

**PATIENT**

Daisy Banwarth

**SPECIES**

Canine

**BREED**

Collie

**SEX**

SF

**AGE**

9 years

**WEIGHT**

77 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Adam White

**INVOICE**

15374

**DATE**

11-3-22

**PRESENTING CLINICAL SIGNS**

Emergency Visit difficulty breathing and getting up

Abnormal PE/Chem/CBC/UA Results: Radiographs-no significant findings, UA WBC 1/hpf, RBC 7/hpf spec. gravity 1.015 protein 30mg/dL BLD 25Ery/uL CHEM 17 ALT 150, AMYL 441, NA 161 CBC RETIC-HGB 19, Lym 0.8, PLT 61 MPV 13.3, PCT 0.08 rest WNL Temp 103F started Doxycycline 350mg SID, patient did eat I/D can

**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 changes was noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 8.0 cm in length.

**Adrenal Glands**

A large, irregular, nonhomogeneous mass with evidence of vascular invasion exhibited by soft tissue echogenicity connected to the left adrenal mass within the caudal vena cava lumen was present. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm length x 0.60 cm width at the caudal pole. No evidence of neoplastic criteria was noted in the right adrenal gland.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/ Gallbladder**

The liver presented 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. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic,

**PATIENT**

Daisy Banwarth

irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

***Gastrointestinal*****SPECIES**

Canine

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.

**BREED**

Collie

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

**SEX**

SF

***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**

9 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

77 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular left adrenal mass with vascular invasion
- Hepatopathy - subjectively benign
- Early to partial gallbladder mucocele
- Mild age-related renal changes

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Sarah Pender, CVT

The left adrenal mass is consistent with neoplastic criteria such as adenocarcinoma, pheochromocytoma, or other with potential for mixed pathologies. Primary concern for pheochromocytoma, especially if documented hypertension.

**HOSPITAL NAME**

SVS Imaging QC

Assessment of systemic BP is recommended. Full adrenal workup could be considered if clinical signs consistent with adrenal hyperfunction are present. Further assessment with abdominal CT is likely ideal, assuming no evidence of pathology on three view chest radiographs. However, the presence of vascular invasion associated with the adrenal mass likely precludes surgical options.

**REFERRING VET**

Dr. Adam White

**INVOICE**

15374

**DATE**

11-3-22



**PATIENT**

Daisy Banwarth

**SPECIES**

Canine

**BREED**

Collie

**SEX**

SF

**AGE**

9 years

**WEIGHT**

77 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

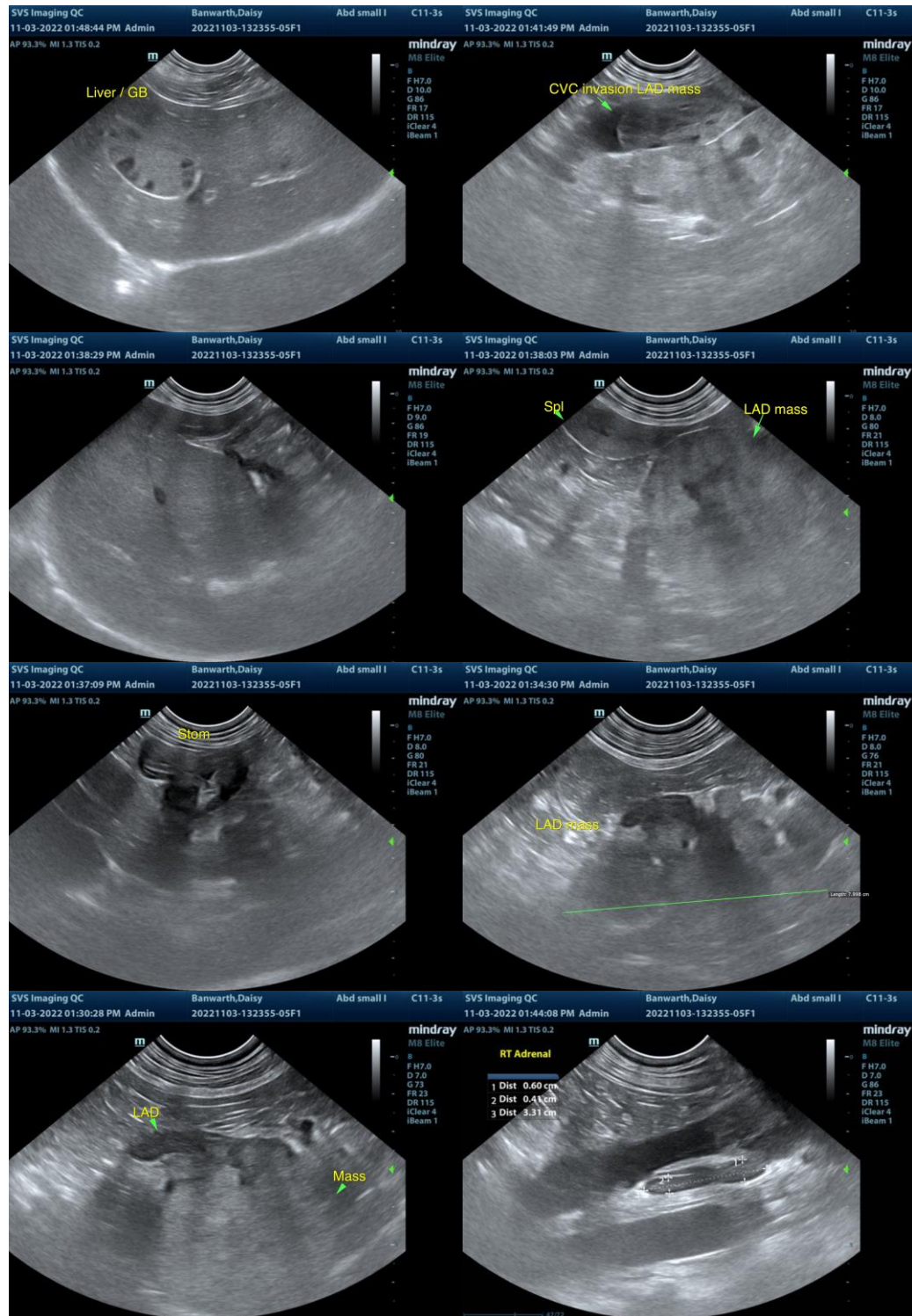
Dr. Adam White

**INVOICE**

15374

**DATE**

11-3-22



IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectyology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Daisy Banwarth

**SPECIES**

Canine

**BREED**

Collie

**SEX**

SF

**AGE**

9 years

**WEIGHT**

77 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

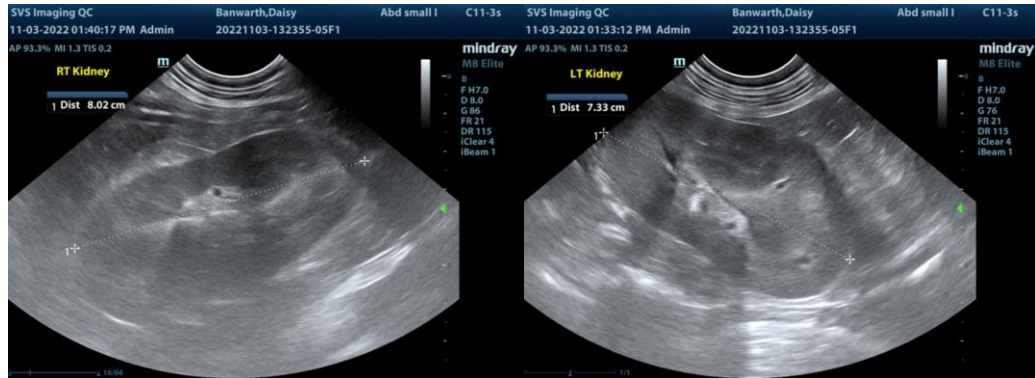
Dr. Adam White

**INVOICE**

15374

**DATE**

11-3-22



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**