



PATIENT

Toto Perva-Sahman

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

9

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ranchlands Vet
Clinic

REFERRING VET

Dr. Sam

INVOICE

16373

DATE

3/14/23

PRESENTING CLINICAL SIGNS

PU PD enlarged abdomen

Abnormal PE/Chem/CBC/UA Results: Cholesterol normal as well as LDDST was negative. UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based, mildly irregular, nonhomogeneous mass with asymmetrical margination was present in the ventral urinary bladder wall and measured approximately 3.3 cm x 1.6 cm. The mass exhibited pinpoint hyperechoic foci, consistent with pinpoint mass mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Primarily 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. Normal overall urinary bladder size and tone was noted. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.72 cm in width.

A visualized medial iliac lymph node was noted in the area of the iliac trifurcation and was sonographically unremarkable (not consistent with inflammatory or neoplastic / metastatic criteria,) measuring 1.2 cm x 0.54 cm.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.0 cm in length. The right kidney measured 5.8 cm in length. Small cortical cysts were present in both kidneys.

Adrenal Glands

Mildly prominent left adrenal gland was noted based on caudal pole width measurement in light of body weight. Mild heterogeneous left adrenal parenchyma was noted with a discrete cranial pole nodule measuring 0.6 cm in diameter. The nodule was non-distorting without evidence of capsular escape, nodular mineralization, or vascular invasion. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with subtle parenchyma heterogeneity with intermittent discrete hypoechoic nondisruptive splenic nodules. An example of a splenic nodule measured 0.8 cm diameter.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour with normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture and evidence of



PATIENT

Toto Perva-Sahman

minor parenchymal remodeling. Mild increased yet indistinct portal vascular borders were noted. Normal vascular volume was present. No masses or nodules were visualized.

SPECIES

Canine

The gallbladder was non-distended in size containing anechoic content with mild, echogenic gallbladder debris in the caudal lumen and area of the gallbladder neck. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

BREED

Havanese

Gastrointestinal

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.

SEX

MN

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.

AGE

9

Normal visible colon wall layers were present with apparent formed feces in lumen.

WEIGHT

12 kg

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.

INTERPRETED BY

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

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

IMAGING PERFORMED BY

Dr. Belan

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes with cortical cysts
- Mildly prominent indistinctly nodular left adrenal gland
- Mild hepatomegaly - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Discrete nondisruptive splenic nodules - hyperplasia, hematopoiesis, or similar suspected, neoplastic criteria thought less likely
- Sessile based ventral urinary bladder mass exhibiting evidence of mineralization - strongly suggestive of neoplastic criteria, i.e., transitional cell carcinoma

HOSPITAL NAME

Ranchlands Vet
Clinic

REFERRING VET

Dr. Sam

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

16373

Given reported normal LDDST, the mildly prominent to indistinctly nodular left adrenal gland is of unclear clinical significance. Mild left adrenal adenomatous change or benign hyperplasia are suspected while the possibility of emerging left adrenal neoplasia i.e., pheochromocytoma, is thought less likely yet cannot be definitively excluded. Screening BP is recommended to assess for evidence of hypertension which may allude to a more aggressive emerging left adrenal pathology.

DATE

3/14/23

Pending urinalysis with additional renal staging to include C/S and baseline UPC level, if evidence of proteinuria given the PU/PD, is recommended. Screening BRAF Assay +/- cytospin cytology of free catch urine sample with pathology review to assess for atypical transitional cells is suggested.



PATIENT

Toto Perva-Sahman

Screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered if evidence of persistent / progressive splenic nodular changes.

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

9

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ranchlands Vet
Clinic

REFERRING VET

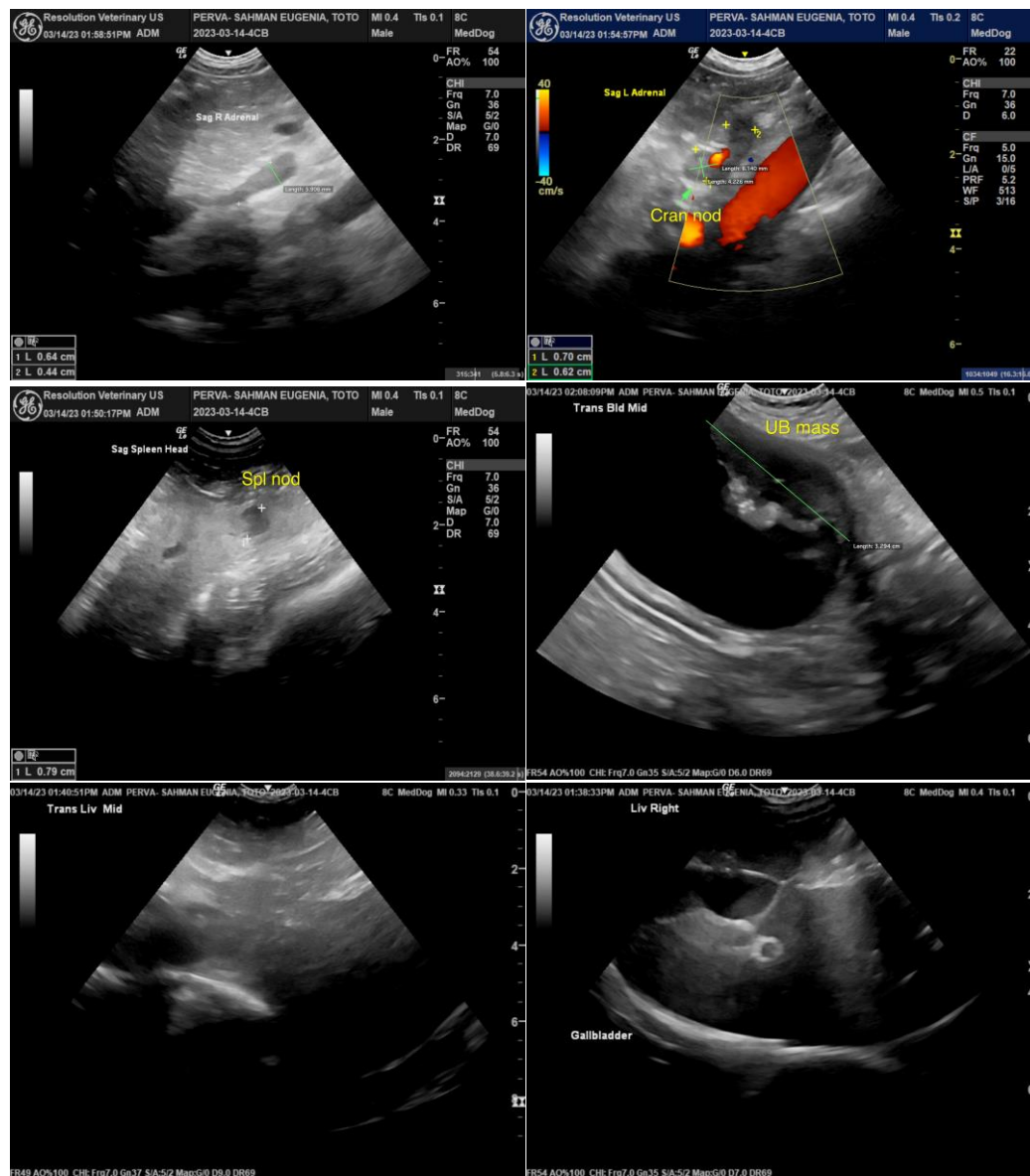
Dr. Sam

INVOICE

16373

DATE

3/14/23





PATIENT

Toto Perva-Sahman

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

9

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ranchlands Vet
Clinic

REFERRING VET

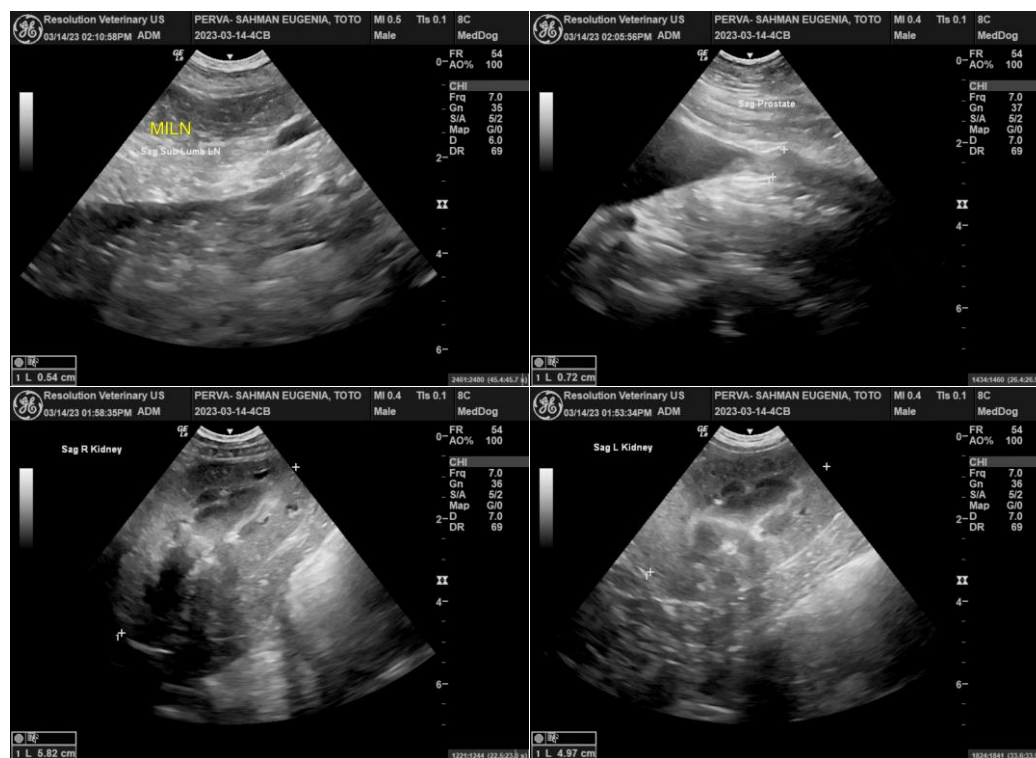
Dr. Sam

INVOICE

16373

DATE

3/14/23



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