



PATIENT

Maggie McDonough

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

10yr

WEIGHT

50lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook Animal
Clinic

REFERRING VET

Sorbo

INVOICE

13331ag

DATE

03/30/2023

PRESENTING CLINICAL SIGNS

Reason for scan: P here for skin tumor removal with me. Pre-op labs: ALP elevation on hisotrical lab work and recent lab work and UPR of 1.2. Historical ALP elevation of around 900. AUS in October 2021 at referral center revealed an LEFT adrenal nodule. Normetanephrine sample was submitted at the time, but I do not have these results. P is not clinical for pheo. It appears hyperadrenocorticism was also ruled out at this time. P is on 20mg telmisartan SID.

Abnormal PE/Chem/CBC/UA Results: Recent labs show a jump oin ALP from 900 to 2,500. UPCR 1.2 (historically 1.6), USG 1.046. The remainder of labs wnl. Extremely nervous during the scan. P was on 0.25mg/kg butorphanol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 6.2 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the left adrenal gland cranial pole with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.56 cm. Overall the left adrenal gland measured 0.62 cm width at the caudal pole and 2.5 cm length.

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 2.0 cm length.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal potentially coalescing well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma and perihilar. Potential concurrent regional medial capsule fibrosis was noted. No splenic masses. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder



PATIENT	was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Maggie McDonough	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta consistent with food with no signs of ileus, obstruction or foreign material.
BREED	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.
Lab	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
MN	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.
AGE	Free Abdomen
10yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
50lb	<ul style="list-style-type: none"> • Mild non-specific chronic renal changes. • Non-disruptive left adrenal nodule. • Benign hepatopathy-vacuolar hepatopathy pattern. • Normal gallbladder. • Benign splenic nodules with possible medial capsule fibrosis- incidental.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Largely a geriatric abdomen without evidence of significant visceral pathology. Suspect left adrenal adenoma although the possibility of emerging adrenal neoplastic nodule cannot be excluded. Continued sonographic monitoring of the left adrenal nodule as well as monitoring for evidence of hypertension is suggested. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Continued periodic monitoring of UPC on current therapy would be appropriate.
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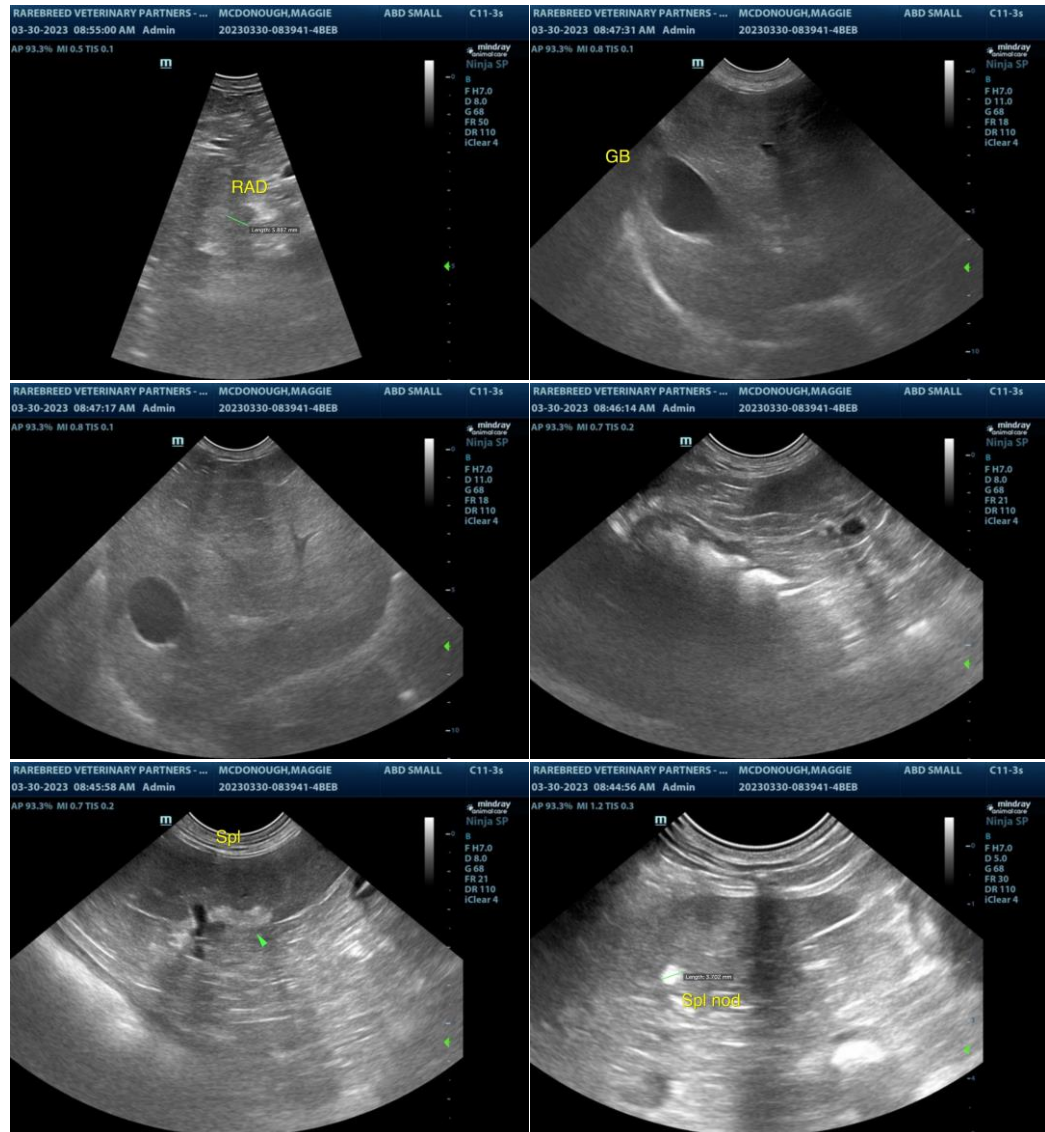
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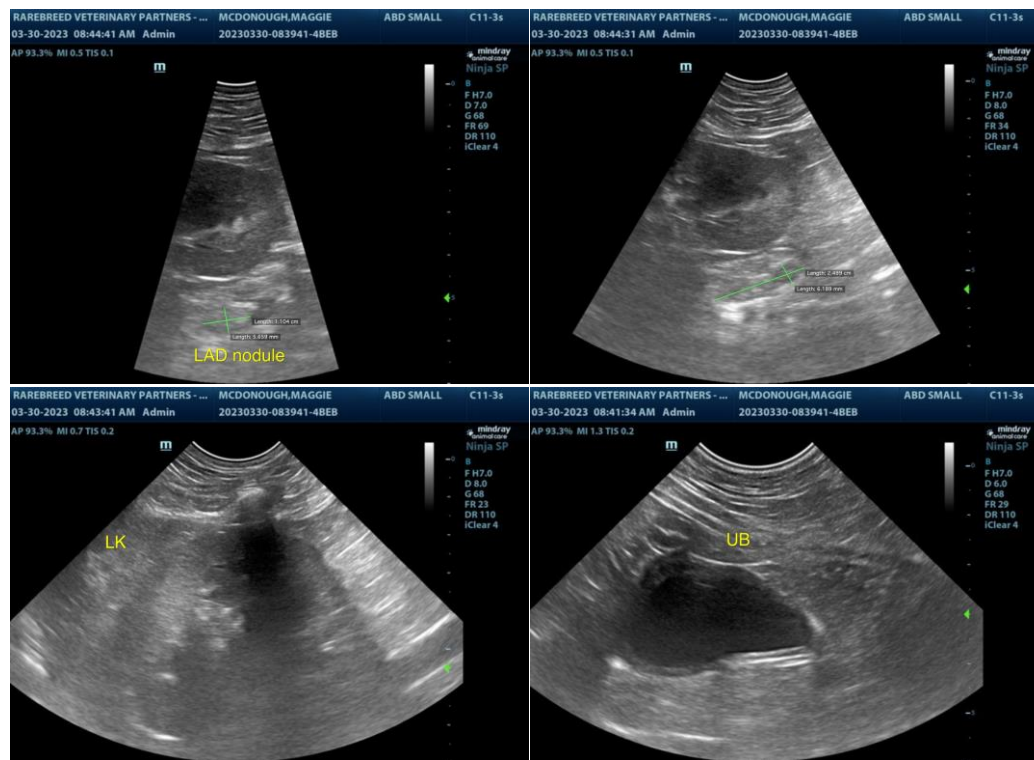
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com

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