



PATIENT

Coco Illion

SPECIES

Canine

BREED

Yorshire
Terrier/Maltese

SEX

FS

AGE

12 years

WEIGHT

12

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

12777

DATE

12/9/21

PRESENTING CLINICAL SIGNS

was vomiting a lot of blood 2 days ago , responded good for supportive care with antibiotic and sucralfate

Abnormal PE/Chem/CBC/UA Results: chemistry panel : wnl cbc shows mild regenerative anemia (hct 25 percent , hemoglobin 8.3) cpl : normal xray : normal findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The probable left kidney measured 4.2 cm in length. The probable right kidney measured approximately 3.7 cm in length.

Adrenal Glands

An enlarged, nonhomogeneous to mixed echogenic adrenal mass was present. The mass measured approximately 2.1 cm x 1.3 cm. Overt evidence of parenchymal mineralization associated with the mass was not definitively evident. The possibility of vascular invasion associated with the mass, specifically phrenicoabdominal vein invasion, cannot be excluded.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple to coalescing, non-expansive, echogenic nodules were present within the medial parenchyma adjacent to the hilus. An example measured 0.67 cm. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained primarily echogenic to focally hypoechoic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.40 cm.

The small intestine presented intact wall layering with subjective segmental propensity for mildly prominent mucosa along with segmental mucosal speckling. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.30 cm.

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 were evident.

Free Abdomen

No overt evidence of lymphadenopathy or peritoneal effusion was present. The omentum exhibited subjective normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unspecified adrenal mass
- Gastroenteritis pattern exhibiting gastric ingesta and segmental small bowel mucosal speckling
- Benign splenic nodules - consistent with probable myelolipomas
- Minor age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is unclear if the adrenal mass involved the left or right adrenal gland, although left adrenal involvement is favored as this adrenal gland is generally easier to identify with ultrasound. Mixed echogenic hyperplasia, adenomatous change, or neoplasia such as adenocarcinoma, pheochromocytoma, or other possible with potential mixed pathologies. Adrenal neoplasia is favored although not definitive. Assessment of systemic blood pressure for evidence of hypertension is recommended. Further sonographic assessment or ideally, referral for CT for further clarification is recommended.

The small bowel mucosal speckling is nonspecific yet may be associated with underlying inflammatory enteropathy. The presence of gastric ingesta may suggest post prandial presentation. However, some degree of concurrent metabolic gastric hypomotility may be possible if documented NPO. Continued as-needed gastrointestinal support is recommended.



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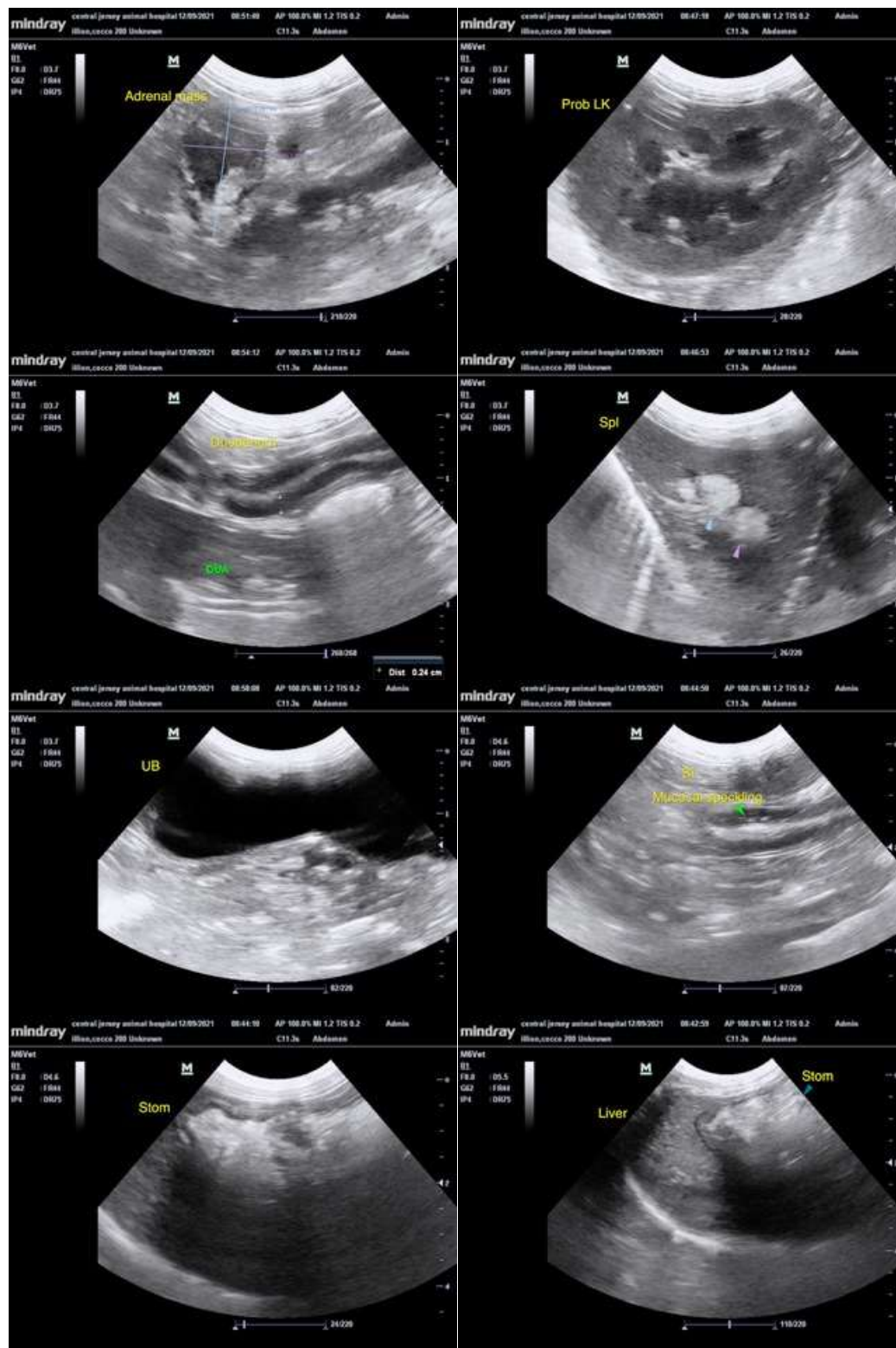
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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

SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

<https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>