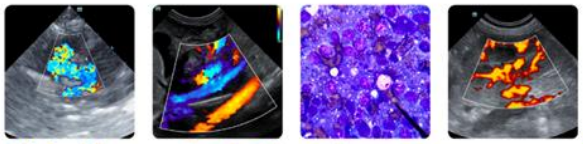




**PATIENT**

Koa Otto

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

FS

**AGE**

9yr

**WEIGHT**

44.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Julie Vezzetti

**HOSPITAL NAME**

Stuga North Veterinary Care

**REFERRING VET**

Dr. Julie Vezzetti

**INVOICE**
23253

**DATE**
12/16/2025

## PRESENTING CLINICAL SIGNS

New lump felt along R flank, hair loss bilaterally symmetrical on back of hind legs, flanks, and axilla.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 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 5.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The area of the uterine remnant appeared normal and free of pathology

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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.

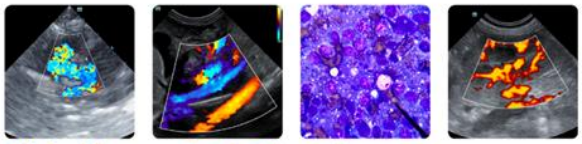
### *Liver/Gallbladder*

The liver was subjectively borderline enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, well-demarcated non-disruptive hyperechoic hepatic nodule was present measuring 0.92 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate, non-organized peripheral lumen to non-dependent debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering, normal wall layer ratio and empty intestinal lumen





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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

A mid-abdomen, irregular mixed echogenic mass adjacent to both the left and right kidney was present with mild to surrounding hyperechoic tissue and scant free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Abdominal or retroperitoneal mass adjacent to the bilateral kidneys.
- Mild hepatic remodeling with intraparenchymal nodule-nodule suggestive of lipogranuloma or hyperplasia criteria.
- Non-organized gallbladder debris.
- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the location of the mass, adrenal origin is favored, although differentiation between right vs left adrenal involvement could not be ascertained. Potential for non-adrenal mass cannot be definitively excluded. Assessment of systemic BP for evidence of hypertension +/- urine metanephrine level if hypertension is present or concern for pheochromocytoma is recommended. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification and assessment +/- surgical options if surgery is a potential.

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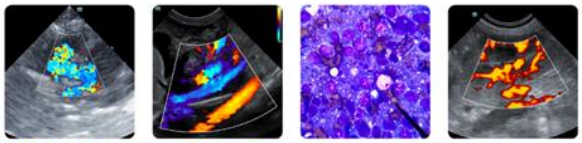

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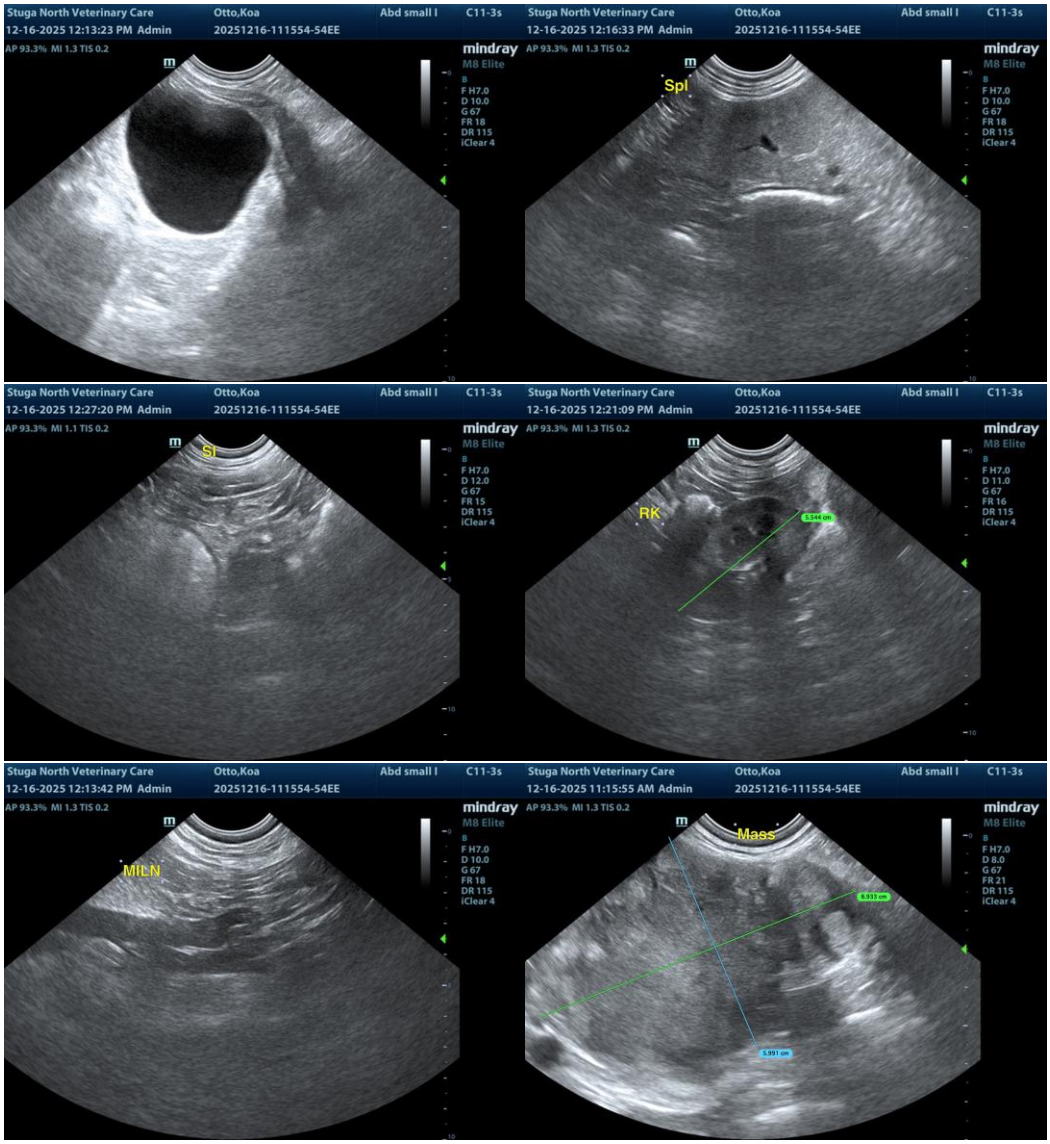

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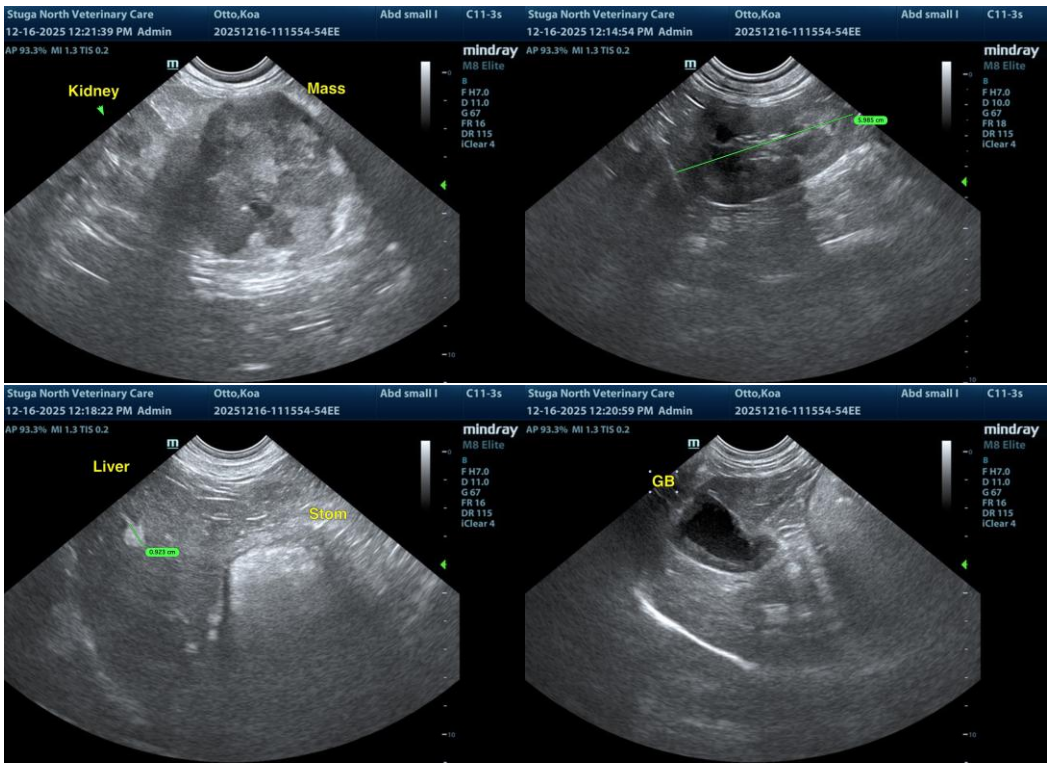


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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