



PATIENT

Betty Wilczewski

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting, diarrhea, weight loss

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

7 years

WEIGHT

56 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

Dr. Derr

INVOICE

12812

DATE

12.14.2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland visualized from the right side exhibited subjective mild generalized enlargement with associated mild asymmetrical contour and nonhomogeneous parenchyma. No overt evidence of left adrenal parenchymal mineralization was noted. The left adrenal gland subjectively measured 3.3 cm length x 1.2 cm width at the caudal pole and 1.9 cm width at the cranial pole. Associated with the area of the left adrenal gland was a suspected parenchymal extension and invasion into surrounding vasculature including the phrenicoabdominal vein and regional caudal vena cava. The area of caudal vena cava invasion measured approximately 5.0 cm in length x 2.7 cm width, although potentially larger as the entire area of vascular invasion was not definitively visualized. Potential for thrombus formation may be possible yet thought less likely differential diagnosis, as the soft tissue opacity within the regional caudal vena cava appeared to connect with the subjective atypical left adrenal gland.

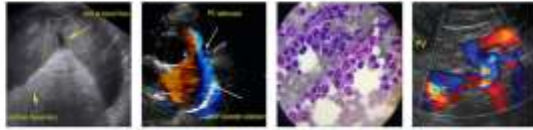
The right adrenal gland was indistinctly visualized exhibiting subtle nonhomogeneous parenchyma with subjective overall normal size, position, and shape, measuring 2.9 cm length x 0.75 width at the caudal pole.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact yet subjective mild prominent wall layering owing to mildly prominent gastric mucosa. The stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.60 cm.

BREED

Pitbull

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. The duodenum wall width measured 0.55 cm. The jejunum wall width measured 0.32 cm.

SEX

FS

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

Pancreas

AGE

7 years

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.

Free Abdomen

WEIGHT

56 Pounds

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Adrenal mass with associated regional vascular invasion - suspect deriving from the left adrenal gland
- Sonographically unremarkable gastrointestinal tract and colon - potential gastroenterocolitis or structurally insignificant inflammatory bowel is possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening blood pressure is advised to assess for evidence of hypertension. Referral for Gold Standard CT for further clarification and/or assessment of potential surgical resectability would be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for concurrent gastrointestinal disease, given the patient's GI signs and weight loss. Continued as-needed GI supportive care is recommended. Three view chest radiographs are recommended.

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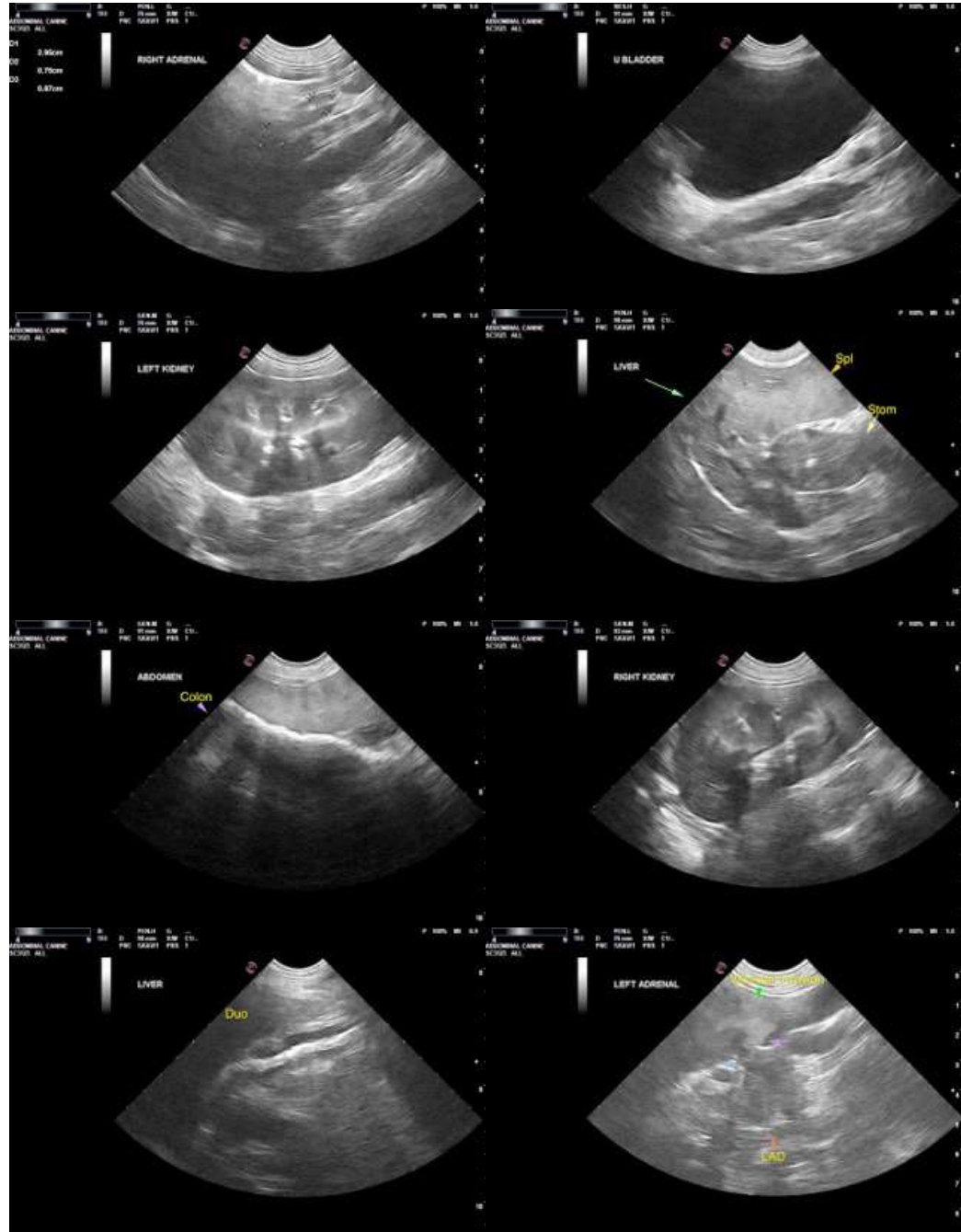
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Betty Wilczewski

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