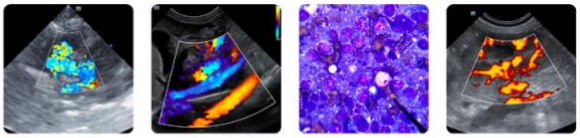


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Sweet Pea Kornman

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove Veterinary Clinic

REFERRING VET

Dr. Damewood

INVOICE

12208

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Seen in June at West Eugene Animal Hospital. Elevated ALP, PCV at that time. U/S was done (by AS) and showed liver mass and adrenal gland mass. Exam unremarkable. ABNORMAL Labwork Values Elevated PCV, ALP in June Current Medications Currently on Phenoxybenzamine (compounded) for hypertension. Radiographic Findings None Notes to Specialist (if any) No further workup was done to determine nature of either mass in June. Repeating U/S today to see if there is progression of either.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 indistinct corticomedullary border demarcation expected for the age of the patient. Pinpoint hyperechoic medullary foci were visualized and consistent with pinpoint areas of medullary mineralization with potential for microinfarction or pinpoint fibrosis. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

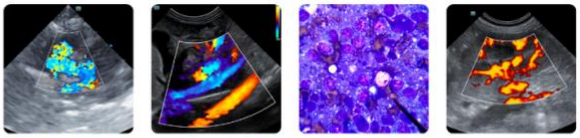
An indistinctly marginated mildly expansive nodule was present in the caudal pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.77 cm x 0.69 cm in diameter. Associated mild caudal left adrenomegaly measuring 0.70 cm width at the caudal pole.

A mildly expansive, hyperechoic nodule was present in the right adrenal gland, occupying a majority of the right adrenal gland parenchyma with mild associated primarily symmetrical capsule distortion. The nodule exhibited nonhomogenous hyperechoic nonmineralized parenchyma. The nodule measured 1.6 cm x 1.3 cm in diameter. The overall right adrenal gland measured 2.1 cm in length x 1.5 cm in diameter.

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. Minor medial splenic folding was present yet not consistent with pathology and considered incidental.

Liver



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The liver presented with generalized hepatomegaly and an overall maintained homogenous parenchyma. 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. The previously noted less distinct isoechoic mildly nonhomogenous nondisruptive intraparenchymal mass in the deep mid liver, dorsal to cranial dorsal to the gallbladder was visualized measuring 3.5 cm in diameter. Mildly swollen ventrocaudal liver measuring 1.8 cm in diameter.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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.

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nodular adrenal glands, more prominent in the right adrenal gland- hyperplasia, lipogranuloma, adenoma, unilateral/bilateral adrenal tumors are all possible.
- Static to less distinct hepatic mass wit mildly swollen ventrocaudal liver.
- Mild gallbladder debris (non-mucocele).
- Static age-related renal changes.
- Static pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal work up if clinical signs are consistent with Cushing's syndrome as well as serial monitoring for evidence of systemic hypertension which may allude to pheochromocytoma is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatic mass and swollen ventrocaudal liver FNA cytology is warranted for further clarification. No evidence of hepatic mass progression with overall indistinct mass presentation compared to the previous study. Hepatosupportive medications with serial sonographic monitoring of the liver and bilateral adrenal glands for evidence of progression with initial recheck in 3-4 months would be a more conservative approach.

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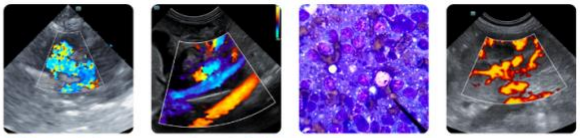

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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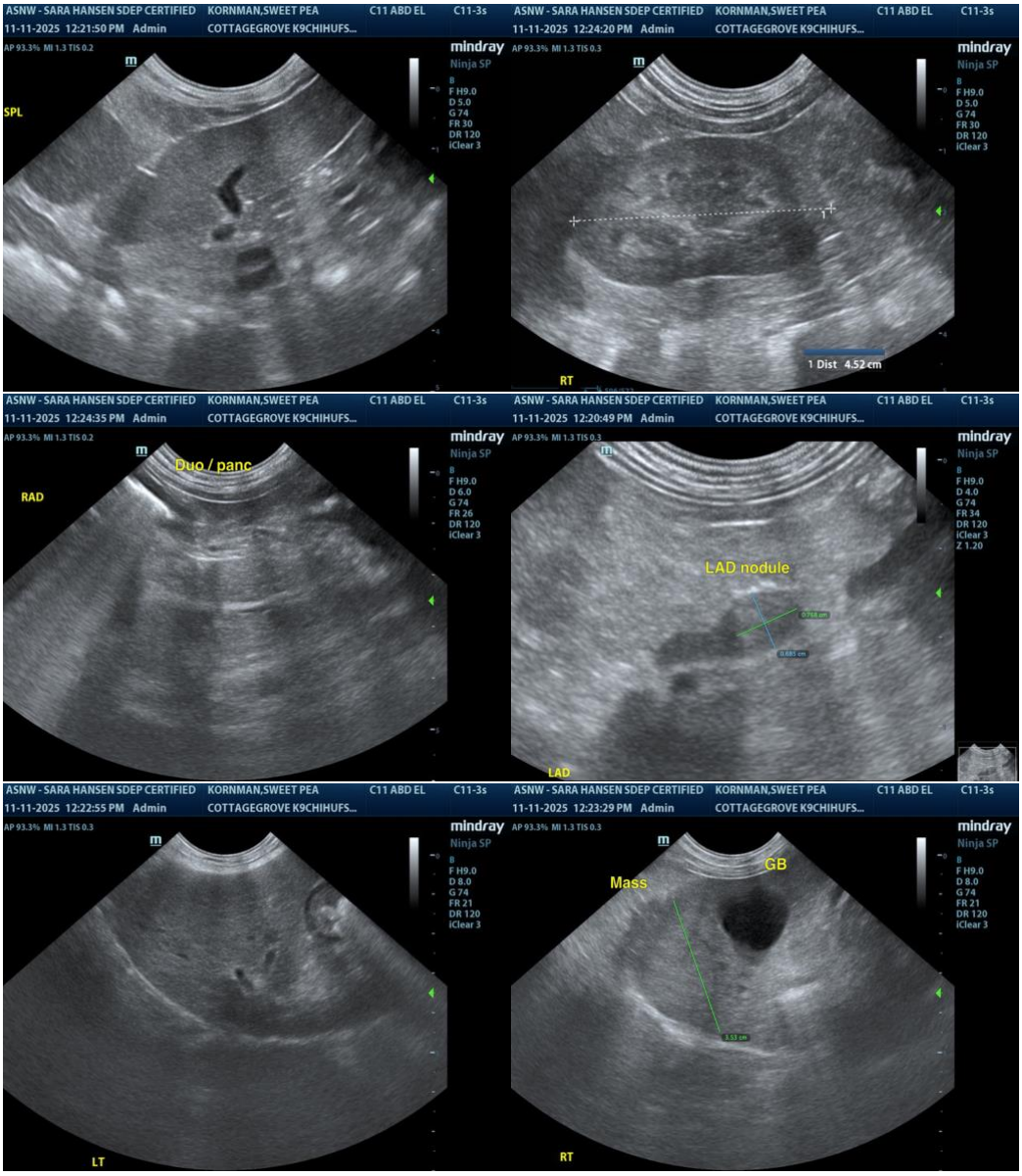

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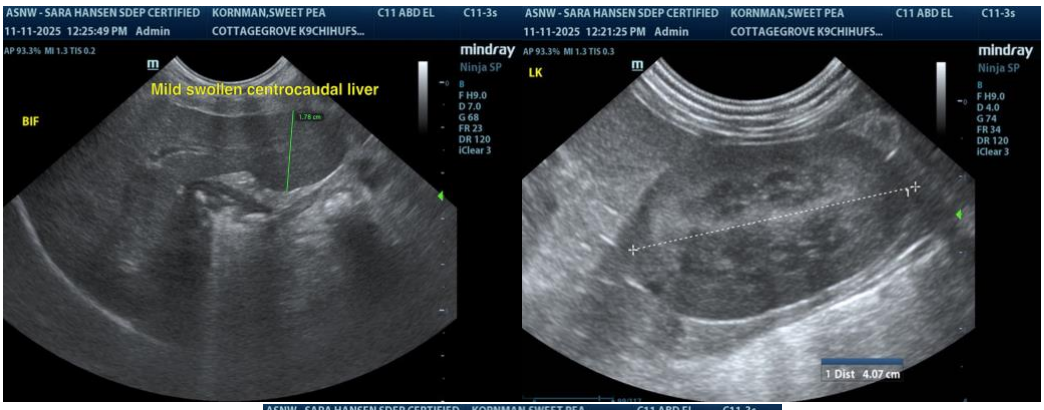

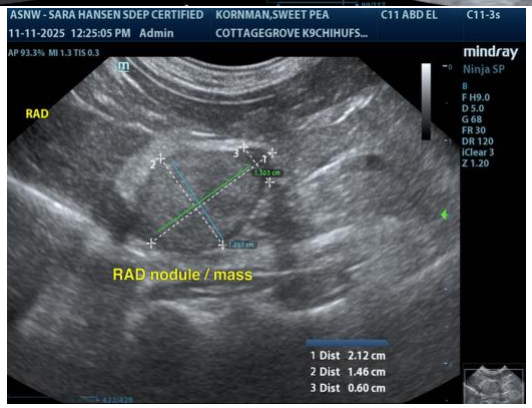

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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