

**PATIENT PRESENTING CLINICAL SIGNS**

Breeze Wickens PU/PD, polyphagia and pendulous, firm distended abdomen. Previously healthy.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALT 351, ALP 2300, GGT 24, USG 1.017, quiet protein, 3+ protein, TT4/FT4 WNL.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Mixed

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.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

11 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in the left kidney. The left kidney measured 7.3 cm. The right kidney measured 7.7 cm.

**Adrenal Glands**

**WEIGHT**

71 Pounds

The left adrenal gland was enlarged, exhibiting non-homogeneous pinpoint hyperechoic parenchyma. Maintained capsular integrity was present. No obvious evidence of vascular invasion. The left adrenal gland measured 5.0 cm x 3.7 cm. The right adrenal gland appeared to be mildly subnormal in size. The right adrenal gland measured 0.41 cm at the cranial pole and 0.40 cm at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver**

**HOSPITAL NAME**

Wood River AH

The liver presented generalized enlargement with maintained symmetrical capsular contour. Non-uniform increased hepatic parenchyma echogenicity noted exhibiting moderate coarse echotexture. Intermittent non-disruptive, non-homogeneous intraparenchymal nodules noted, likely consistent with areas of hyperplasia, hematopoiesis, or lipgranulomas. Neoplastic criteria considered unlikely. Example of hepatic nodule measured 2.3 cm in diameter. Solitary, thinly walled, intraparenchymal cyst containing anechoic fluid present, measuring 2.3 cm in diameter. Moderate non-dependent, non-organized, variably echogenic debris present in primarily the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria.

**REFERRING VET**

Dr. Leah Fischer

**Gastrointestinal**

**INVOICE**

42282

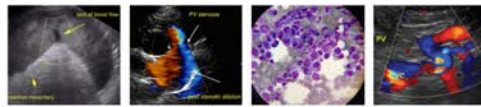
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**DATE**

10/21/22

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.



**PATIENT** *Pancreas*

Breeze Wickens

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related pancreatic remodeling and incidental. No signs of active inflammation or neoplasia.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

71 Pounds

- Left adrenal mass with mild subnormal right adrenal gland
- Hepatomegaly exhibiting non-homogeneous, variably echogenic, intermittent nodular parenchyma including solitary benign hepatic cyst – subjectively benign.
- Moderate gallbladder debris (non-mucocele)
- Bilateral mild chronic renal changes with minor right kidney pyelectasia
- Normal urinary bladder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full adrenal workup with LDDST as well as assessment and monitoring of screening blood pressure for evidence of hypertension, which may allude to a left pheochromocytoma, is recommended.

Screening concurrent hepatic FNA cytology warranted for further assessment. Potential for discreet metastatic nodules to the liver cannot be definitively excluded.

Baseline UPC recommended for further assessment of the proteinuria.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Given this presentation, if possible, referral for abdominal CT for further assessment of the left adrenal mass, further assessment for evidence of non-obvious vascular invasion, as well as surgical planning would be idea.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River AH

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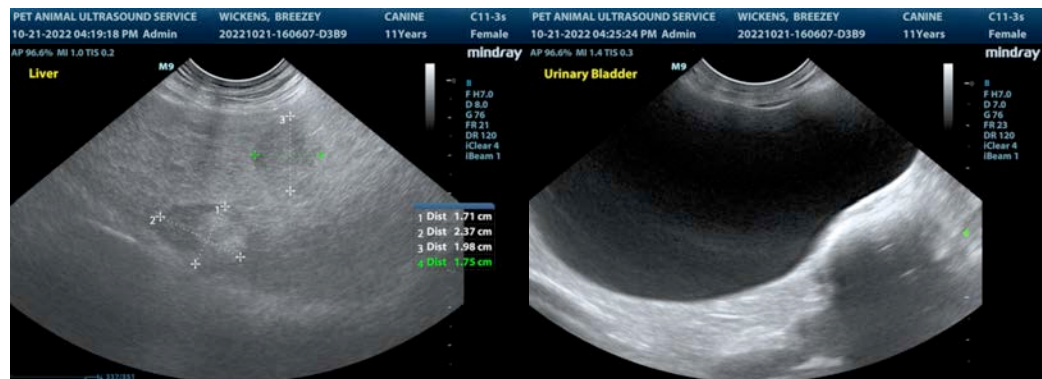
Dr. Leah Fischer

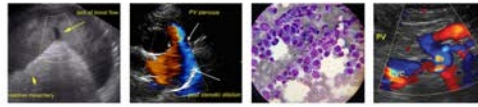
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**PATIENT**

Breeze Wickens

**SPECIES**

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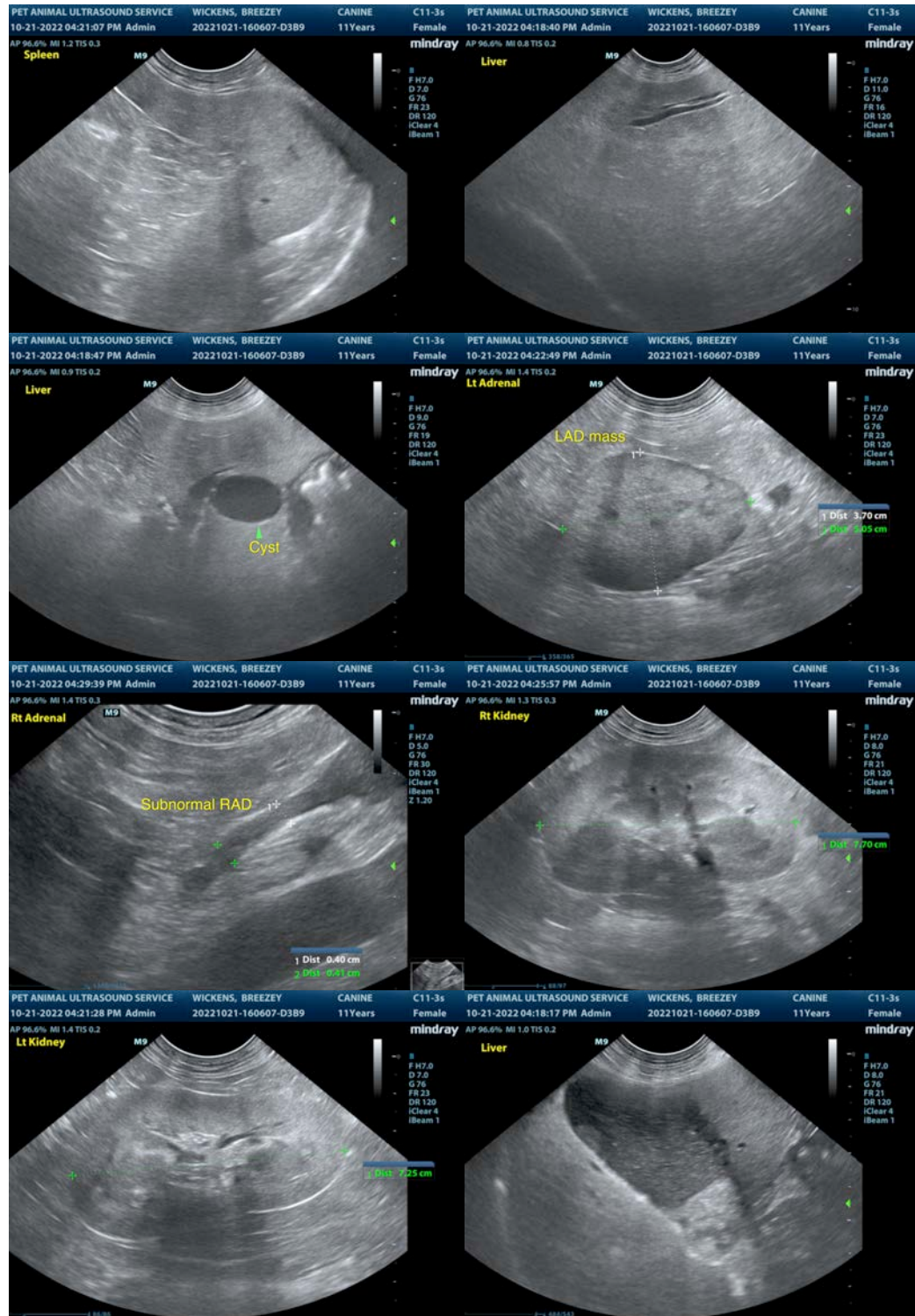
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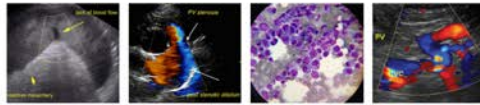
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**PATIENT**

Breeze Wickens

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.

**SPECIES**

Canine

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.

**BREED**

Mixed

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**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

71 Pounds

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