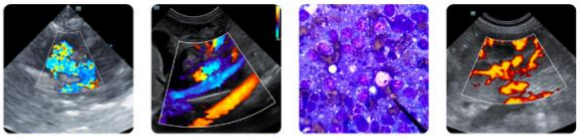

PATIENT

Jasmine Wolf

SPECIES

Canine

BREED

Lab Mix

SEX

Intact Female

AGE

9 Years 11 Months

WEIGHT

89.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Gruber

INVOICE

14999

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Concerns about possible cancerous process. Exophthalmic OD, R/o mass vs abscess of retro bowbal area. Gabapentin 600 mg po BID, tobramycin 2ggt OD TID, amoxicillin 1000mg po BID, Buprenex, famotidine

Abnormal PE/Chem/CBC/UA Results: 4dx negative Cortisol resting baseline clear as for Addison's, wbc 30k, reticulocytes increased, decreased MCV, decreased MCHC, decreased MCH, BUN 30, ALT 216, ALP 1109

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. 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 uterus and bilateral ovaries was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. Mildly thickened nonhomogenous hyperechoic cortex with enhanced to indistinct corticomedullary border demarcation was also present. Focal to mild regional hyperechoic cortex in the left kidney consistent with cortical infarcts were present. The left kidney measured 7.0 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of pathology although indistinctly visualized.

Mildly nonhomogenous hyperechoic nonmineralized nodules were present in the cranial and caudal poles of the right adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The cranial pole nodule measured 1.3 cm x 0.75 cm. The caudal pole nodule measured 0.75 cm x 0.60 cm. The overall right adrenal gland measured 0.82 cm width at the caudal pole.

Spleen

The spleen presented with normal size, capsule asymmetry and nonhomogenous hyperechoic parenchyma exhibiting multiple pinpoint hyperechoic parenchyma foci and subjective mild perihilar medial capsule fibrosis.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of pericholecystic inflammation.

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.

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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment.
- Nonspecific chronic renal changes with left kidney cortical infarcts.
- Mild nodular right adrenal gland- benign hyperplasia, adenomas. Emerging right adrenal neoplastic nodules or right adrenal tumors thought less likely yet not excluded.
- Nonenlarged hyperechoic nonhomogenous spleen with hyperechoic parenchyma foci- foci may indicate pinpoint areas of microinfarction, fibrosis or mineralization, splenic hematopoiesis, inflammation, neoplasia thought less likely.
- Hepatopathy with early immature gallbladder mucocele- subjective benign.
- Sonographically unremarkable area of the uterus and bilateral ovaries.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is warranted for further clarification. Adrenal screening or workup is recommended if clinical signs consistent with Cushing's syndrome are non-reported or arise. Monitoring of systemic blood pressure given nodular adrenal gland and left kidney cortical infarcts for evidence of hypertension which may potentially suggest right pheochromocytoma is recommended. Sonographic monitoring of the right adrenal gland for evidence of progressive nodular changes is indicated.

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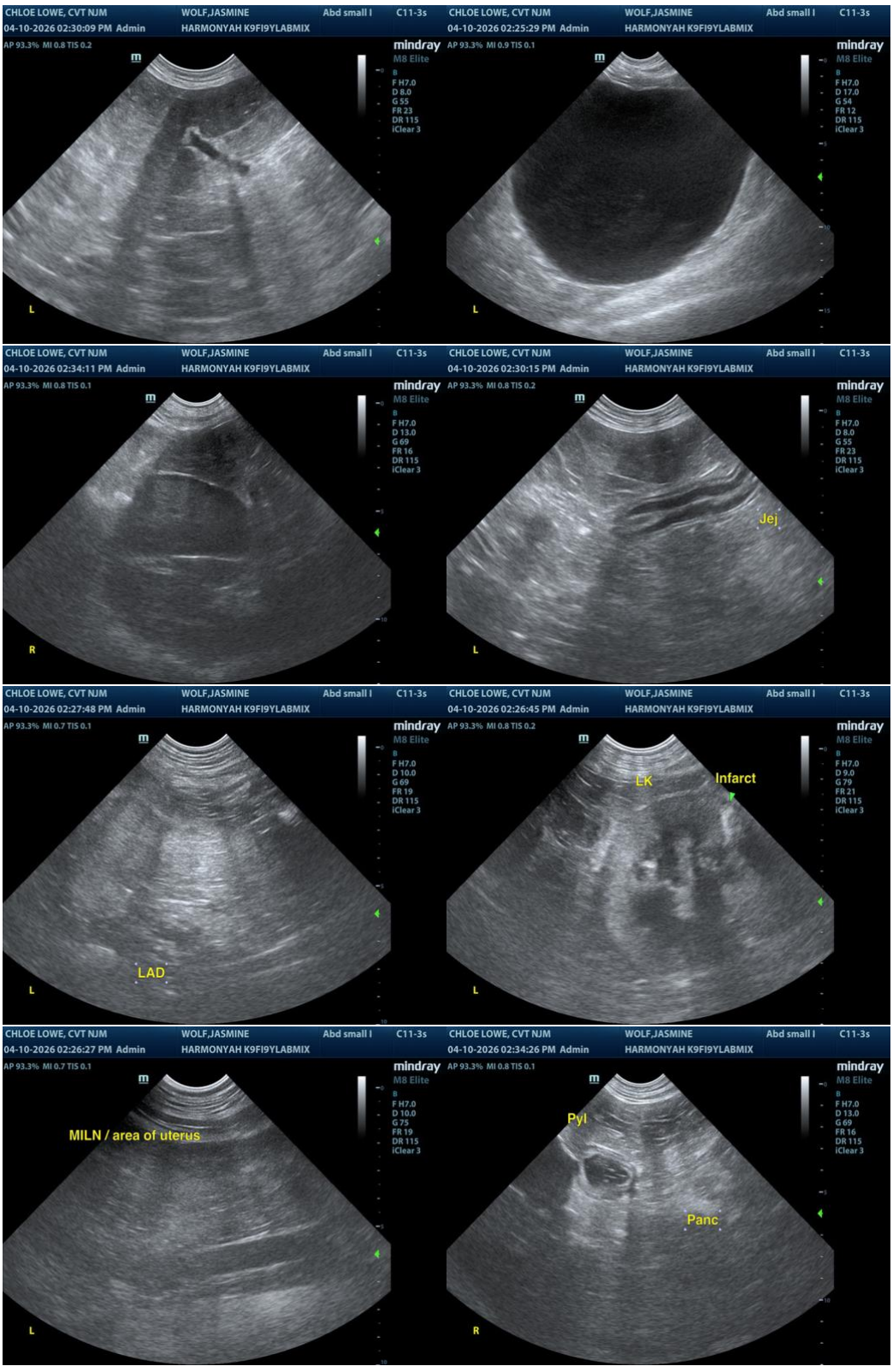

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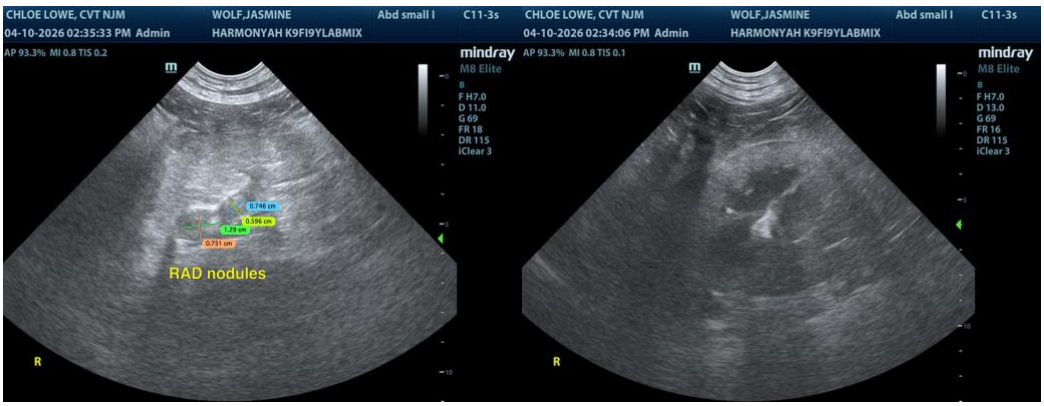

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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