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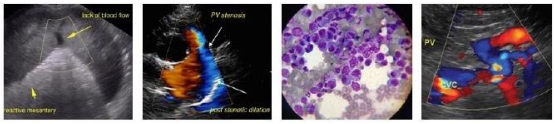


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Coconut Burke

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

13yr

WEIGHT

31.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tansley Woods Vet Hospital

REFERRING VET

Dr. Petrowski

INVOICE

12344ag

DATE

12/01/2022

PRESENTING CLINICAL SIGNS

Overweight distended Abd, In clinic for adenomas on skin excision but preanethetic blood showed ALP and ALT very elevated KCS treated with optimune and tobradex.

Meds:Optimune and tobredex for KCS, Apoquel for Atopy

Abnormal PE/Chem/CBC/UA Results: ALP=1450 ALT=743 Suspect Liver pathology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.6 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was enlarged in size with irregular contour and non-homogeneous parenchyma. No overt evidence of vascular invasion. The left adrenal gland measured 2.3 cm width at the caudal pole and 5.5 cm length. The right adrenal gland was indistinctly visualized owing to patient compliance/conformation. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.2 cm length.

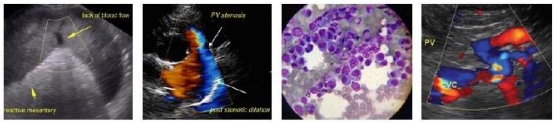
Spleen

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

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. A focal non-disruptive hyperechoic ventrocaudal nodule was present measuring 1.2 cm in diameter. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

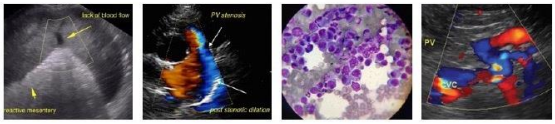
- Benign hepatomegaly with non-specific solitary intraparenchymal nodule-sonographically suggestive of vacuolar hepatopathy pattern with focal/nodular hyperplasia, lipogranuloma or similar
- Enlarged irregular to non-homogeneous left adrenal gland
- Bilateral chronic renal changes with pinpoint corticomedullary hyperechoic foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for left adrenal mass which may indicate functional vs non-functional adenoma, benign hyperplasia or neoplastic criteria such as pheochromocytoma or other.

A full adrenal workup is recommended if clinical signs consistent with Cushing's syndrome are present. A screening BP is advised to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e. pheochromocytoma. Hepatosupportive medications such as Denamarin +/- Ursodiol may prove beneficial.

Ideally abdominal CT for further assessment of the left adrenal gland is recommended if possible. Sonographic monitoring of the left adrenal gland with initial recheck in 4 weeks under sedation would be reasonable.



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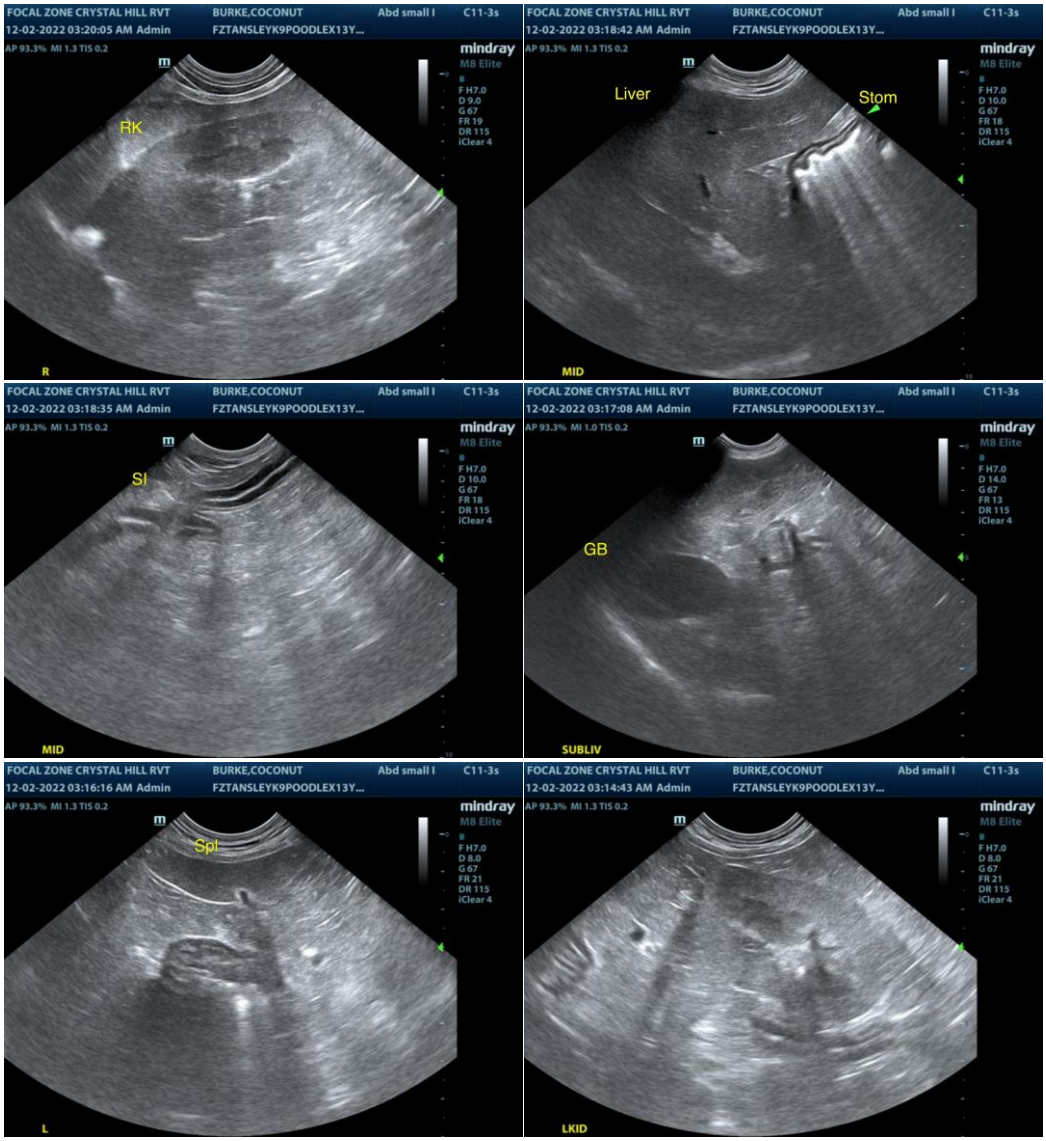

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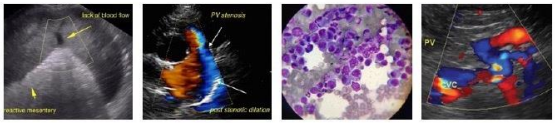

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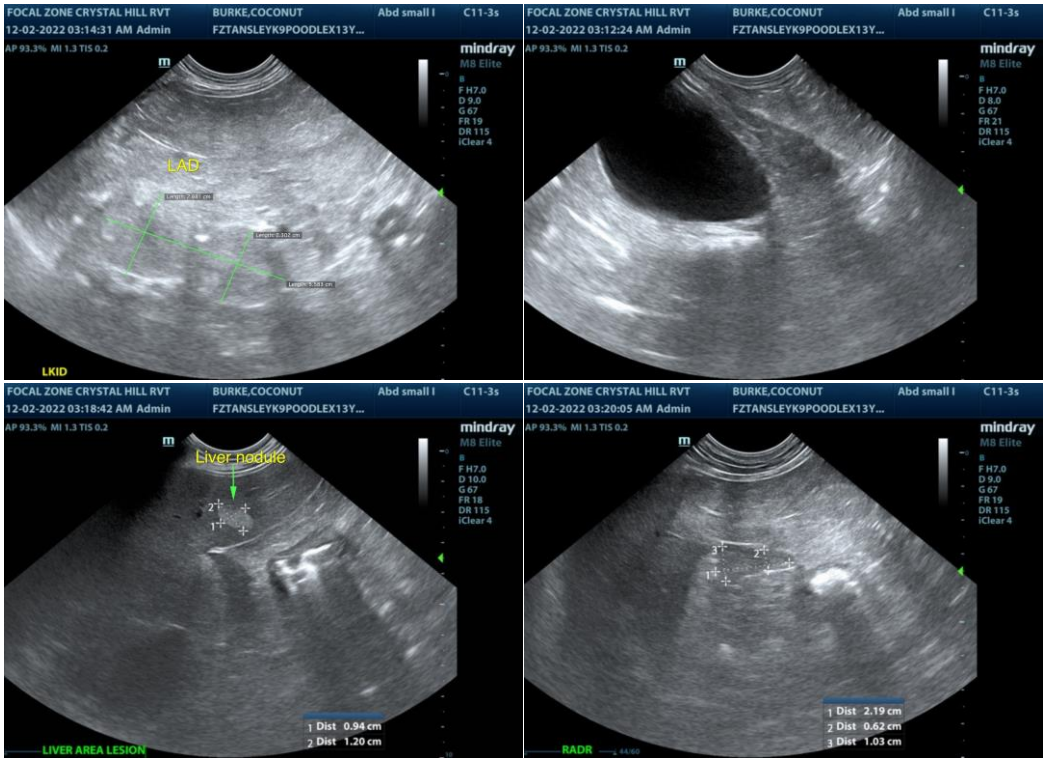

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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