



PATIENT

Didi Maxwell

SPECIES

Canine

BREED

Catahoula Leopard
Dog Mix

SEX

FS

AGE

11 years

WEIGHT

27 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Vetco Total Care
(Totowa)

REFERRING VET

Dr. Sarmiento

INVOICE

13317

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Patient presents for PU/PD, suspect Cushing's. Bloods pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 3.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited enlarged size with an intact yet asymmetrical capsule contour. Both adrenals exhibited nonhomogeneous to indistinctly nodular parenchyma. Overt evidence of vascular invasion was not obvious, yet the potential for early phrenicoabdominal vein invasion associated with either the left or right adrenal gland cannot be definitively excluded. A focal area of shadowing mineralization was present in the caudal pole of the right adrenal gland with concurrent hyperechoic, non-shadowing foci present in the right adrenal gland. The left adrenal gland measured 3.1 cm length x 1.55 cm width at the caudal pole and 1.3 cm width at the cranial pole. The right adrenal gland measured 2.5 cm length x 0.83 cm width at the caudal pole and 1.68 cm width at the cranial 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 exhibited mild enlargement with maintained symmetrical capsule contour. Generalized mildly echogenic parenchyma exhibiting moderate coarse echotexture and parenchymal remodeling were present. Variably sized, non-expansive, uniform mildly hyperechoic nodules to small masses were noted intermittently in the liver. An example of a small mass measured 4.0 cm in diameter without evidence of hepatic capsule distortion or parenchymal escape. 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 stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

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

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 lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly exhibiting nonhomogeneous to indistinctly nodular parenchyma, focal caudal left adrenal parenchymal mineralization with possible focal to emerging right adrenal mineralization
- Nonspecific variably sized uniform mildly hyperechoic hepatic intra-parenchymal nodules to small mass
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal in this patient. General considerations for the bilateral adrenal glands may include functional vs. nonfunctional adenomas, lipogranulomas, hyperplasia, with potential for left adrenal or possible bilateral adrenal tumors.

The hepatic intraparenchymal nodules to small mass may indicate benign processes such as lipogranulomas, nodular to regenerative hyperplasia, while the possibility of concurrent primary or metastatic neoplasia cannot be excluded.

Assuming normal clotting status, ultrasound guided FNA of the hepatic nodules to small mass using a 25-gauge needle could be considered for screening cytology. Full adrenal workup including LDDST along with assessment and monitoring of systemic blood pressure is recommended. Pending additional diagnostics, monitoring of the bilateral adrenal glands for evidence of progressive enlargement or parenchymal changes is suggested. Abdominal CT could be considered for further clarification.



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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

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown, New Jersey. More information can be found at

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