



PATIENT

Rocco Carpluk

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

11 yrs

WEIGHT

13.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

16482

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Episode of sudden hypotension, white mucous membranes, low HCT and weakness, resolved after fluid therapy given at E.R facility. History of adrenal mass (unknown side), elevated liver enzymes, scant ascites. Current meds: Denamarin, Ursodial, and Yunnan Baiyao.
Abnormal PE/Chem/CBC/UA Results: RBC 5.3, HCT 35.3, phos. 6.9, ALT 930, 948.

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 free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited variable prominent size in the primarily mid to cranial left adrenal gland with asymmetrical contour and mild heterogeneous nonmineralized left adrenal parenchyma. The left adrenal gland subjectively measured 2.7 cm length x 1.0 cm width at the caudal pole and 1.7 cm width at the cranial pole. The definitive right adrenal gland was not visualized.

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 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing variably echogenic ingesta / chyme without signs of 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 were evident.

Free Abdomen

Moderately sized to large, irregular to nonhomogeneous potentially cystic to cavitated mass noted in the area of the caudal caudate liver and right adrenal glands was present measuring approximately 9.0 cm x 8.0 cm. The mass appeared to encircle the portal vein potentially extending into the area of the portal hilus. Small pockets of scant peripheral to peritoneal free fluid were present. Possible indistinct hepatic lymphadenopathy was noted although not definitive.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged irregular left adrenal gland
- Hepatic parenchymal remodeling
- Moderately sized to large, irregular mass area of caudate liver lobe and right adrenal gland
- Moderate chronic renal changes
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the area of the caudate liver and right adrenal gland is consistent with neoplastic criteria with primary hepatic origin or primary adrenal origin with invasion into the caudate liver lobe and potential for possible vascular invasion possible.

The left adrenal gland is abnormal and strongly concerning for potential concurrent or primary left adrenal pathology.

Three-view chest radiographs are suggested if not recently done. If further clarification is indicated, abdominal CT would be ideal. However, given the location of the mass in the area of the portal vein and potential portal hilus, surgical options appear to be likely precluded.



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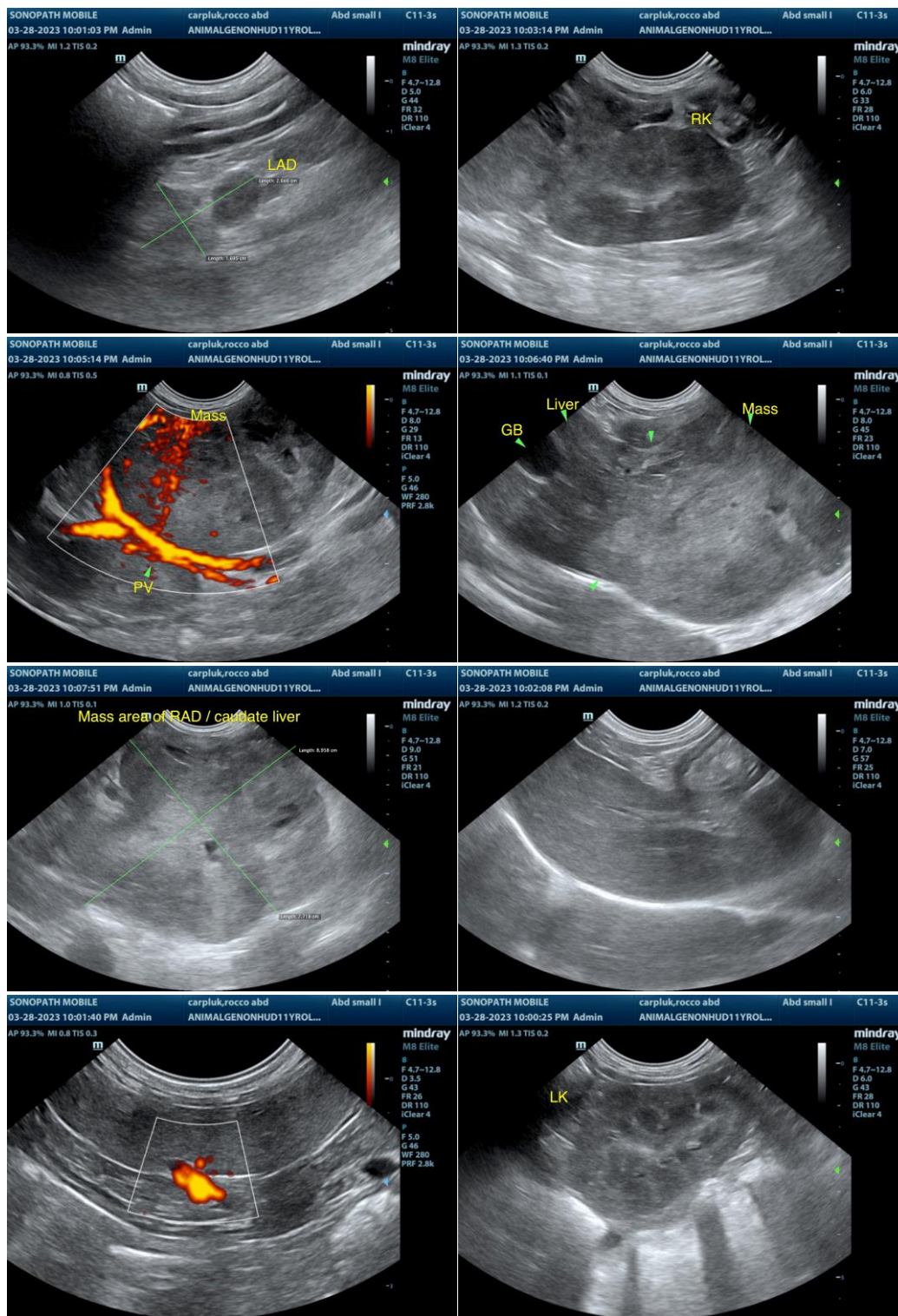
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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