



PATIENT

Charlie Duncan

SPECIES

Canine

BREED

Mix

SEX

M/N

AGE

13

WEIGHT

27

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

16183

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Seen by a colleague: Poor appetite, lethargy, weight loss since 2/2/23 he was PU/PD until a few months ago, now that is resolved He is not very hungry

Abnormal PE/Chem/CBC/UA Results: CBC: Significant eosinophilia, otherwise unremarkable Chemistry: Unremarkable Treatments to date: Cerenia, fenbendazole, sucralfate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 4.7 cm in length. The right kidney measured 5.2 cm in length. Focal areas of nonobstructive medullary mineral were noted in both kidneys.

Adrenal Glands

The left adrenal gland was enlarged in size exhibiting maintained symmetrical capsule contour and intact capsule integrity. Nonhomogeneous indistinctly nodular left adrenal parenchyma was present without evidence of parenchymal mineralization. The left adrenal gland measured 3.0 cm length x 1.3 cm width at the caudal pole. No obvious vascular invasion was associated with the left adrenal gland, although cannot be definitively excluded.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.59 cm width at the caudal 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



PATIENT	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.
Charlie Duncan	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	The small intestine exhibited intact to segmentally prominent duodenojejunal wall layering with primarily maintained 1:3 muscularis/mucosa ratio. No evidence of an obstructive pattern, loss of intestinal wall layering, or intestinal masses. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.46 width.
Mix	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	
AGE	<i>Pancreas</i>
13	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.
WEIGHT	<i>Free Abdomen</i>
27	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Enlarged indistinctly nodular left adrenal gland - nonspecific, functional vs. nonfunctional adenomatous changes, benign hyperplasia, emerging neoplasia i.e., pheochromocytoma or other, all potentials • Normal right adrenal gland • Mild chronic renal changes with minor medullary mineral • Intact subjective segmentally prominent small bowel walls
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Brita Kiffney	Full urinary workup including screening C/S and baseline UPC level if evidence of proteinuria is recommended.
HOSPITAL NAME	The small intestine was nonspecific yet although potential for patient variant may suggest underlying enteropathy i.e., IBD, or other. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
Northshore VH	Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.
REFERRING VET	Given the lack of clinical signs suggestive of adrenal hyperfunction i.e., persistent PU/PD, polyphagia, etc., screening blood pressure is recommended to assess for evidence of hypertension which may allude to emerging left pheochromocytoma. Sonographic monitoring of the left adrenal gland for evidence of progressive enlargement or nodular changes with an initial recheck in 4 weeks is recommended. Referral for possible prophylactic left adrenalectomy, as well as intestinal biopsies, may be considered.
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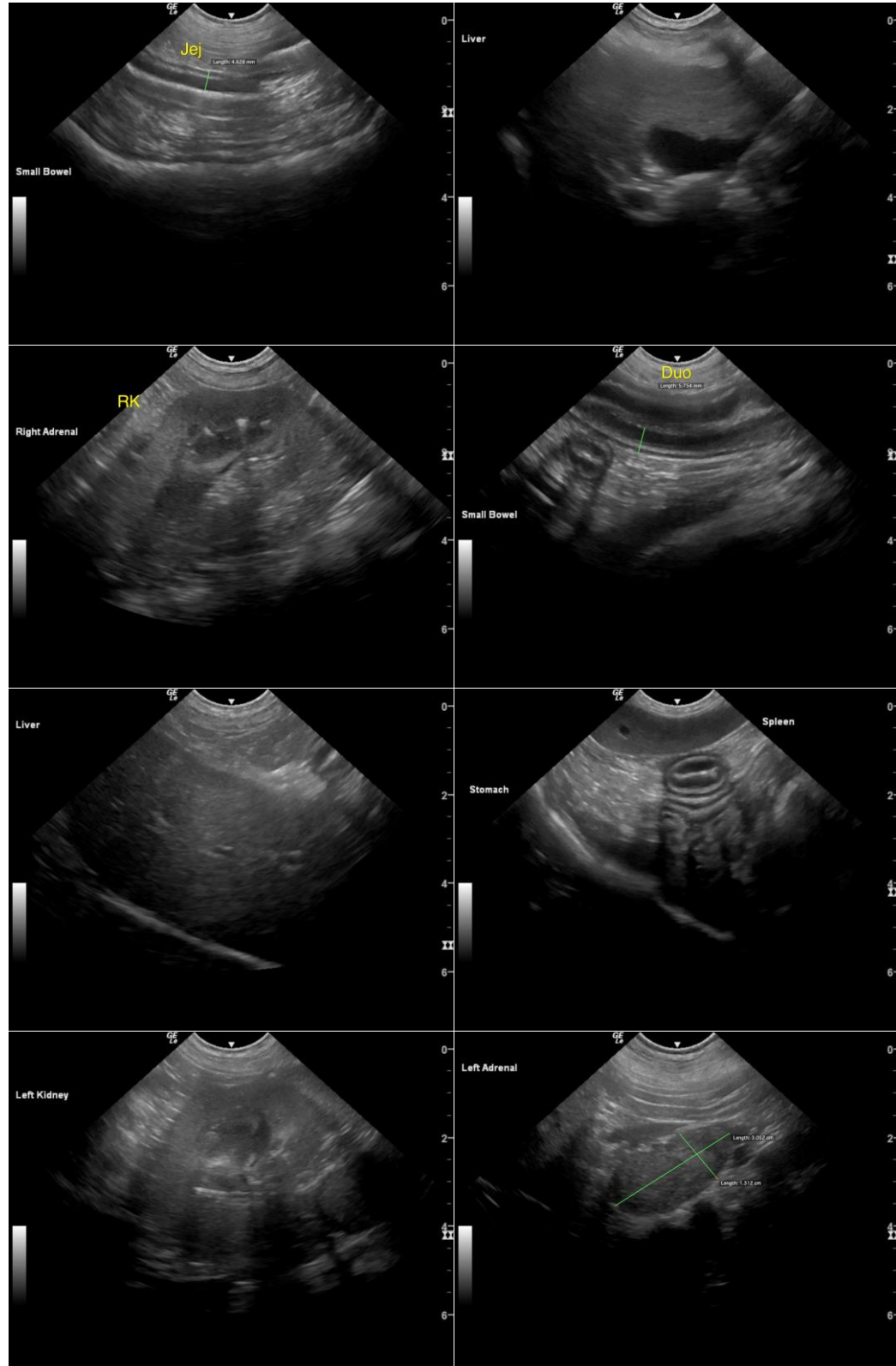
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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