


PATIENT

Georgia Ramos

PRESENTING CLINICAL SIGNS

Muscle wasting over entire body. rDVM diagnosed as Cushings but has not started any medications. 4kg weight loss recently. Has been on Proin long term.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: n/a

BREED

Chow X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

FS

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

AGE

11 years

Normal size and margination were present in the left kidney. 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 5.6 cm in length. The right kidney viewed in the transverse plane was sonographically unremarkable.

WEIGHT

23.6 kg

Adrenal Glands

A nonhomogeneous mass was present in the area of the left adrenal gland, subjectively measuring 4.4 cm length x 3.0 cm width, but potentially larger. Potential for vascular invasion associated with the mass in the area of the left adrenal gland cannot be definitively excluded.

The right adrenal gland was not definitively visualized. The potential for concurrent right adrenal enlargement or pathology cannot be definitively excluded.

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

 Beatties PH Stoney
 Creek

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.

REFERRING VET

Dr. Mellish

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 mild, nondependent gallbladder debris primarily around the inner luminal surface, yet nonorganized or mineralized. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

INVOICE

12935

DATE

12/30/21



PATIENT

Gastrointestinal

Georgia Ramos

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.

SPECIES

Canine

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.

BREED

Chow X

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

23.6 kg

- Left adrenal mass
- Hepatomegaly - subjectively benign, vacuolar / reactive / metabolic hepatopathy is suspected
- Mild gallbladder debris (non-mucocele)

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is a mass in the area of the left adrenal gland which correlates with recent history of diagnosed hyperadrenocorticism. A cortisol secreting tumor, pheochromocytoma, adenocarcinoma, and significant hyperplasia are possible with potential for mixed pathologies. Monitoring of systemic blood pressure is advised. Ideally, further assessment of the area of both adrenal glands for further clarification, as well as for evidence of vascular invasion, via CT is recommended if possible. No overt evidence of associated metastatic disease was noted.

IMAGING

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Creek

A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs may be considered to rule-out concurrent occult pathology, which may account for or contribute to the patient's muscle wasting and weight loss.

REFERRING VET

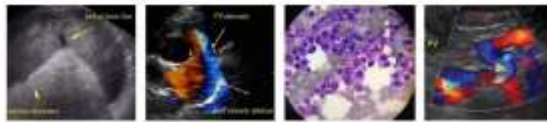
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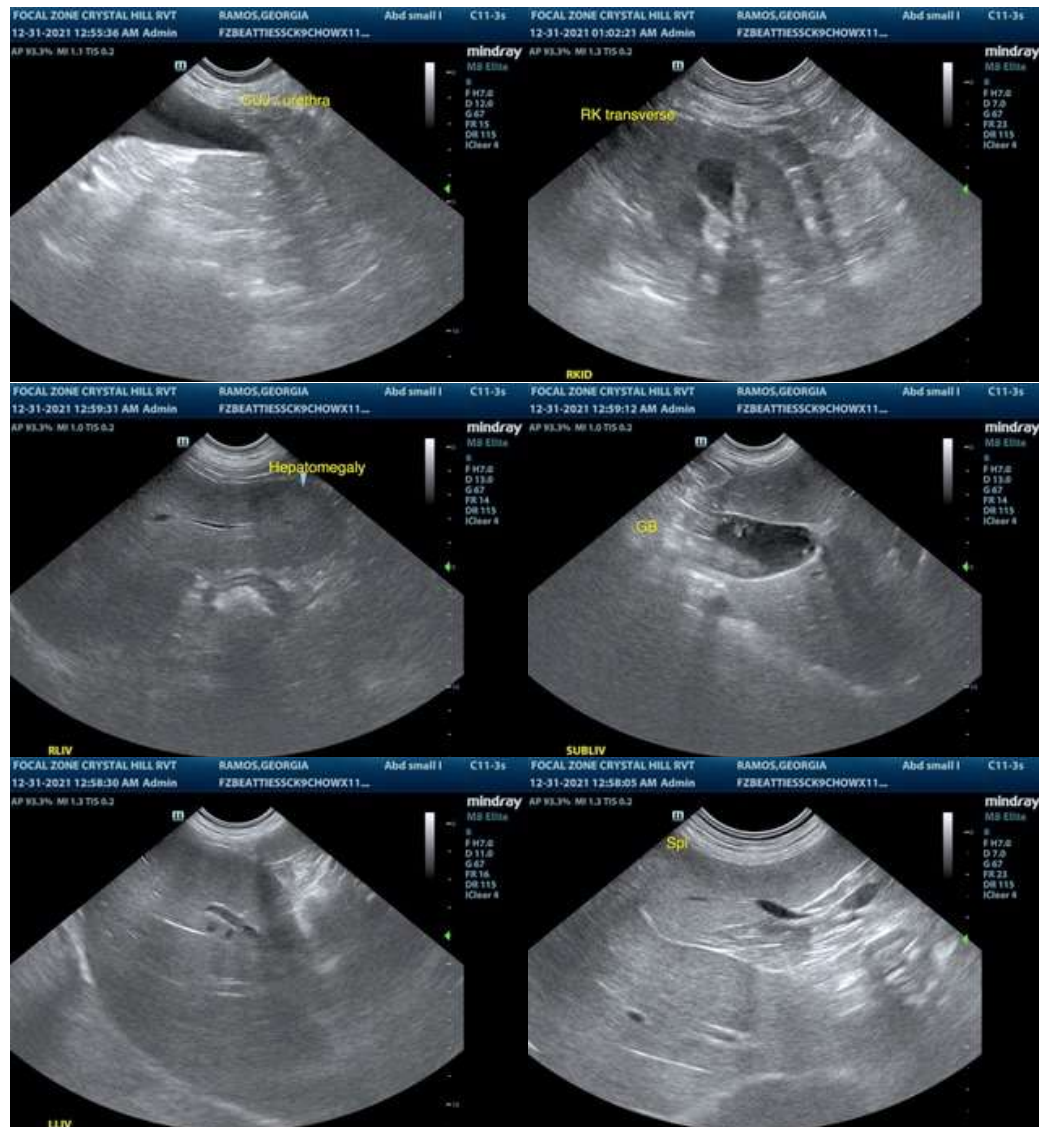
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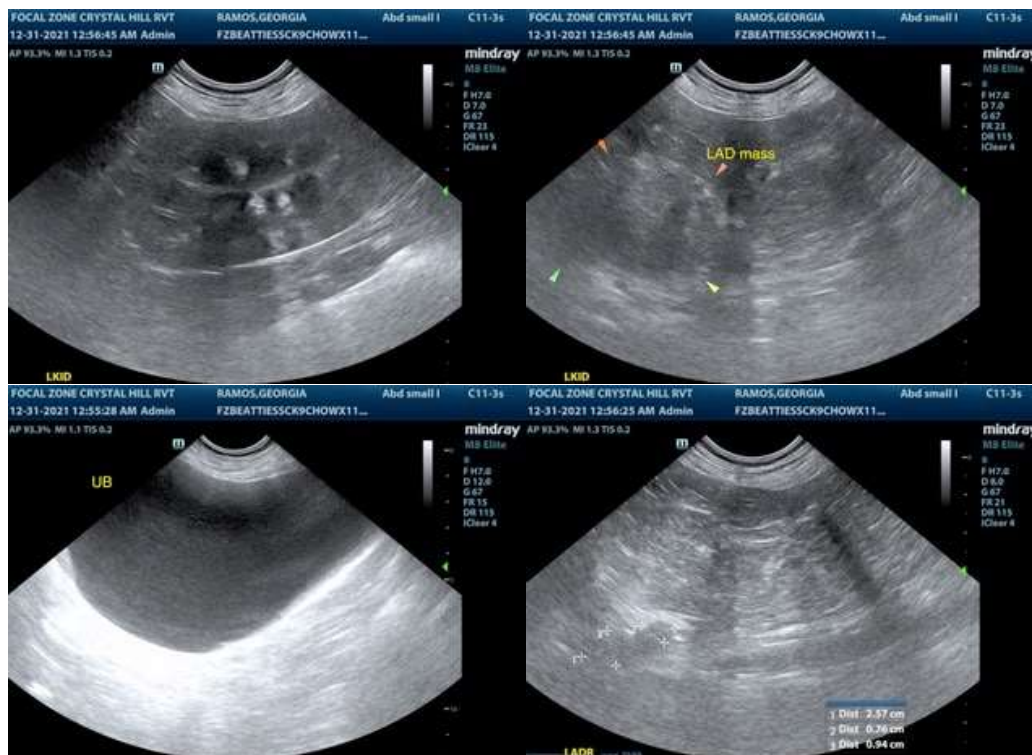
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AGE

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WEIGHT

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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 can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com