



**PATIENT PRESENTING CLINICAL SIGNS**

Molly Felchock History: Cranial organomegaly, splenectomy 2018 – nodular lymphoid hyperplasia  
 Medication: Denamarin, Galliprant

**SPECIES**  
 Canine  
 ALP 4790, GGT 22, BUN 35, Creatinine 1.3, Monocytosis

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Shih Tzu **Urinary System**

**SEX**  
 FS  
 The urinary bladder was normal in size and tone. Mildly prominent apical urinary bladder walls exhibited normal echogenicity were present. The apical urinary bladder wall width measured 0.68 cm in width. Minor nondependent particulate urinary bladder sediment was present. No overt evidence of neoplastic criteria. The urethra was normal to a depth of 2.0 cm.

**AGE**  
 10 years  
 The area of the aortic trifurcation was free of pathology.

**WEIGHT**  
 21.3 Pounds  
 The left kidney was subnormal in size with asymmetrical margination. Nonhomogeneous cortical hypertrophy exhibiting cortical cyst, reduced medullary volume with pinpoint medullary mineralization and mild pyelectasia were present. The left kidney measured 3.8 cm in length.

The right kidney was normal in size exhibiting nonhomogeneous cortical hypertrophy, reduced medullary volume, pinpoint to focal medullary mineralization and mild pyelectasia. The right kidney measured 4.9 cm in length.

**INTERPRETED BY Adrenal Glands**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The left adrenal gland exhibited prominent size yet maintained symmetrical capsule contour with nonhomogeneous, nonmineralized parenchyma. The left adrenal gland measured 2.8 cm length x 1.3 cm width at the caudal pole. No overt evidence of vascular invasion associated with the left adrenal gland was noted.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT ARDMS/RVT  
 The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.5 cm length x 0.63 cm width at the caudal pole.

**HOSPITAL NAME Spleen**

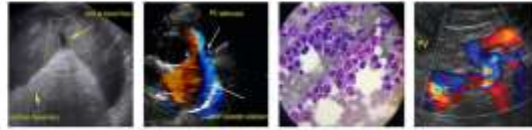
Lehigh Valley AH (Allen)  
 The spleen was not visualized owing to previous splenectomy. No overt pathology was noted in the area of the previous spleen.

**REFERRING VET Liver/Gallbladder**

Dr. Meyer  
 The liver revealed mildly expansive asymmetrically margined, nonhomogeneous to nodular mass appearing to primarily involve or originate from the mid to left liver. The mass measured approximately 5.0-6.0 cm in diameter. The mass appeared to extend somewhat caudally into the area of the cranial abdomen adjacent to the stomach. The remaining hepatic parenchyma was sonographically unremarkable. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**  
 12722

**DATE**  
 11.18.2021



**PATIENT**

***Gastrointestinal***

Molly Felchock

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.

**SPECIES**

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.

Canine

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

**BREED**

***Pancreas***

Shih Tzu

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.

**SEX**

FS

***Free Abdomen***

**AGE**

10 years

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

**WEIGHT**

21.3 Pounds

- Nonhomogeneous to nodular liver mass
- Prominent to nonhomogeneous, nonmineralized left adrenal gland
- Atrophied left kidney with marked chronic renal changes, mild pyelectasia, and small cortical cyst
- Moderate chronic right kidney changes with mild pyelectasia

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Assuming normal clotting status, ultrasound-guided FNA of the liver mass is warranted for screening cytology and potential further clarification. Potentially, the liver mass may be amendable to surgical resection.

**HOSPITAL NAME**

Lehigh Valley AH  
 (Allen)

The prominent to nonhomogeneous left adrenal gland is nonspecific with considerations including patient variant, benign hyperplasia, adenomatous change, while the possibility of emerging neoplasia i.e., pheochromocytoma, adenocarcinoma, or other, cannot be definitively excluded. Screening blood pressure is recommended. Functional adrenal disease is considered unlikely, given the lack of reported clinical signs.

**REFERRING VET**

Dr. Meyer

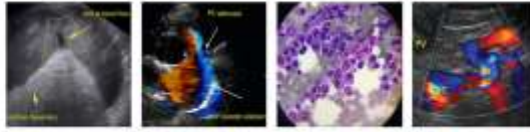
CT assessment of the liver mass and left adrenal gland for further clarification and potential surgical planning may be considered if surgery is considered an option. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of blood pressure is recommended.

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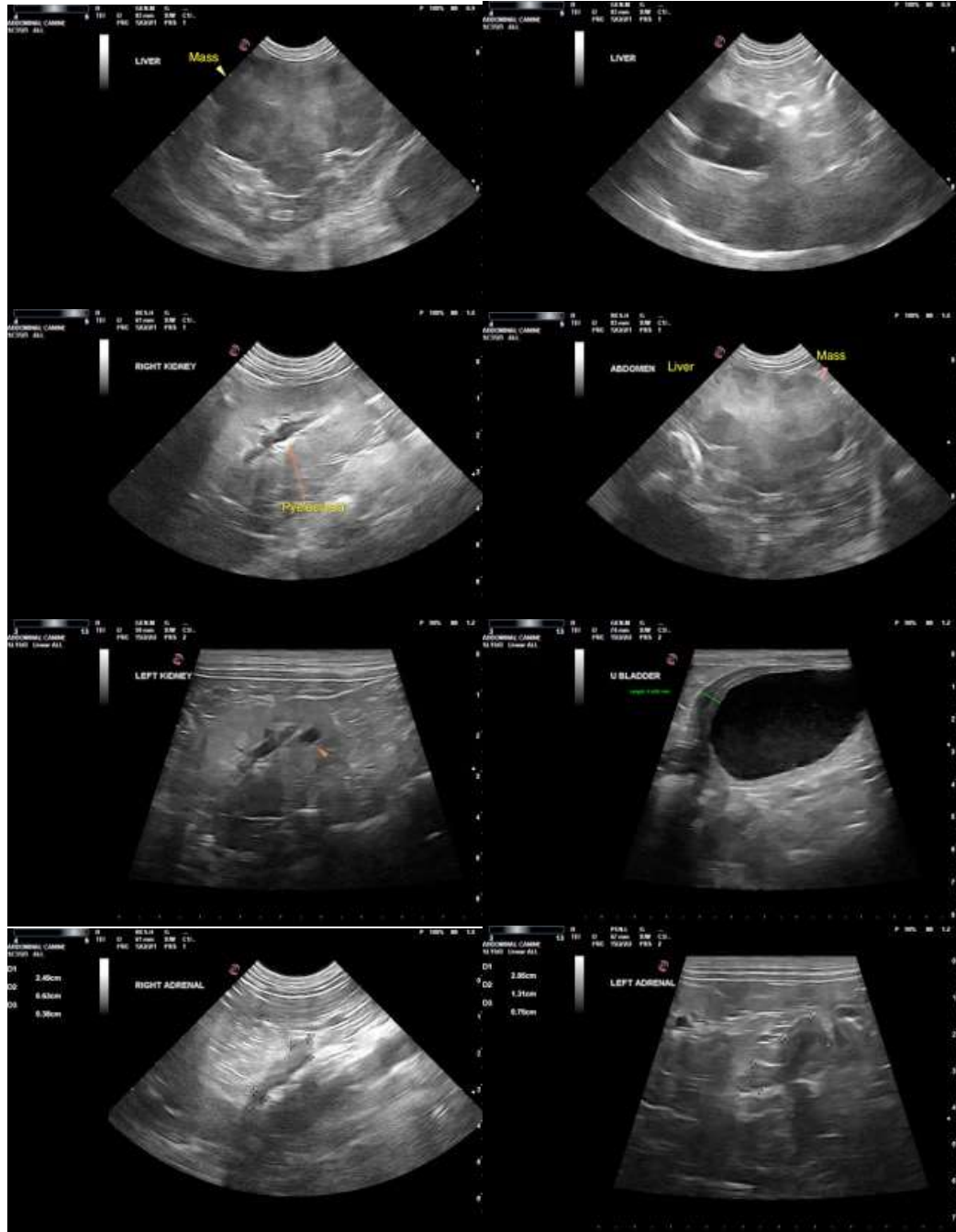
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT** can be of any further assistance please contact me.

Molly Felchock

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

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