



PATIENT

Tessa House

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

13492

DATE

3/16/22

PRESENTING CLINICAL SIGNS

anorexia, panting more than usual, painful on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: crea 2.2, Phos 6.9, ALKP 426, Cl decr 106; WBC 21.43 with neutrophilia 15.5; RBCs incr 9.46, retics dec 19.6. UA: dark yellow, cloudy, protein 30, ketones 15, blood 250, USPG 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate to hyperechoic sediment was present without evidence of calculi or lower urinary tract masses. This is likely consistent with cellular debris or protein, given the urinalysis. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and mild asymmetrical contour 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited nonobstructive medullary renoliths. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

Unspecified, nonhomogeneous to irregular mass was present in the area of the left adrenal gland measuring subjectively 5.0-6.0 cm in diameter. The right adrenal gland was not definitively visualized.

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 mildly nonuniform and hypoechoic to the spleen with a moderate 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Probable minor retained nonshadowing ingesta was present in the stomach.



PATIENT	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent small intestinal mucosa and minor ileus pattern primarily in the left abdominal intestine. No overt Intestinal masses were noted.
Tessa House	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<i>Pancreas</i>
BREED	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.
Mixed	
SEX	<i>Free Abdomen</i>
FS	Primarily left peritonitis / retroperitonitis exhibited by nonuniformly hyperechoic omentum and tissue primarily around the left kidney, unspecified mass in the area of the left adrenal gland, as well as the left abdomen with mild concurrent free fluid present in the subjective right retroperitoneal space, was present. No evidence of significant lymphadenopathy was noted.
AGE	
12 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
N/A	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Nonspecific acute to chronic renal changes with nonobstructive medullary renolithiasis • Unspecified mass in the area of the left adrenal gland • Hepatic parenchymal remodeling - subjectively benign • Sonographically unremarkable gallbladder • Primarily left peritonitis / retroperitonitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Diane McFadden	The unspecified mass in the area of the left adrenal gland is suspected to be of adrenal origin given its location and without overt involvement of the caudal spleen, as well as the left pancreas. Neoplastic criteria is favored, although non-neoplastic etiologies such as a consolidated abscess or other could be possible. Potential extension or early involvement of the cranial medial left kidney, as well as extension of the mass into the peritoneal space cannot be excluded. If possible, further assessment with abdominal CT is likely ideal, given this presentation. A blood pressure assessment is suggested.
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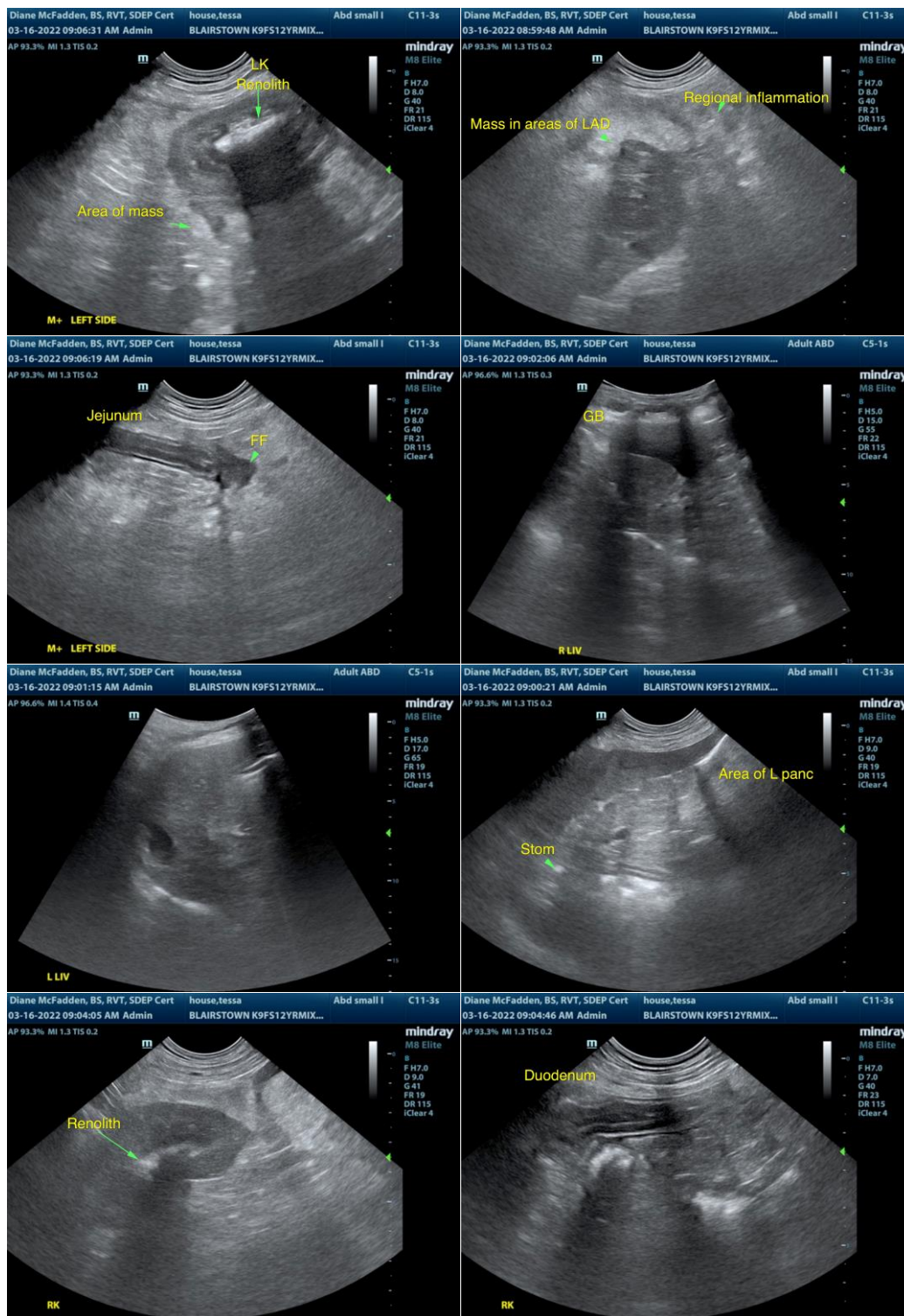
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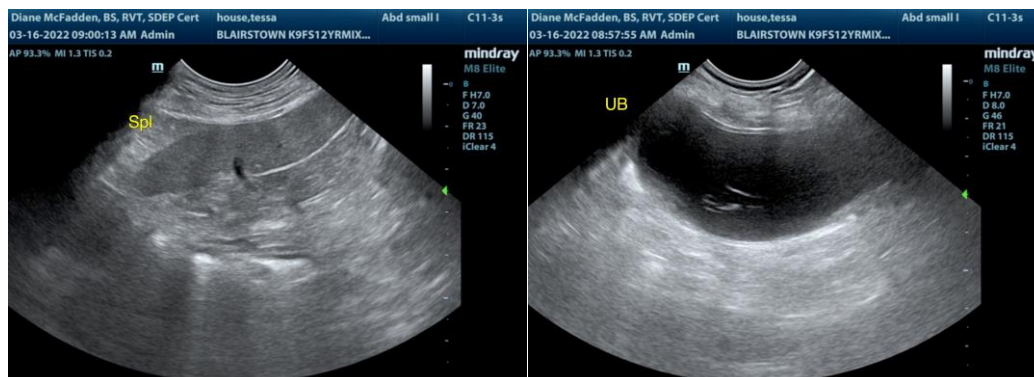
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com