**PATIENT**

Riot Benamati

SPECIES

Canine

BREED

Boxer

SEX

NM

AGE

9 years

WEIGHT

82 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Beth Shannon

INVOICE

15238

DATE

5/17/22

PRESENTING CLINICAL SIGNS

For last 2-3 years, started having skin issues, then developed gurgling, diarrhea, vomiting about 6 months later. Lately has diarrhea, every day for the last 2.5 years. Now eats lams lamb and rice and that seems to work better than the other diets. No vomiting now.

Abnormal PE/Chem/CBC/UA Results: LNs ok. Bloodwork: CBC/Chem17 on 9/5/21 at other clinic normal. GI panel done here 5/9/22 - Spec cPL = 280 (0 - 200 µg/L) Trypsin-like Immuno-reactivity (TLI) >50.0 5.0 - 35.0 ug/L Cobalamin (B-12) = 276 (284 - 836 ng/L) Folate = 14.8 (4.8 - 19.0 ug/L) Fecal float and Giardia SNAP negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.4 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

A large nonhomogeneous nonmineralized mass was present in the area of the left adrenal gland, measuring approximately 4.4 cm in diameter. Associated with the mass in the area of the left adrenal gland was adjacent significant caudal vena cava dilation with luminal similar appearing yet primarily homogeneous mass effect, measuring approximately 8.5 cm x 4.4 cm. Concurrent mild distal caudal vena cava dilation to the level of the iliac trifurcation was present without evidence of concurrent thrombus. Color doppler assessment revealed moderate vascularity.

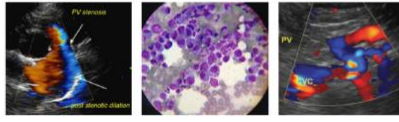
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.3 cm x 0.56 cm.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 mild gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal**SPECIES**

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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 gastric body wall measured 0.36 cm.

The small intestine exhibited intact wall layering with subjective propensity for mildly prominent duodenojejunal mucosa. The duodenum wall measured 0.50 cm. The jejunum wall measured 0.47 cm.

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

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Pancreas

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 were evident.

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Free Abdomen

A small pocket of scant free fluid was noted in the caudolateral abdomen. No overt lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Large mass in the area of the left adrenal gland with likely associated significant caudal vena cava invasion with secondary associated caudal vena cava distention.
- Overtly normal gastrointestinal tract
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mass in the area of the left adrenal gland with associated caudal vena cava invasion to distention is consistent with neoplastic criteria of likely adrenal origin. Given the extent of caudal vena cava invasion, surgical options appear to be precluded. Carcinoma, pheochromocytoma or other suspected. Screening blood pressure recommended to assess for evidence of hypertension, which may allude to a pheochromocytoma, is warranted. Although no evidence of structural gastrointestinal pathology, the decreased cobalamin levels are consistent with distal small intestinal disease, while the possibility of concurrent to low-grade pancreatitis cannot be definitively excluded.

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Continued, as needed, gastrointestinal support with empirical cobalamin supplementation is recommended. Further assessment of the mass in the area of the left adrenal gland may include abdominal CT.

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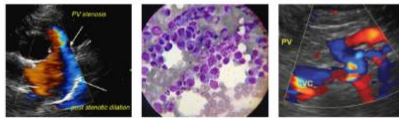
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svsmobileimaging.com 309-737-3070



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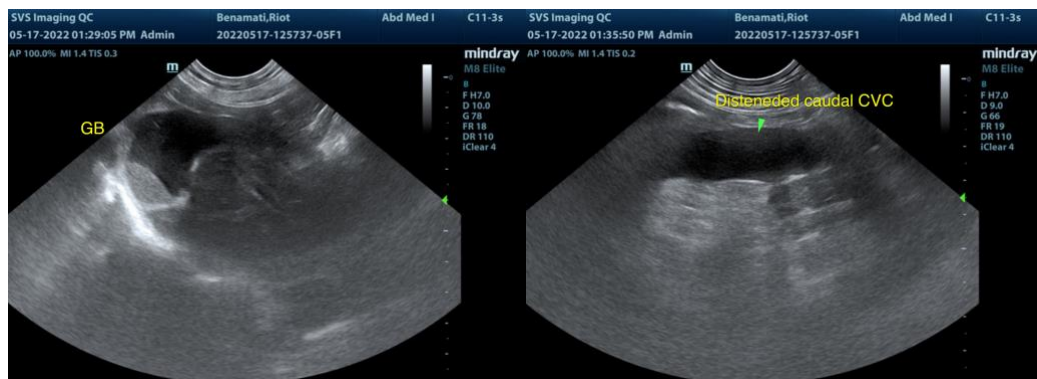
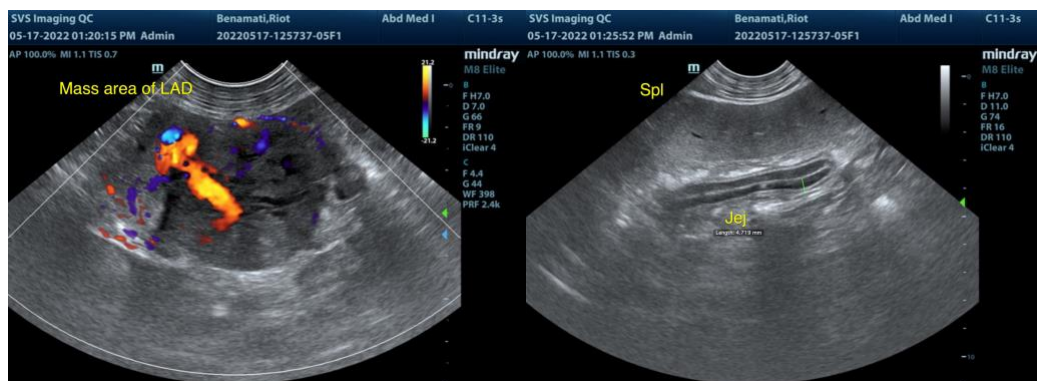
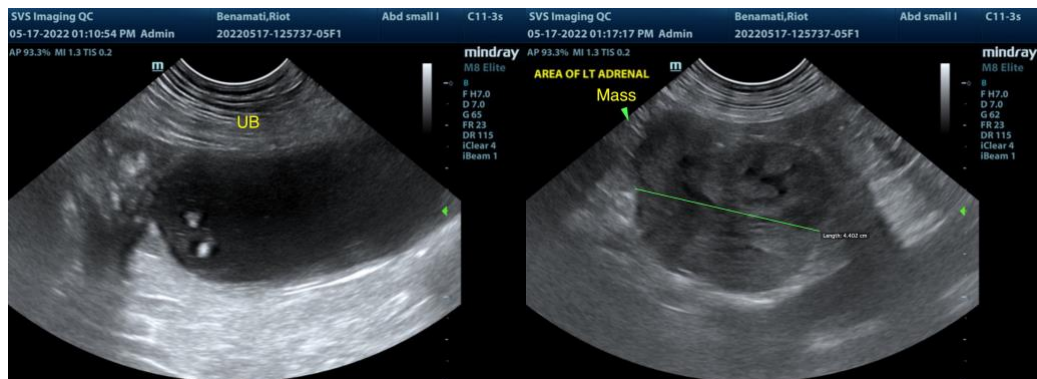
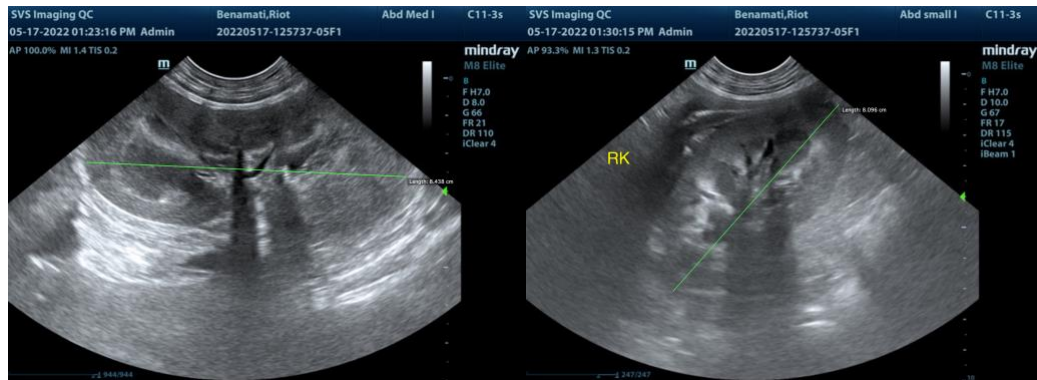
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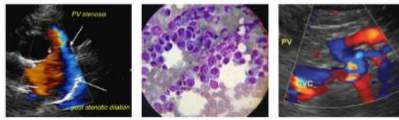
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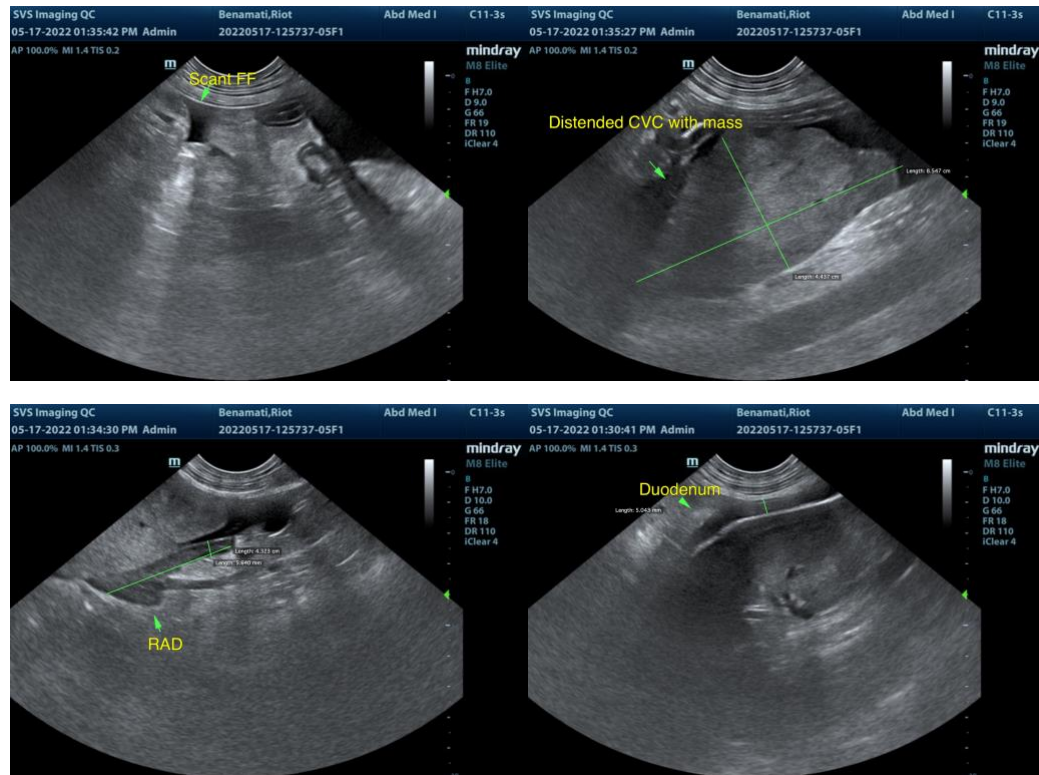
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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