



PATIENT PRESENTING CLINICAL SIGNS

Sadie Wright

History: Persistent stranguria and pollakiuria. Not leaking/no incontinence, no blood seen in urine. Chronic signs despite abx therapy. r/o resistant UTI vs urolithiasis v neoplasia. Progressive ALT and ALP elevations x 3 months r/o Cushing's vs other hepatopathy vs benign nodular hyperplasia vs neoplasia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 366; ALP 1816

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder was non-distended in size owing to lack of urine which prohibited full evaluation of the urinary bladder walls. Subjectively, the dorsal urinary bladder wall appeared to exhibit potential sectorial thickening, possibly measuring up to 1.3 cm wall width. No evidence of calculi.

Spayed Female

AGE

11 Years

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. A solitary cyst was present in the left kidney with mild to emerging moderate pyelectasia. The left kidney measured 7.0 cm in length. The right kidney measured 5.8 cm in length.

WEIGHT

77 Pounds

Adrenal Glands

Unilateral enlargement of the left adrenal gland was present. Non-homogeneous maintained capsule integrity with mild asymmetrical capsule margination was present. No evidence of parenchymal mineralization or overt vascular invasion, although the possibility of early phrenicoabdominal vein invasion cannot be definitively excluded. The parenchyma of the enlarged left adrenal gland presented heterogenous to mixed echogenic with nonuniform echotexture. The enlarged left adrenal gland measured 3.1 cm x 2.8 cm. The contralateral adrenal gland was normal in size and measured 0.58 cm width at the caudal pole and 0.51 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

IMAGING

PERFORMED BY

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.

Pamela Harrigan, RDMS

HOSPITAL NAME

Eastham VH

Liver

REFERRING VET

Dr. Rachek Madenjian

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary mildly expansive non-homogeneous to potentially cystic intraparenchymal nodule present in the left liver, measuring 2.6 cm in diameter.

INVOICE

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The gallbladder was non-distended non-thickened yet echogenic walls and anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

12/6/21



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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.

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.

Pancreas

BREED

Mixed

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.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Subnormal urinary bladder, suspect sectorial dorsal wall thickening- potential cystitis versus mural mass possible, although not definitive

WEIGHT

77 Pounds

- Bilateral chronic renal changes with left kidney pyelectasia and cortical cysts

- Left adrenal mass- pheochromocytoma, adenocarcinoma or other neoplasia suspected, potential for hyperplasia, adenomatous change possible yet thought less likely

INTERPRETED BY

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

- Hepatopathy with parenchymal remodeling and solitary mildly expansive intraparenchymal nodule. Vacuolar hepatitis, chronic hepatitis/cholangiohepatitis, early fibrosis or other hepatopathy with area of nodular to regenerative hyperplasia, hematopoiesis with a potential for primary versus metastatic neoplasia given the left adrenal mass. Screening BRAF assay may be considered.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, reevaluation of a full urinary bladder for further clarification recommended, cystoscopy could also be considered. Assuming normal clotting status, hepatic parenchymal and nodule FNA (if accessible) warranted for screening cytology. Monitoring of systemic blood pressure for evidence of hypertension suggestive of pheochromocytoma recommended. LDDST recommended, if clinical signs consistent with hyperadrenocorticism are present.

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SPECIES

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AGE

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WEIGHT

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 Feline)

IMAGING PERFORMED BY

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REFERRING VET

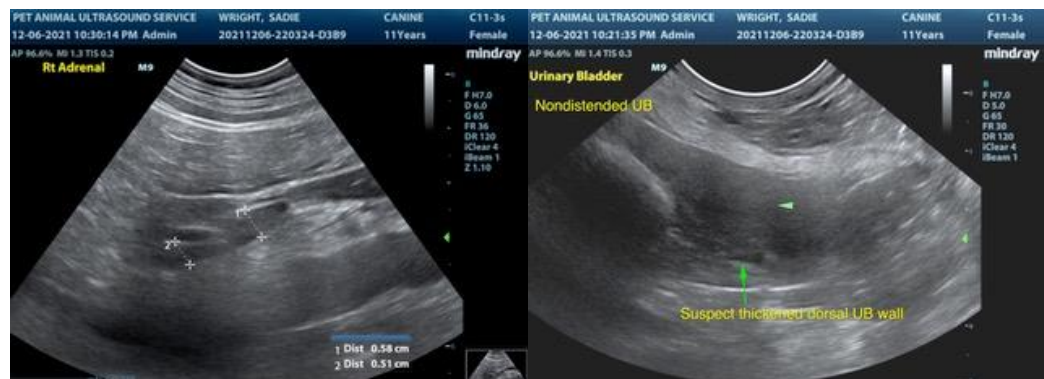
Dr. Rachek Madenjian

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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.



PATIENT

Sadie Wright

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.

SPECIES

Canine

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info@SonoPath.com

BREED

Mixed

SEX

Spayed Female

AGE

11 Years

WEIGHT

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