

PATIENT

Bali Perel

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

2017

WEIGHT

90

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Mt. Airy AH

REFERRING VET

DiStephan

INVOICE

13362

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Panting at night, lethargy, weight gain. Vomiting and decreased appetite.

Medication: Cerenia inj.

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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole. The right adrenal gland was enlarged in size exhibiting asymmetrical margination and non-homogeneous parenchyma. Evidence of vascular invasion was present. The right adrenal gland measured ~5.4 cm x 2.3 cm, possibly mildly larger as the adrenal margins were indistinct.

Spleen

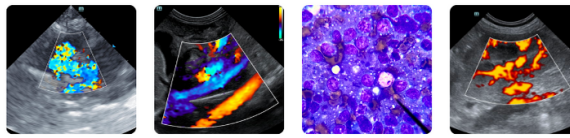
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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.

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

SPECIES

Pancreas

Canine

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

Female Spayed

ULTRASONOGRAPHIC FINDINGS

AGE

- Right adrenal mass with vascular invasion
- Normal left adrenal gland
- Chronic hepatopathy pattern exhibiting parenchymal remodeling
- Mild, non-organized gallbladder debris – not consistent with mature mucocele
- Sonographically normal gastrointestinal tract
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The right adrenal mass with evidence of vascular invasion is consistent with neoplastic criteria with carcinoma, pheochromocytoma or other possible. Serial monitoring of systemic BP for evidence of hypertension and +/- urine metanephrine level given potential for pheochromocytoma and if hypertension is present, is recommended. Abdominal CT would be ideal for further clarification if surgery is a potential option in this patient. Gastrointestinal support indicated. Screening hepatic FNA cytology, bile acid profile and a GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult disease as a contributing factor to the patient's clinical signs.

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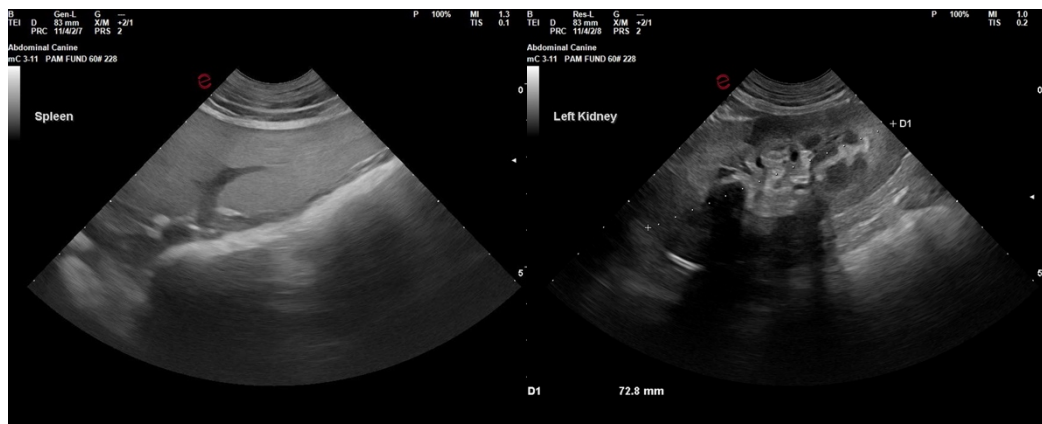
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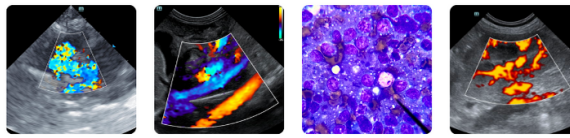
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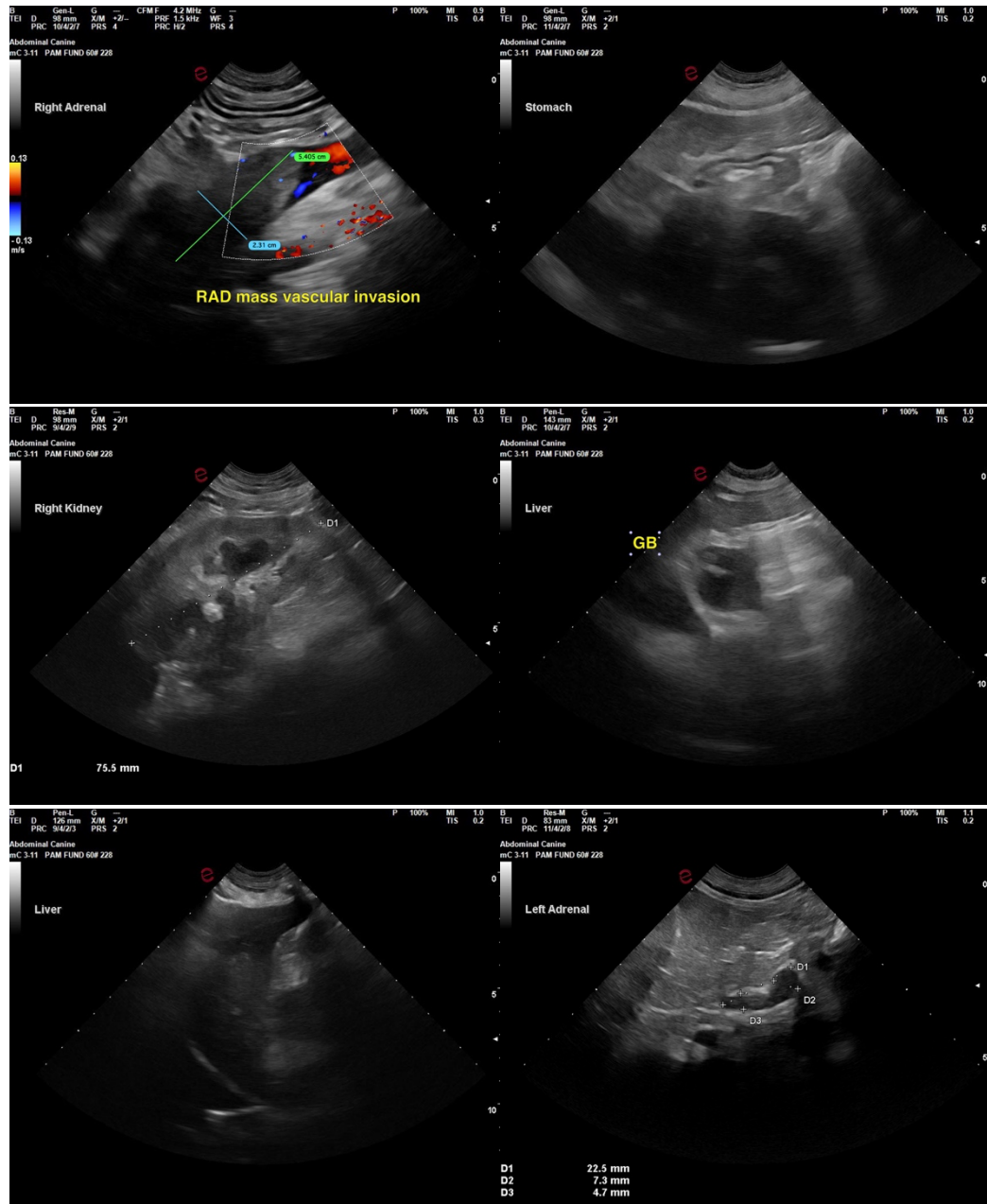
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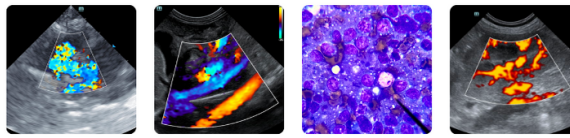
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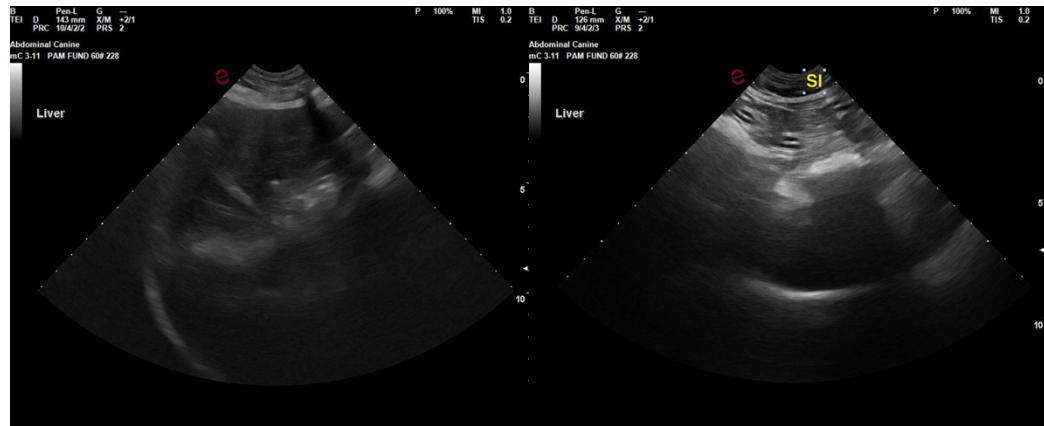
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com