none"> • Irregular left adrenal mass with concurrent mild irregular right adrenomegaly • Hepatopathy-subjectively benign • Mild gallbladder debris (non-mucocele)
WEIGHT	
21	Secondary <ul style="list-style-type: none"> • Bilateral chronic renal changes with discrete pinpoint medullary mineral • Mild hypomotile stomach
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS Both of the adrenal glands are abnormal in this patient with high suspicion for left adrenal neoplastic criteria. The enlarged adrenal gland was more non-specific with considerations including functional vs non-functional adenomatous change or benign hyperplasia while the possibility of concurrent emerging right adrenal neoplastic criteria cannot be definitively excluded.
IMAGING PERFORMED BY	
Jenn	Given hepatic presentation in combination with hepatic enzyme elevations and thrombocytosis, a full adrenal work up with LDDST is warranted with a screening BP to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Abdominal CT is likely ideal for further clarification of the bilateral adrenal glands.
HOSPITAL NAME	
Rockaway Animal Hospital	Sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement or parenchymal changes with initial recheck in 4 weeks would be a more conservative approach. As needed GI support +/- gastritis protocol if evidence of vomiting or inappetence is recommended if clinically indicated.
REFERRING VET	
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PATIENT

Coco Martin

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

10

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

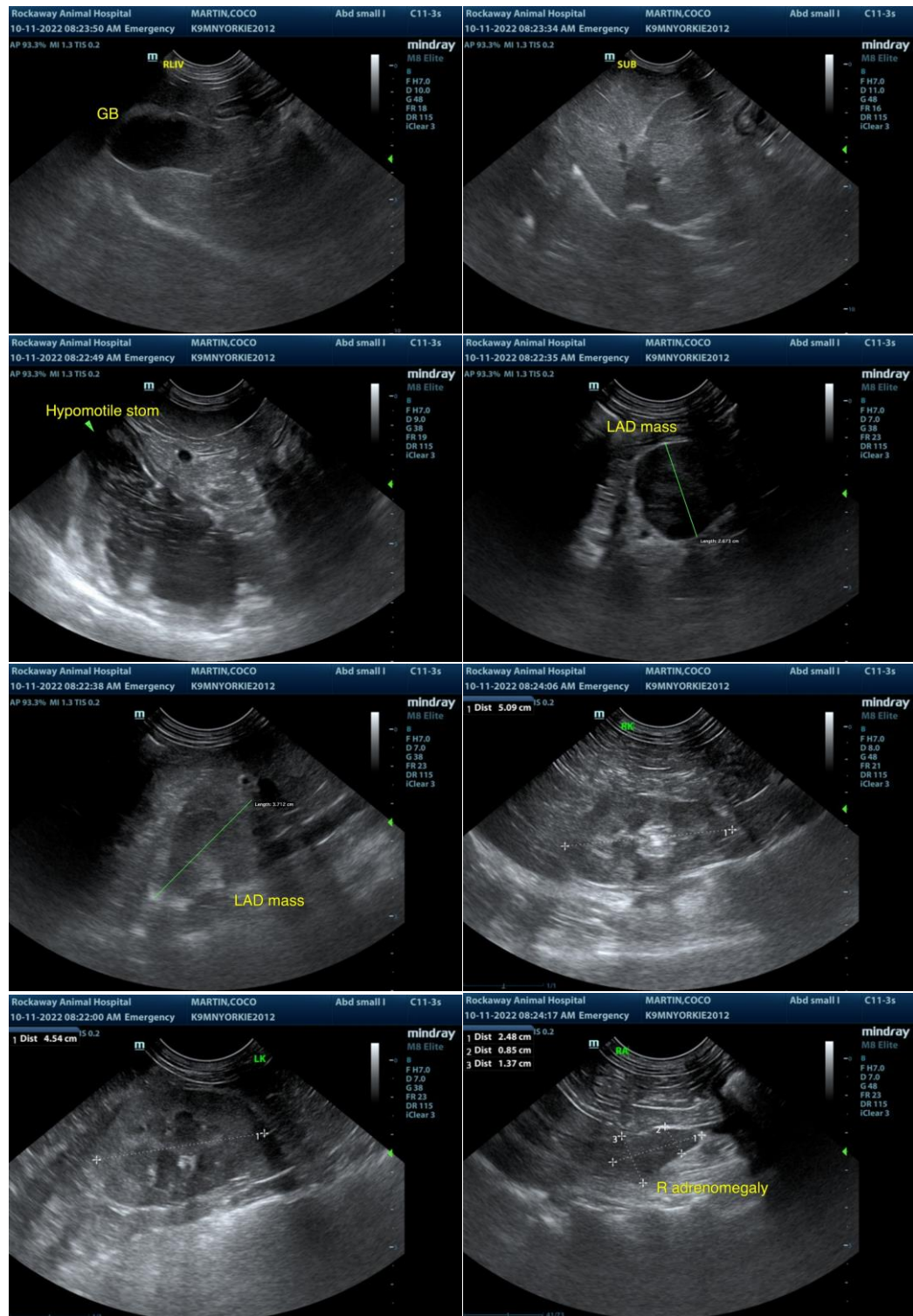
Dr. Kahn

INVOICE

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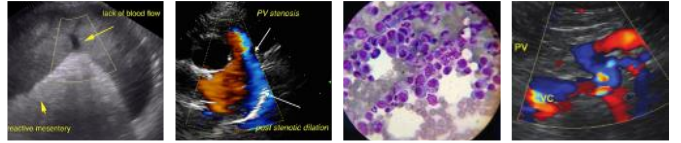
DATE

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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



PATIENT

can be of any further assistance please contact me.

Coco Martin

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

info@SonoPath.com

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**IMAGING
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