



**PATIENT**

Indie Kelly

**SPECIES**

Canine

**BREED**

Mastiff X

**SEX**

MN

**AGE**

11 years

**WEIGHT**

42 kg.

**PRESENTING CLINICAL SIGNS**

2 weeks of reduced appetite, vomiting, weight loss, painful abdomen. PU/PD. rads concerning for possible mass effect causing ventral deviation of colon

Abnormal PE/Chem/CBC/UA Results: Pyuria on UA, BW unremarkable

**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.

Mildly prominent, nonhomogeneous residual prostate was present with maintained symmetrical residual prostate capsule contour. No evidence of neoplastic criteria. The residual prostate is likely a patient variant without overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 6.5 cm in length. The right kidney measured 7.5 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

An irregular nonhomogeneous mass exhibiting pinpoint hyperechoic parenchyma foci, suggestive of mineralization, was noted in the area of the left adrenal gland with evidence of vascular invasion exhibited by similar-appearing soft tissue echo within the caudal vena cava. The mass in the area of the left adrenal gland measured 5.3 cm x 3.5 cm.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape subjectively measuring 0.65 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Goeres

**HOSPITAL NAME**

Kelowna VH

**REFERRING VET**

Dr. Robinson

**Spleen**

The spleen was normal in size with areas of capsule asymmetry exhibiting generalized nonhomogeneous to diffuse nodular parenchyma. An example of a splenic nodule measured 0.8-0.9 cm diameter. Normal splenic vascularity was present.

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**Liver/ Gallbladder**

**DATE**

4/13/23

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 containing primarily anechoic content with mildly congealed yet nonorganized gallbladder debris. No evidence of gallbladder or



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peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented overtly normal visualized wall layering. The stomach appeared to contain a mild to possible moderate amount of progressively shadowing ingesta along with luminal gas.

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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.

**SEX**

MN

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

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**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active pancreatitis, inflammation or neoplasia.

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42 kg.

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

- Left adrenal mass with vascular invasion
- Mild chronic renal changes
- hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Nonhomogeneous / nodular spleen - hyperplasia, hematopoiesis, incidental splenitis, emerging primary vs. metastatic neoplasia possible
- Overtly normal gastrointestinal tract with mild gastric ingesta / gas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass in the area of the left adrenal gland was consistent with adrenal origin and invasive neoplastic criteria, i.e., carcinoma, pheochromocytoma, or other. Screening blood pressure is suggested to assess for evidence of hypertension, which may allude to a pheochromocytoma. Unfortunately, evidence of vascular invasion precludes potential surgical options. Correlation with screening cytology is suggested.

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Assuming normal clotting status, concurrent screening splenic FNA cytology using a 25-gauge needle is warranted for further staging. However, an unfavorable prognosis is indicated. As-needed gastrointestinal support is recommended.

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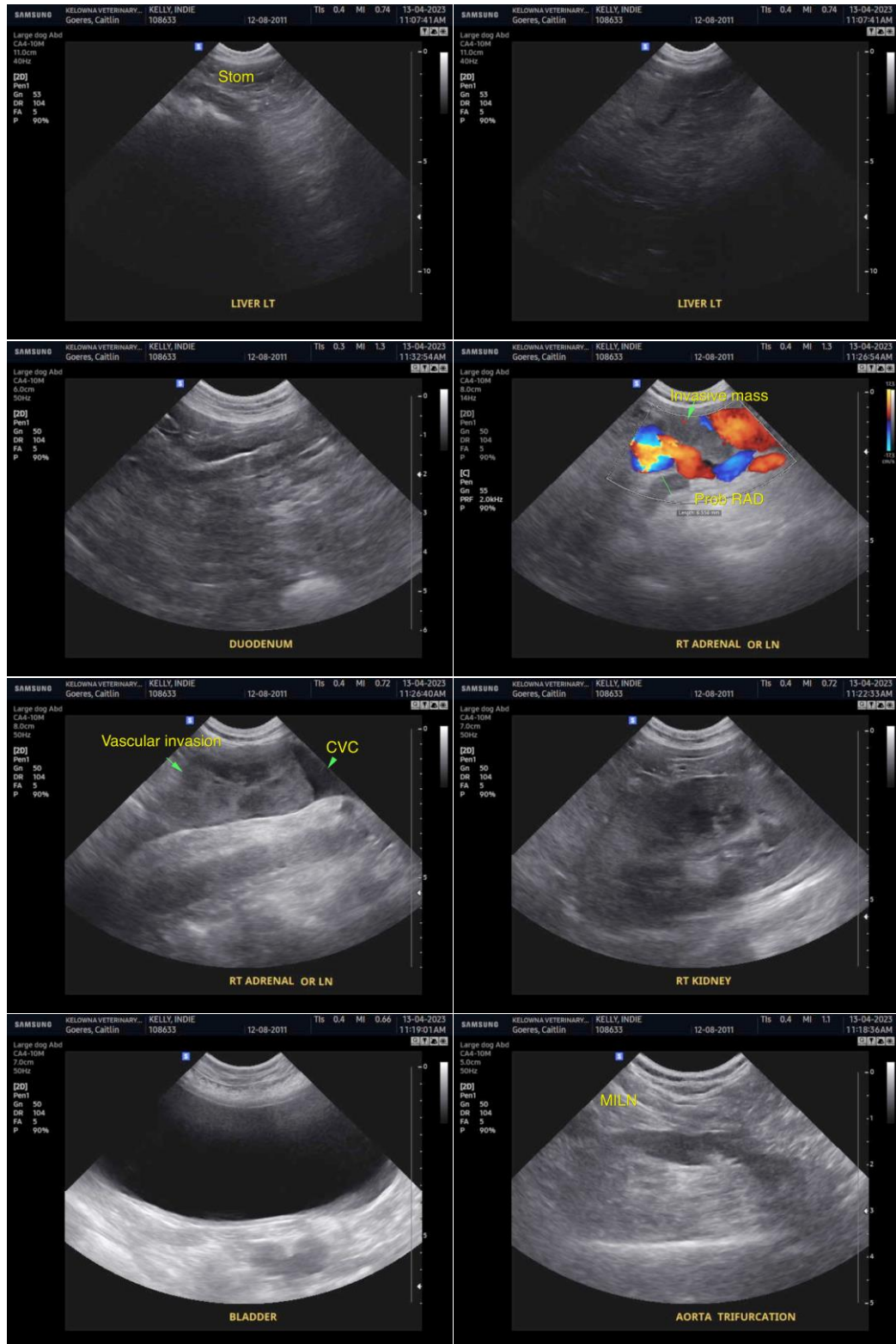
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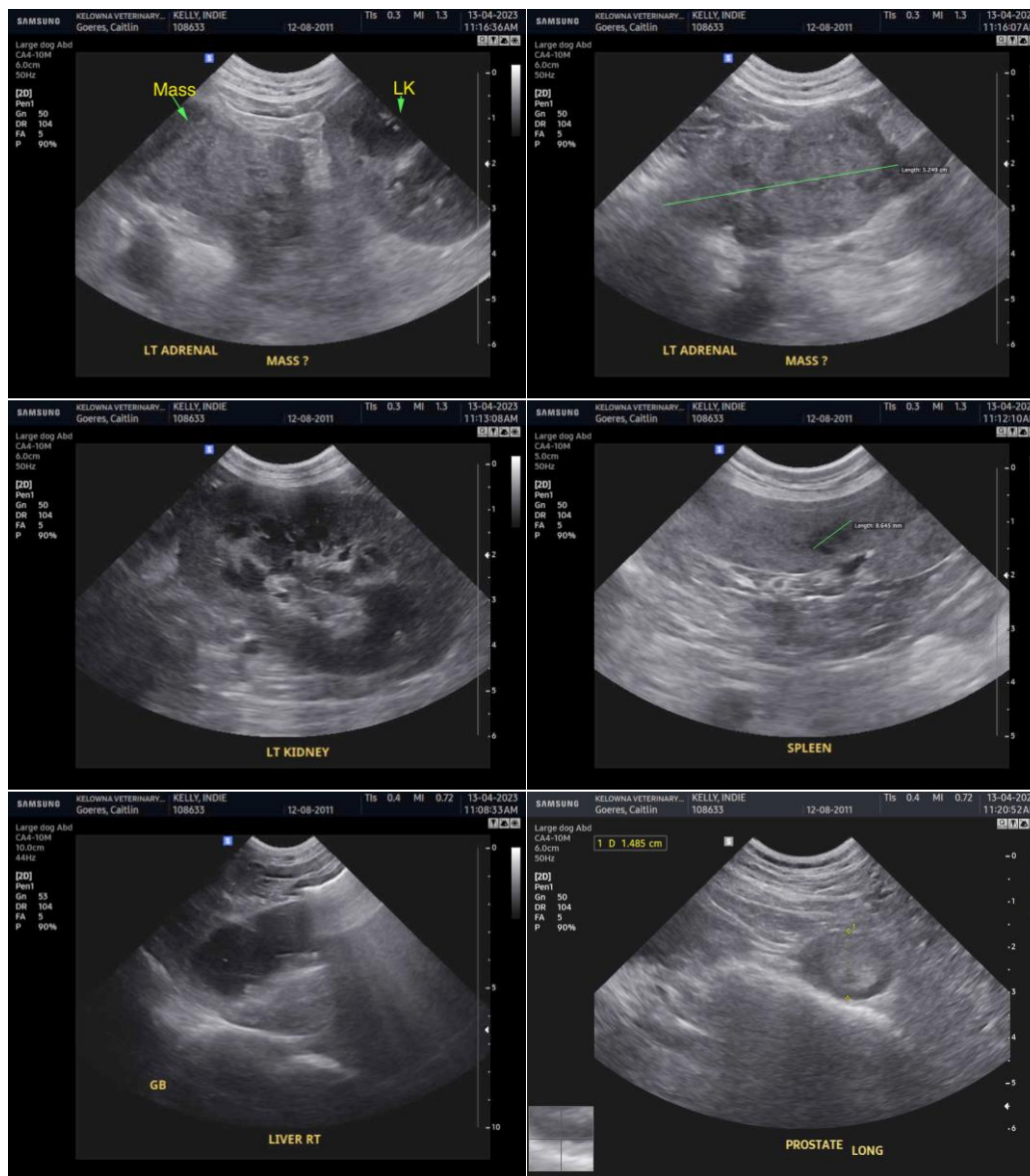
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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