



PATIENT

Zana Fezenko

SPECIES

Canine

BREED

Plott Hound

SEX

FS

AGE

10 yrs

WEIGHT

71

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-
Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Lind-Wilson

INVOICE

10663

DATE

2/26/26

PRESENTING CLINICAL SIGNS

History:

- Straining to defecate - Mass appreciated Caudal Abdomen (painful) and with rectal
- Current Meds: Apoquel

Abnormal PE/Chem/CBC/UA Results: N/A

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 were noted.

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 6.6 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with asymmetrical yet intact capsule. Heterogeneous to indistinctly nodular left adrenal parenchyma was noted. The left adrenal gland measured 3.7 cm length x 1.9 cm cranial pole width, and 1.0 cm caudal pole width.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 2.5 cm length x 1.0 cm caudal pole width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-defined, symmetrical, hyperechoic, medial parenchyma to perihilar nodules. 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

A moderately sized nonhomogeneous caudal liver mass was present with a concurrent, similar appearing, separate, mildly expansive, intraparenchymal hepatic nodule. The liver mass measured ~12.0 cm in diameter. The liver nodule measured 3.5 cm in diameter. The remainder of the liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to



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the spleen with a mild 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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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.

Overall normal intact visible colon wall was present. The colon appeared mild and subjectively distended with formed fecal matter.

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

Nonhomogeneous hypoechoic mass was noted in the caudal abdomen, possibly located within the pelvic inlet, adjacent to the distal descending colon and colorectum, measuring 7.5-8.0 cm in diameter. No visualized midabdomen mesenteric lymphadenopathy, masses, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Caudal abdomen / pelvic inlet mass adjacent to distal colon / colorectum
- Liver mass with concurrent liver nodule
- Bilateral enlarged nonhomogeneous adrenal glands with possible left adrenal mass

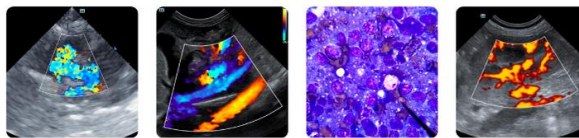
Secondary Findings

- Mild gallbladder debris (non mucocele)
- Bilateral chronic renal changes
- Hyperechoic splenic nodules – most consistent with probable benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal abdomen / pelvic inlet mass is suspected to be colon in origin, given its location with colon impingement and potential obstruction to fecal outflow. Non-colon mass origin is not definitively excluded. Multicentric neoplastic criteria, given concurrent liver mass / nodule and possible left adrenal mass, probable.

Monitoring of systemic BP for hypertension, give left adrenal gland, is recommended. Assuming normal clotting status, FNA cytology, three-view chest radiographs, and abdominal CT would be ideal for further assessment.



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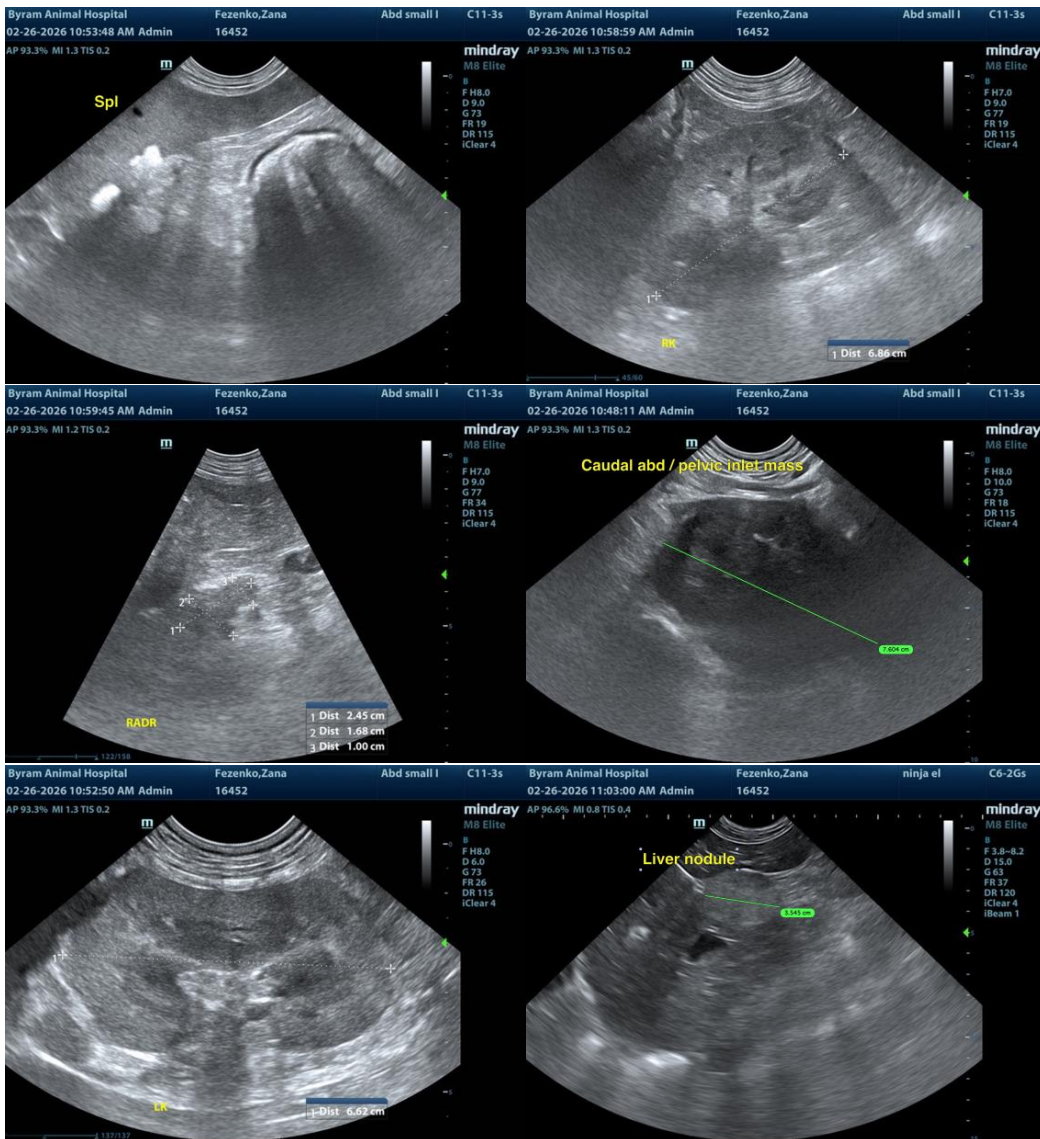
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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>





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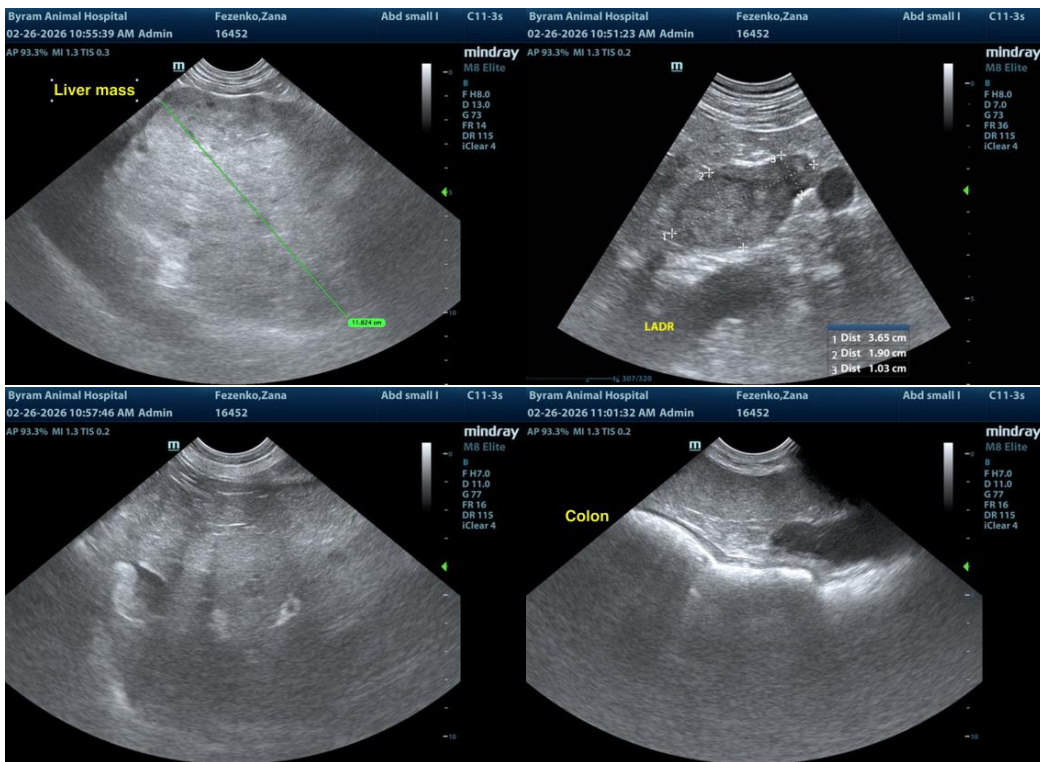
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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