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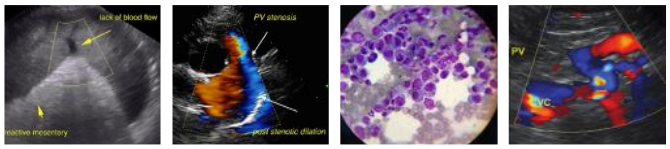

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

George Gilligan

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

11yr

WEIGHT

80.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

12898ag

DATE

02/06/2023

PRESENTING CLINICAL SIGNS

Anal gland mass. BP WNL

Abnormal PE/Chem/CBC/UA Results: USG: 1.028, AST: 105, ALT; 475.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 7.6 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and free of pathology measuring 1.0 cm in diameter.

Adrenal Glands

The left adrenal gland was enlarged in size with primarily symmetrical contour with non-homogenous hyperechoic nodular parenchyma. The left adrenal gland measured 1.8 cm width at the caudal pole and 3.2 cm length. The right adrenal gland was borderline prominent in size with mild asymmetrical capsule contour and mild non-homogenous parenchyma with a focal well demarcated hyperechoic nodule in the mid parenchyma measuring 0.73 cm x 0.66 cm. The right adrenal gland measured 0.94 cm width at the caudal pole and 3.5 cm length.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver was subjectively enlarged in size with normal structure, and contour. Generalized mild non-homogenous parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling was present. No masses or nodules. 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 with mild non-organized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

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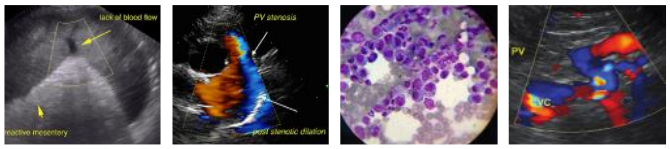

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nodular left adrenal gland
- Concurrent non-disruptive right adrenal nodule
- Hepatopathy with non-homogenous parenchyma-subjectively benign
- Gallbladder debris (non-mucocele)
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of caudal abdominal neoplastic or metastatic criteria i.e., sublumbar or medial iliac lymphadenopathy or masses. The bilateral adrenal glands are non-specific and may indicate adenomatous change, benign hyperplasia, lipogranulomas, primary or metastatic neoplasia specifically in the left adrenal gland, metastasis or other. Given normal reported BP, pheochromocytoma may be less likely, although monitoring of systemic BP is advised. If there is evidence of hypertension, urine catecholamine levels may be considered. Adrenal hyperfunction may be considered less likely given USG >1.020 without reported clinical signs. Sonographic monitoring of the bilateral adrenal glands for evidence of progression with initial recheck in 4 weeks would be ideal. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment.

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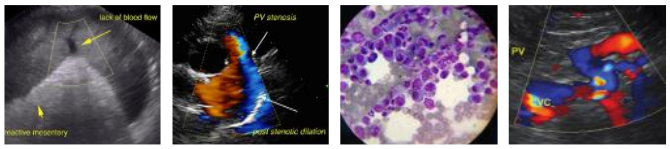

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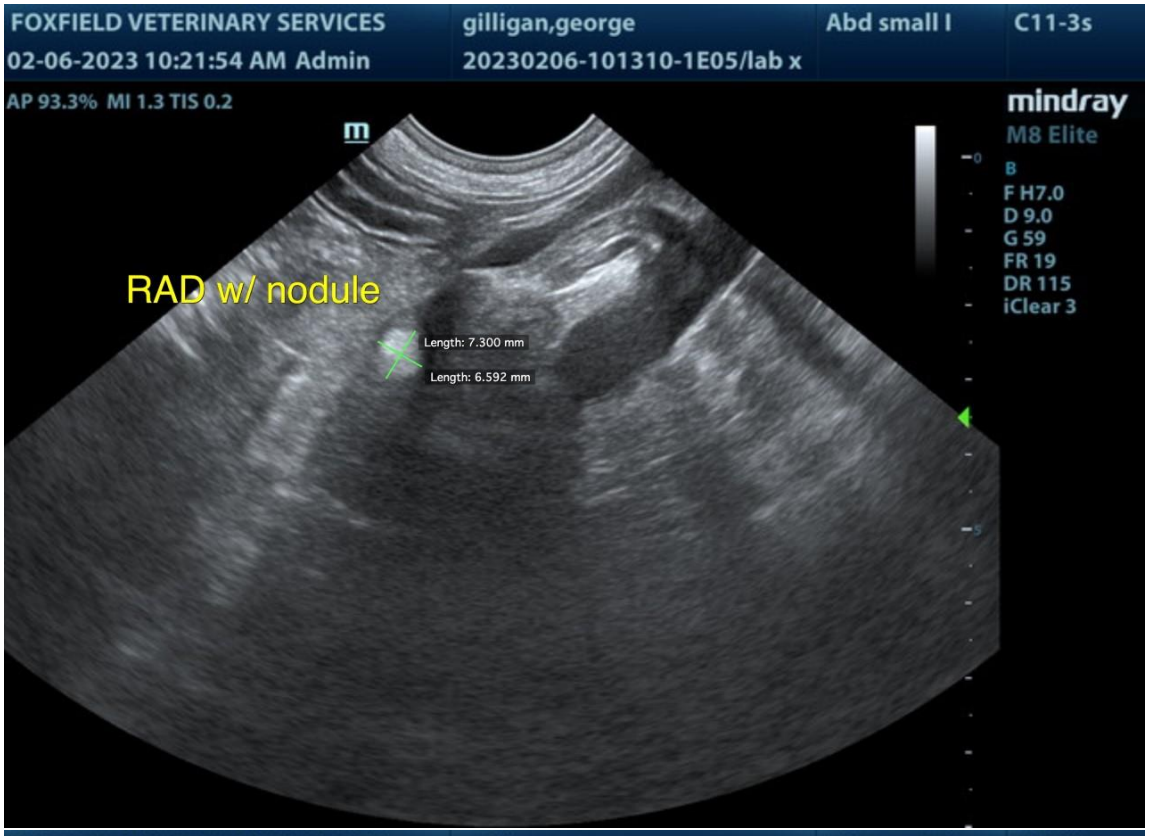

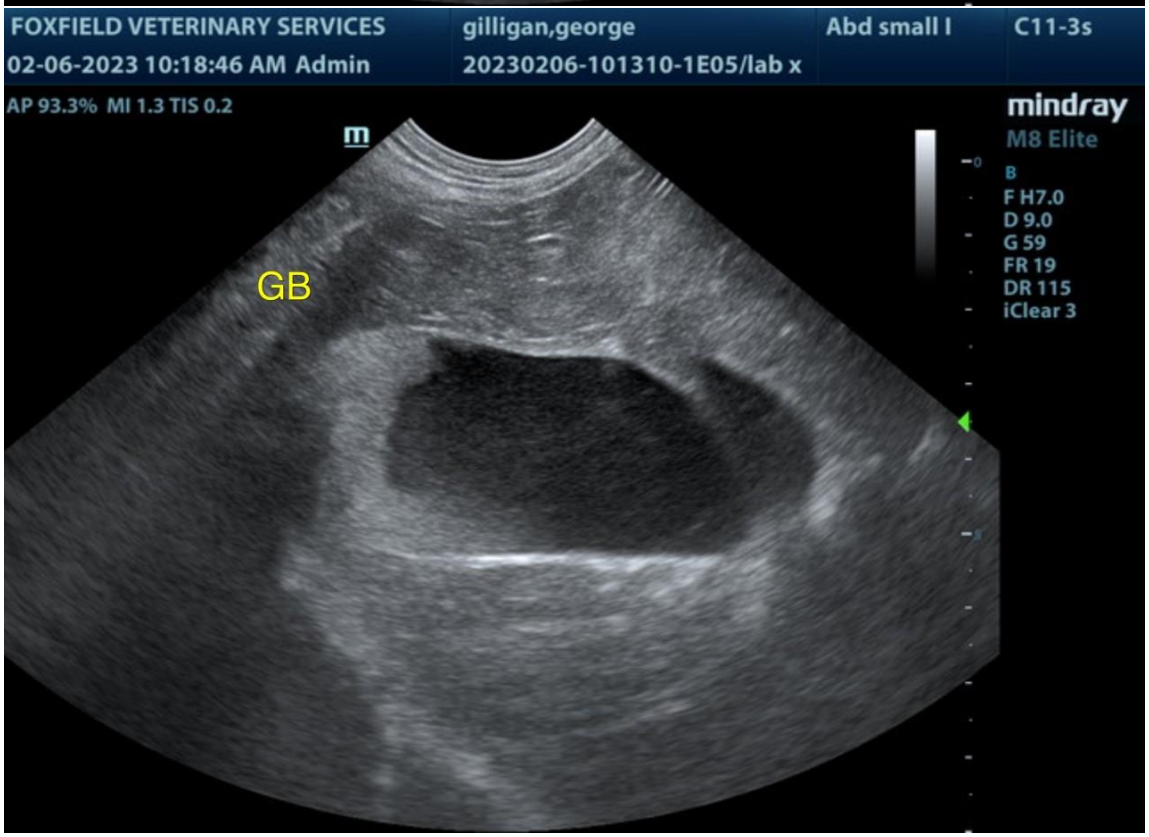

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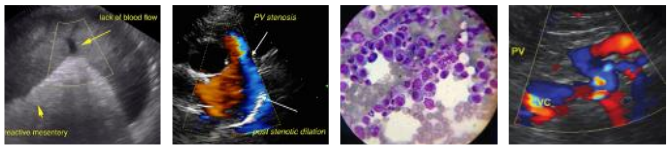

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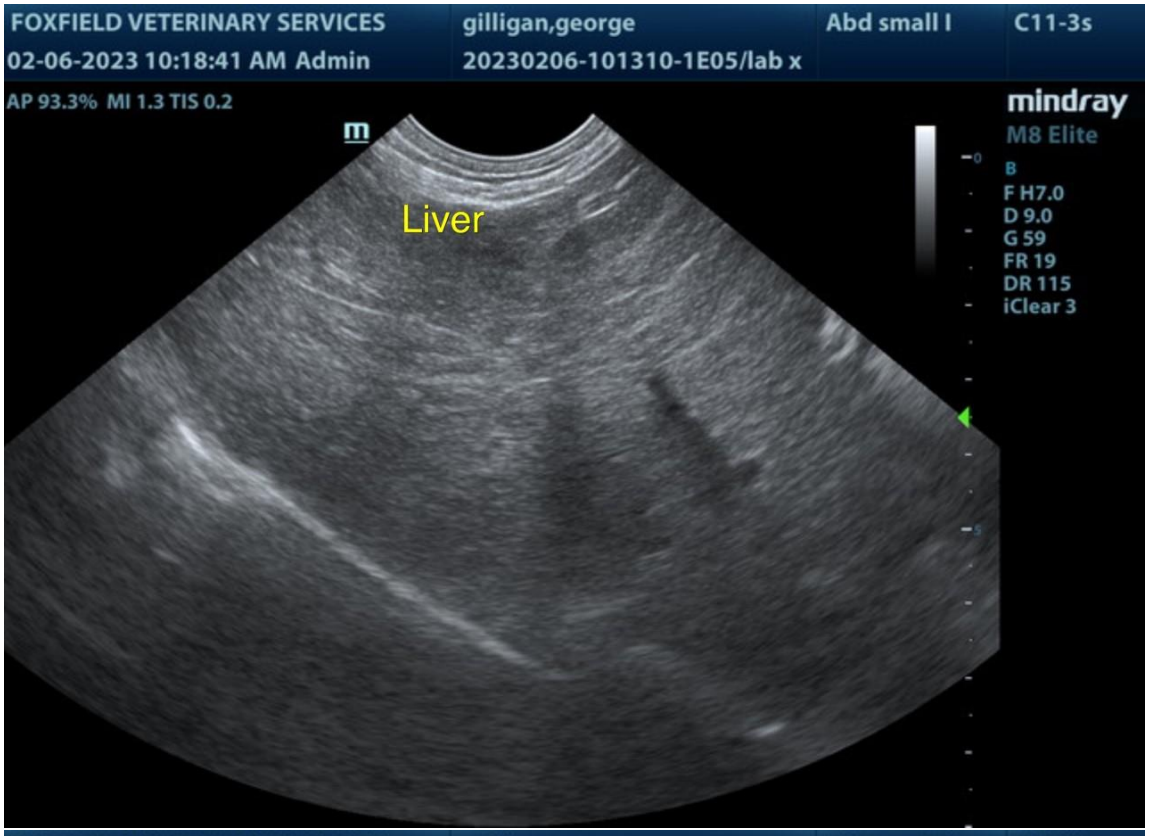

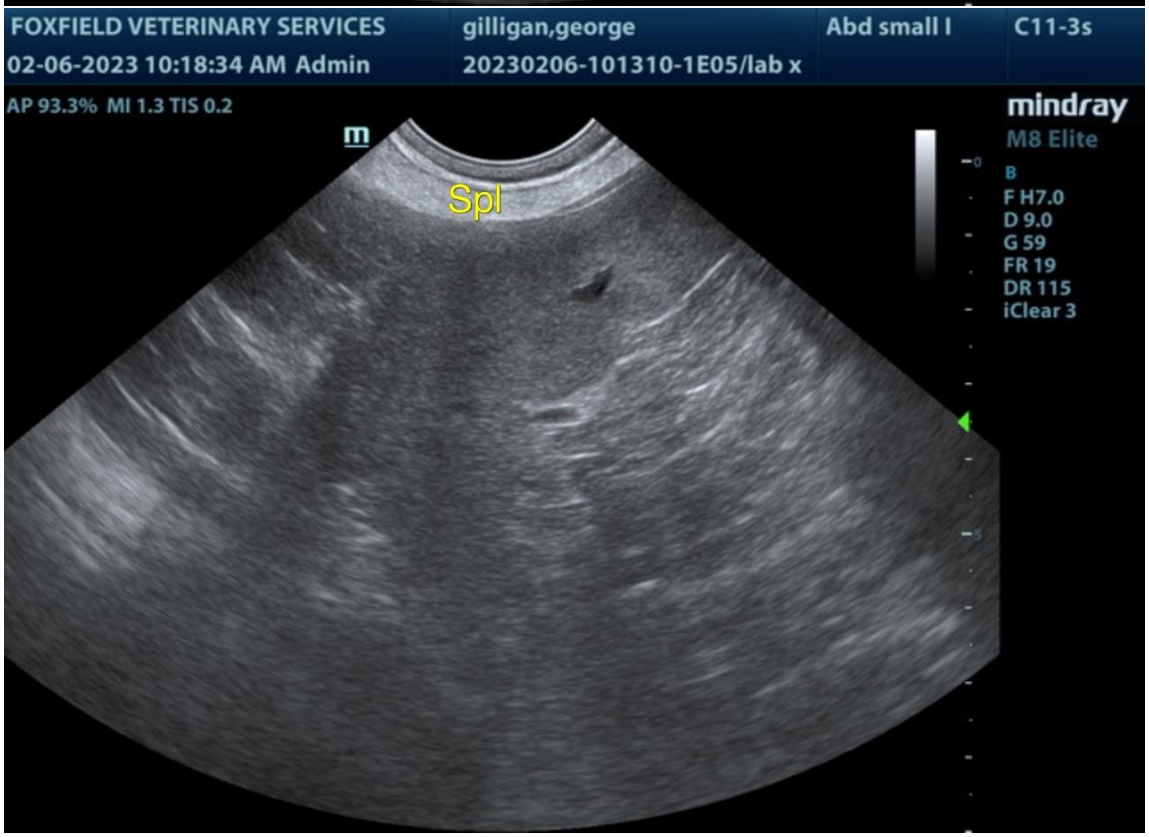

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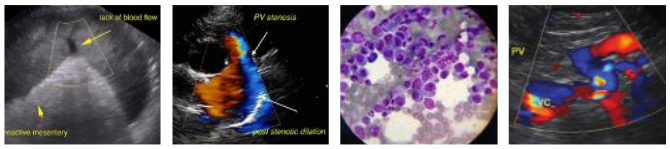

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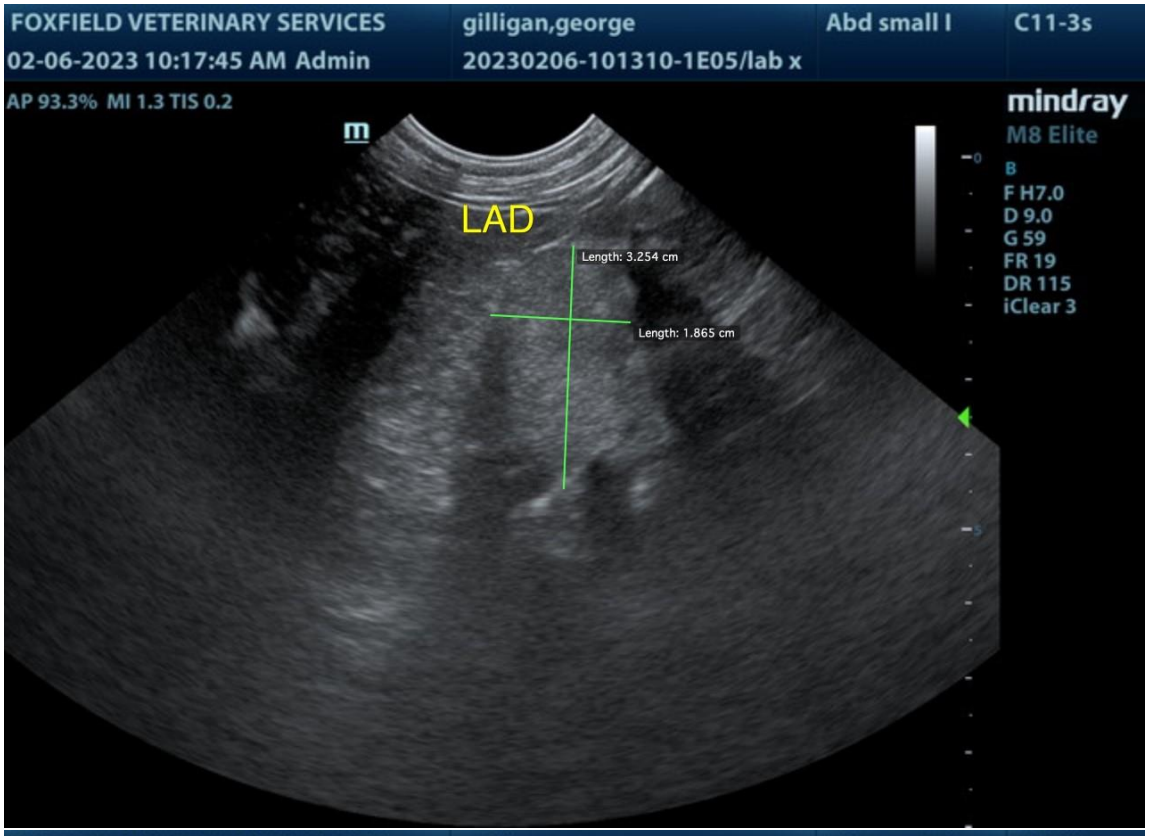

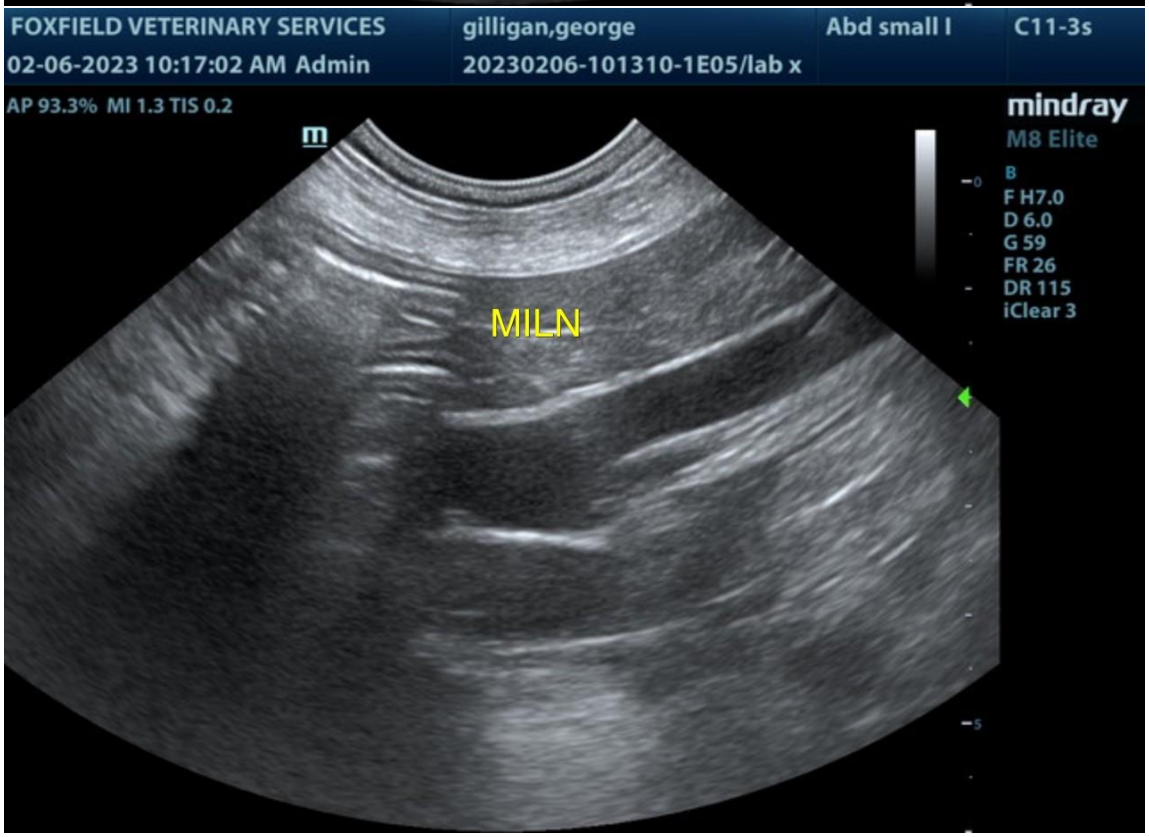

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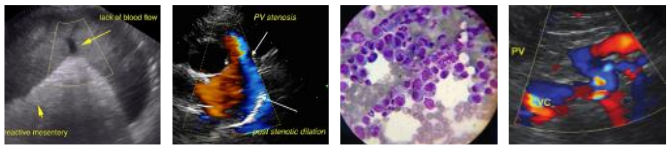

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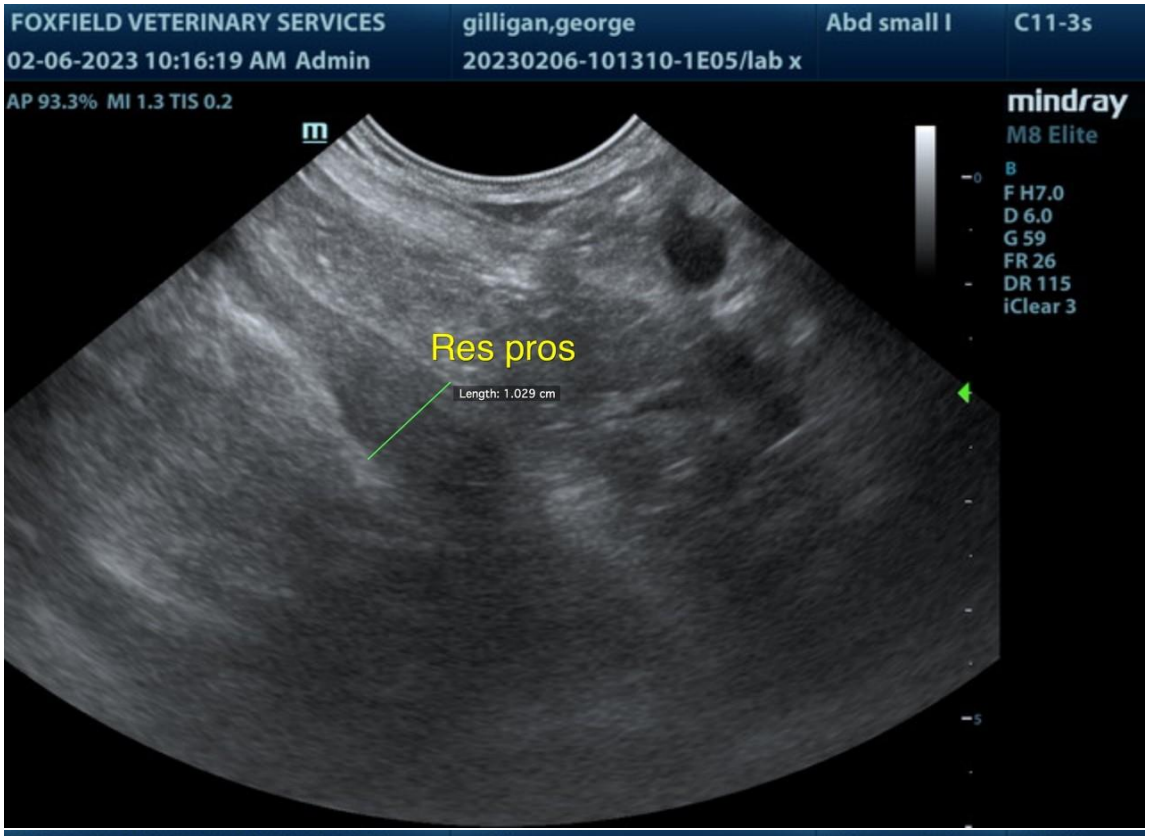

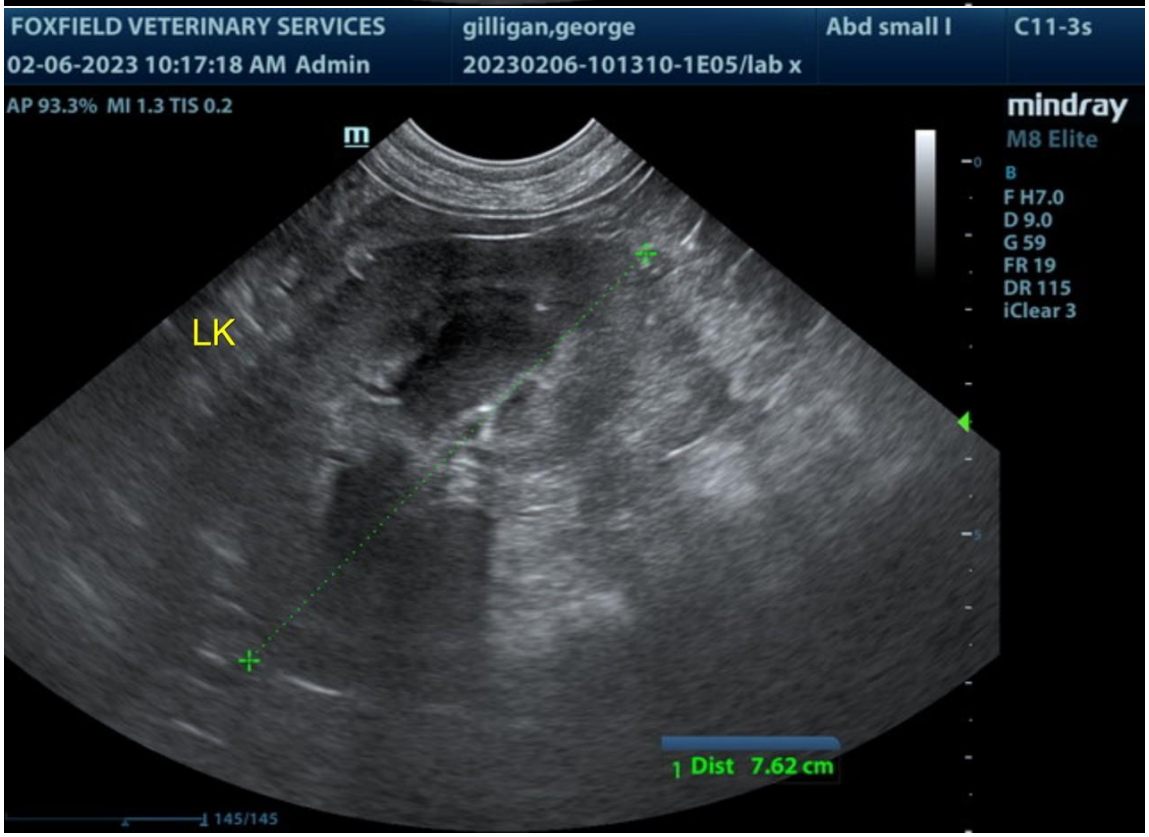

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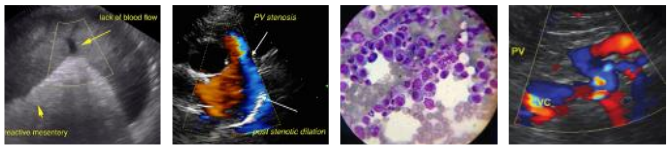

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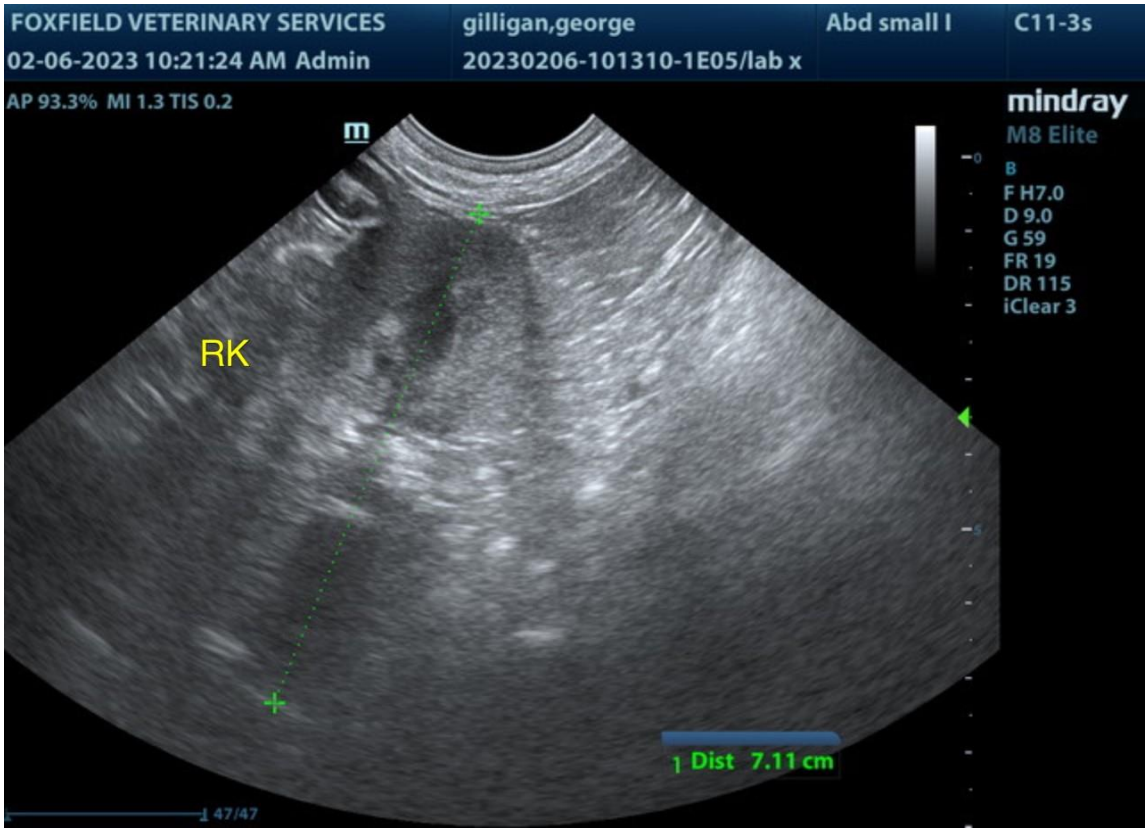

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com