



**PATIENT**

Diesel Guenther

**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

Male Neutered

**AGE**

13 yrs

**WEIGHT**

52 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Flanders VC

**REFERRING VET**

Dr. Gasparro

**INVOICE**

12765

**DATE**

11/3/25

**PRESENTING CLINICAL SIGNS**

History: Possible Gastric Mass. Increased RR/RE enlarged stomach in rads. Increased drinking, vomiting, decreased appetite

Abnormal PE/Chem/CBC/UA Results: ALT -194 ALP -527, Neut-24k Chol -333 Na-164, WBC 28.85k, Mono 1.169k

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. No evidence of tumors. The trigone and cystourethral junction were free of pathology. Primarily anechoic urine was present in the lumen. Multiple prominent, small dependent lumen calculi and mineral was present. An example of calculi measured 0.75 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was free of pathology. No evidence of prostatic or proximal urethral lumen mineral.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral with small renoliths present. The left kidney measured 6.0 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

Irregularly enlarged, asymmetrical, non-homogeneous, centrally cystic adrenal mass was present with parenchymal expansion in the area of the left phrenic abdominal vein. The left adrenal gland measured 4.8 cm x 2.5 cm. The right adrenal gland was mildly enlarged in size with symmetrical contour and homogeneous parenchyma. The right adrenal gland measured 2.8 cm length x 0.93 cm width at the caudal pole.

**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.

**Liver**

The liver presented subjective 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



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact borderline prominent gastric wall, and the stomach was primarily empty with lumen gas.

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 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 was evident.

**Free Abdomen**

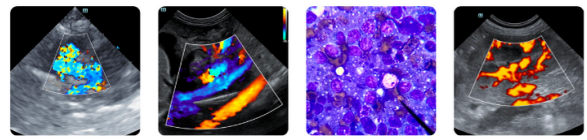
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Left adrenal mass with evidence of vascular invasion
- Concurrent mild right adrenomegaly – subjective benign
- Hepatopathy – nonspecific yet subjective benign
- Normal gallbladder
- Normal empty gastrointestinal tract with intact borderline prominent stomach wall - no evidence of gastric mass

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left adrenal mass with evidence of vascular invasion is almost certainly consistent with neoplastic criteria, i.e. carcinoma, pheochromocytoma or other. Adrenal workup with LDDST if clinical signs consistent with Cushing's Syndrome as well as serial monitoring of systemic BP for hypertension and +/- urine metanephrine level if hypertension is present is indicated. Assuming normal clotting status, hepatic FNA cytology could be considered for clarification. Hepato-gastrointestinal support and empirical therapy for mild gastritis would be reasonable. 3-view chest radiographs suggested to assess for intrathoracic or esophageal pathology as a contributing factor. Urinary workup recommended if not done.



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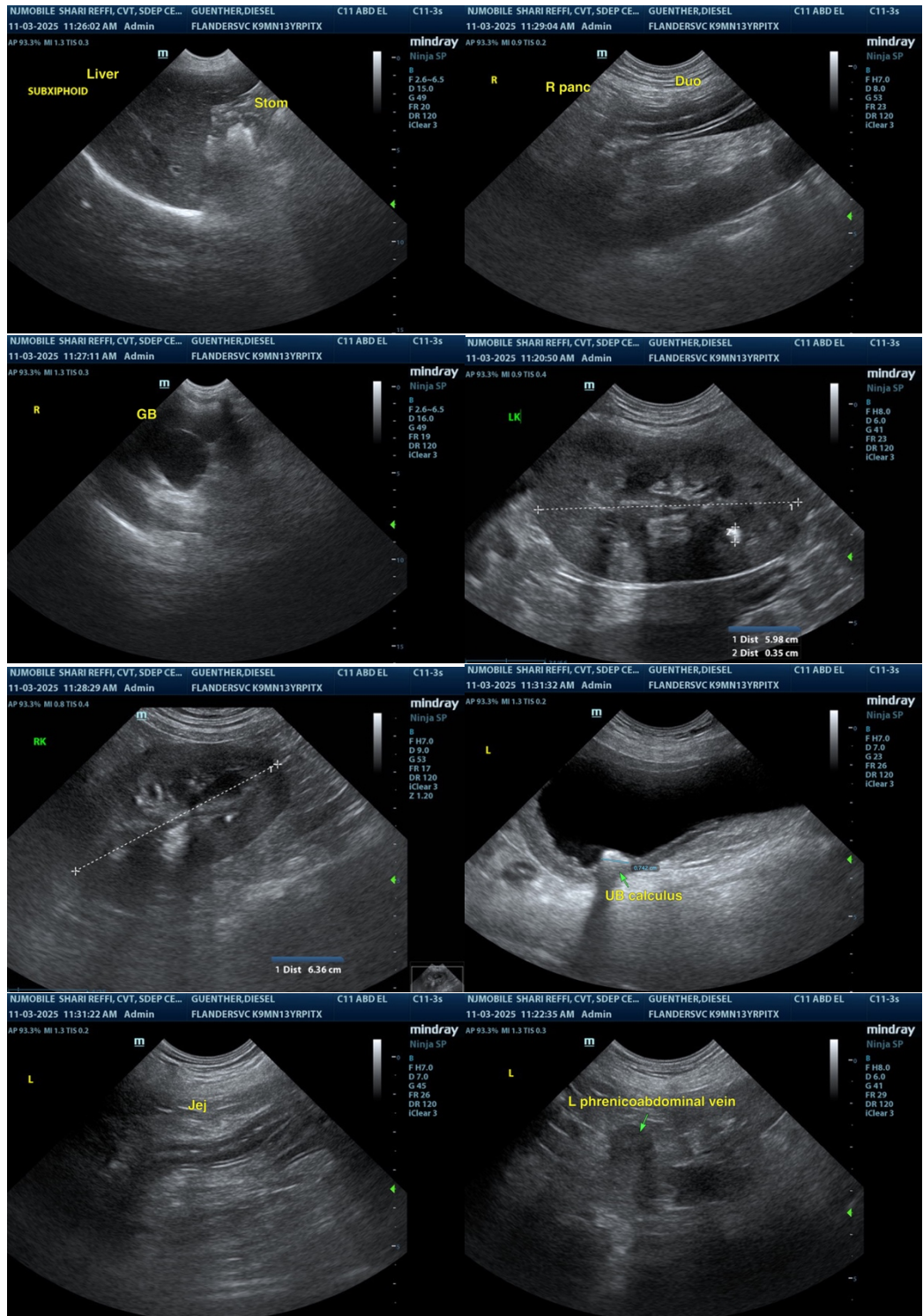
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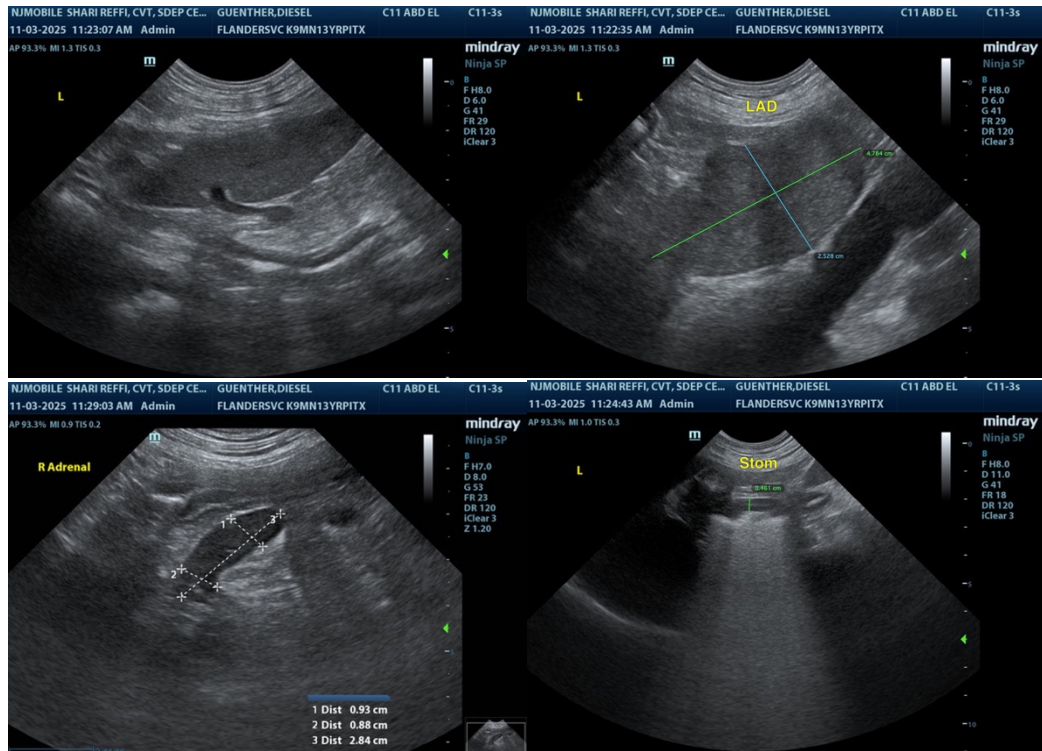
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)