



PATIENT

Jasper Padian

PRESENTING CLINICAL SIGNS

anorexia, abdominal pain, lethargy, PU/PD x months

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 970, K 2.8, Lym 3.2%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed

Urinary System

The urinary bladder was distended in size with normal tone. The 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.

SEX

MN

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. Mild bilateral pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

WEIGHT

11kg

Adrenal Glands

The left adrenal gland was not definitively visualized. The discernable right adrenal gland was not obvious. Possible irregular right adrenomegaly, potentially measuring 3.1 cm x 1.6 cm cranial pole width x 1.0 cm caudal pole width. An ill-defined non-homogenous irregular mass was present in the area of the right adrenal gland measuring 6-7 cm in diameter. The mass did not overtly appear to involve the right kidney.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Hayley Heindel CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

Liver/Gallbladder

The liver presented mild to moderately enlarged in size with areas of minor capsule asymmetry. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a moderate coarse echotexture. Increased yet indistinct portal vein prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-dependent mildly organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kiebler

INVOICE

13474ag

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.

DATE

04/15/2023

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.

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Pancreas

The area of the pancreas base and right pancreatic limb was indistinctly visualized.

SPECIES

Free Abdomen

Canine

Generalized mild hyperechoic omentum and scant to mild volume peritoneal free fluid was present.

BREED

ULTRASONOGRAPHIC FINDINGS

Mixed

- Unspecified mass area of the right adrenal gland/right cranial abdomen.
- Hepatomegaly exhibiting mild parenchymal hypoechogenicity.
- Gallbladder mucocele.
- Chronic renal changes with mild bilateral pyelectasia.
- Subjective mild gastroduodenitis.
- Mild peritonitis/retroperitonitis.

SEX

MN

AGE

14yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the area of the right adrenal gland/right cranial abdomen is suspected to be of adrenal origin or at least involving the right adrenal gland with potential non-adrenal origin i.e., hepatic/pancreatic/etc. possible. Neoplastic criteria is probable. Concern for the hepatopathy and gallbladder mucocele although the mucocele sonographically did not overtly appear to be inflamed and without evidence of post-hepatic obstruction.

WEIGHT

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Adrenal testing and screening BP is advised to assess for evidence of hypertension which may allude to emerging right adrenal neoplastic criteria i.e., pheochromocytoma. Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment.

INTERPRETED BY

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(Canine and Feline)

Surgical options are suspected to be limited or precluded for this patient.

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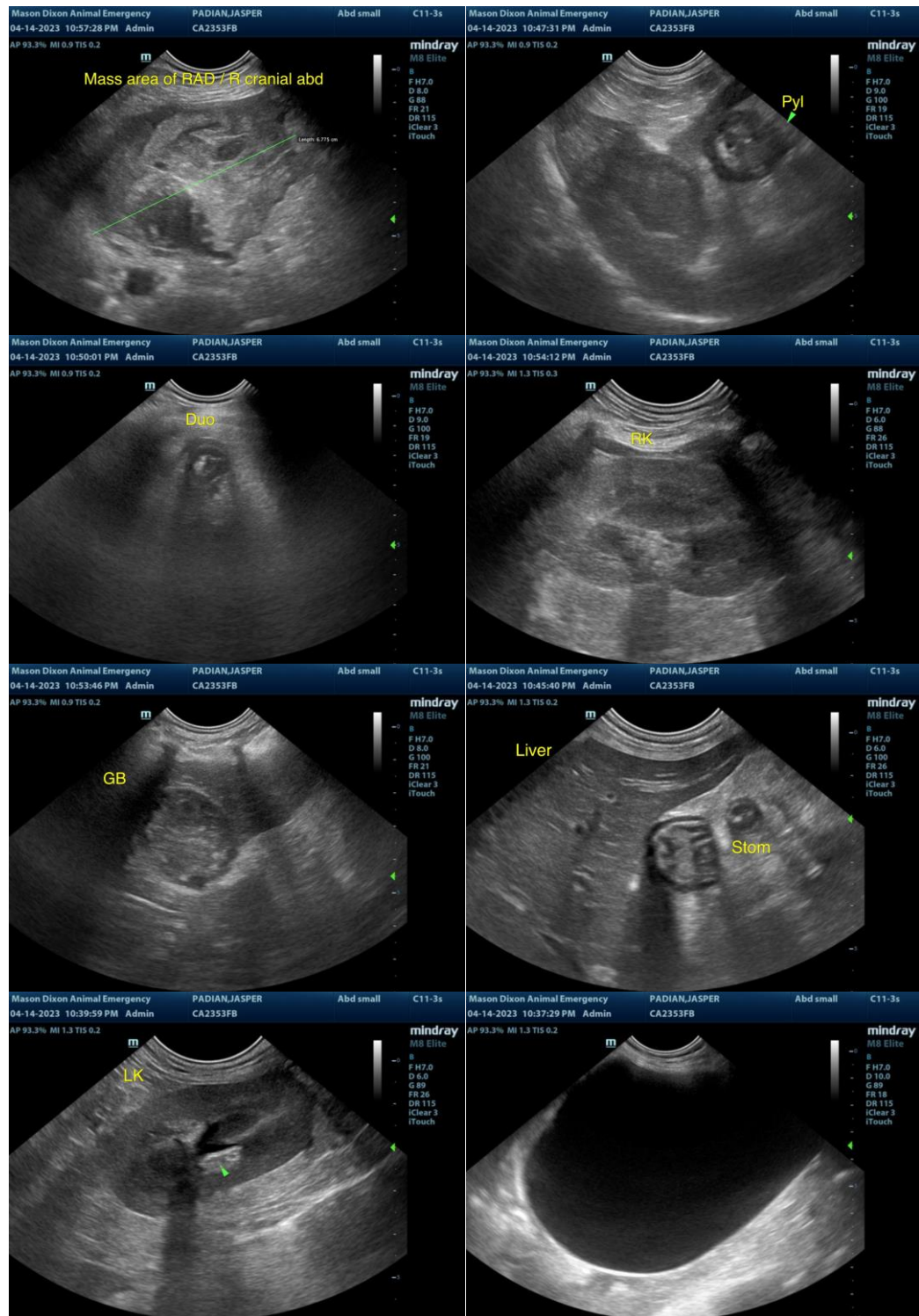
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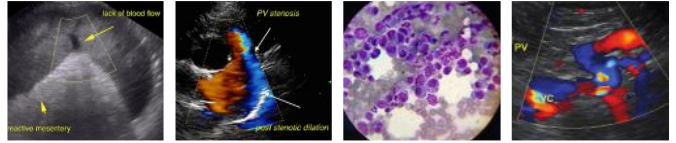
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

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mac.daniel@sonopath.com

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