



PATIENT PRESENTING CLINICAL SIGNS

Doug Gulko Subcutaneous hemangiosarcoma 3.22.23, concern for metastasis, unilateral hemorrhagic nasal discharge.

SPECIES Medication: Prednisolone eye

Canine ALT 243, ALP 215, BUN 33, Calcium 11.5, Potassium 5.6, Unremarkable CBC

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Fox Terrier Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

AGE The residual prostate was free of pathology.

2009 The area of the aortic trifurcation was free of pathology.

WEIGHT 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. Small cortical cysts were present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length. Pinpoint medullary mineral was noted.

INTERPRETED BY

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

Adrenal Glands

Enlarged, irregular, nonhomogeneous left adrenal gland was observed with no obvious evidence of left adrenal parenchymal mineralization. The left adrenal gland measured 3.6 cm length x 2.5 cm width at the caudal pole.

The right adrenal gland was enlarged in size with asymmetrical capsule margination. The right adrenal gland exhibited nonhomogeneous parenchyma with no overt evidence of right adrenal parenchymal mineralization. The right adrenal gland measured 2.4 cm length x 1.6 cm width at the caudal pole.

HOSPITAL NAME

New Britain VC

Spleen

REFERRING VET

Dr. Bandekar

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. No evidence of splenic masses or neoplastic criteria.

INVOICE

16509

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse

DATE
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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 anechoic content with mild, nonorganized, echogenic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

SPECIES

Canine

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.

BREED

Fox Terrier Mix

The duodenum exhibited intact mildly prominent wall layering with nonspecific increased duodenal mucosa echogenicity and minor duodenal corrugation. The duodenum wall measured 0.46 cm width. The jejunum and ileum to the level of the colon were sonographically unremarkable. The jejunum wall measured 0.35 cm width.

SEX

MN

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

AGE

2009

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 inflammation or neoplasia.

WEIGHT

13.9

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with left adrenal mass
- Enlarged nonhomogeneous liver - nonspecific, vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, mild fibrosis, infiltrative neoplasia, all possible
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes with cortical cysts and minor medullary mineral
- Possible duodenitis

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

New Britain VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal and reveal potential for bilateral adrenal tumors. Concern for left adrenal neoplastic criteria is warranted. Potential for vascular invasion involving the left, right, or bilateral adrenal glands cannot be definitively excluded.

REFERRING VET

Dr. Bandekar

Although no reported clinical signs suggestive of Cushing's Syndrome, a full adrenal workup to include LDDST, as well as monitoring of systemic BP for evidence of hypertension which may allude to adrenal pheochromocytoma, is suggested. Screening hepatic FNA cytology could be considered assuming normal clotting status. No sonographic evidence of omental or splenic neoplastic criteria was noted. As-needed gastrointestinal support, if clinical signs suggestive of duodenitis, is recommended.

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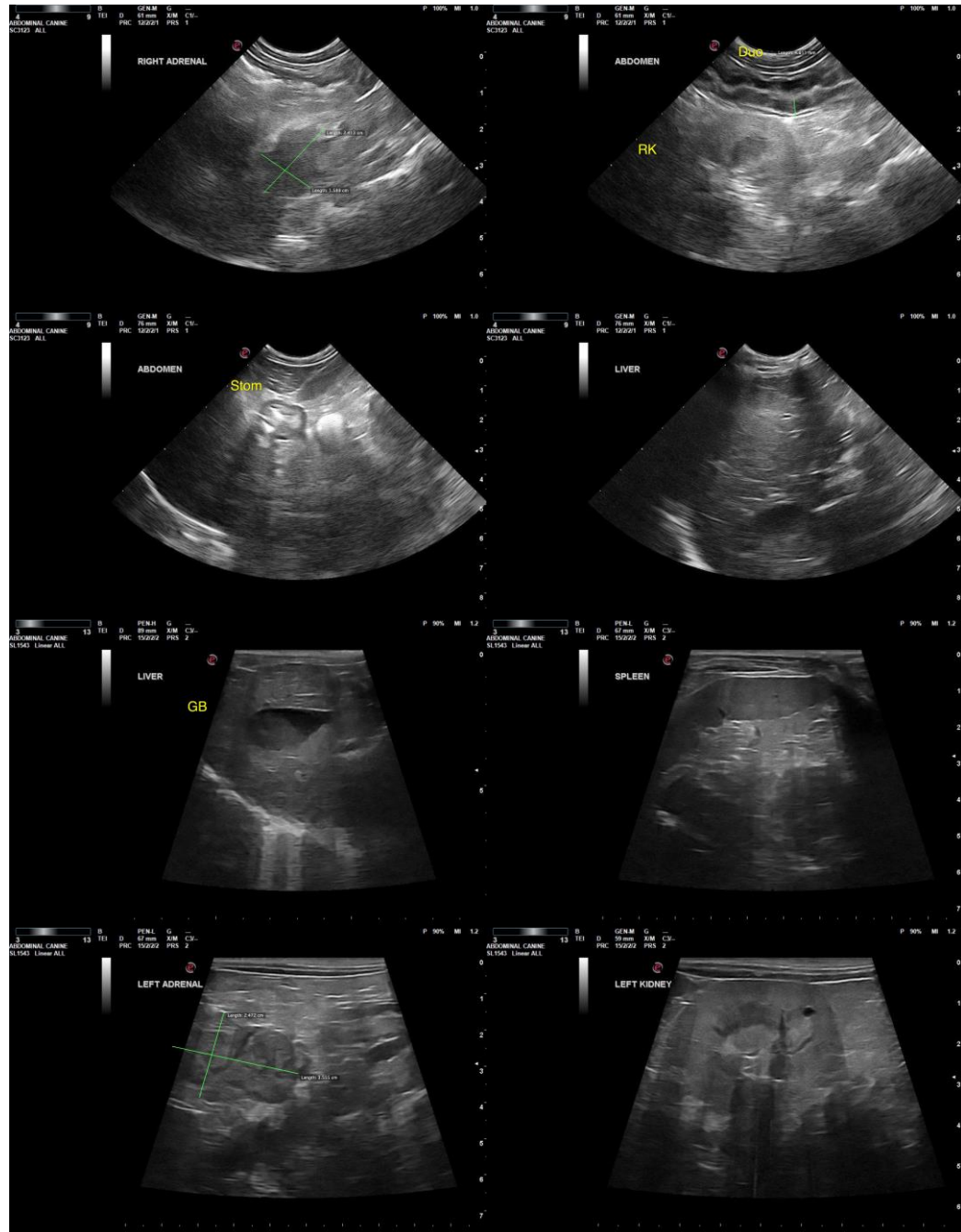
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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