



PATIENT

Charlie Swanson

SPECIES

Canine

BREED

Bichon Frise X

SEX

MN

AGE

10Y

WEIGHT

24.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr Sirianni

INVOICE

75079

DATE

5-20-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

Presented at SVEC for vomiting, lethargy, abdominal pain and black diarrhea - all has since resolved. On radiographs, SVEC noted that the adrenal mass was now the size of a kidney. O would like to have adrenal gland tumor size checked.

ABNORMAL Labwork Values

None

Current Medications

None

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. Minor left kidney pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland presented borderline enlarged based on caudal pole width measurement and in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width at the caudal pole.

The right adrenal gland presented asymmetrically enlarged exhibiting a nonhomogeneous nonmineralized parenchyma and asymmetrical contour measuring 2.6 cm length x 2.3 cm cranial pole width x 0.84 cm caudal pole width. Parenchymal expansion to adrenal notch subjective cranial adrenal gland potentially in the area of the phrenicoabdominal vein measuring 0.89 cm in diameter.

Spleen

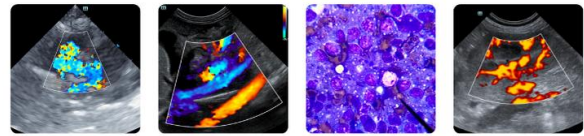
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen



PATIENT	in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Charlie Swanson	
SPECIES	The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Canine	<i>Gastrointestinal</i>
BREED	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme and lumen gas without signs of obstruction or foreign material.
Bichon Frise X	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	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	<i>Pancreas</i>
AGE	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.
10Y	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
24.8lbs	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<ul style="list-style-type: none">Asymmetrical adrenomegaly exhibiting nonhomogeneous nonmineralized parenchyma, cranial adrenal parenchymal expansion possible area of right phrenicoabdominal vein.Borderline enlarged mild nonhomogeneous right adrenal gland.Chronic renal changes with minor left kidney pyelectasia.Hepatomegaly – subjectively benign.Nonorganized gallbladder debris (nonmucocele)Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
IMAGING PERFORMED BY	Evidence of mild progressive asymmetrical right adrenal gland cranial enlargement with parenchymal expansion and potential early vascular invasion indicates highly likely right adrenal neoplastic criteria although previously mentioned etiologies are still applicable. The left adrenal gland sonographically suggests benign criteria i.e. borderline hyperplasia or mild adenomatous change.
Sara Hansen	Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning. Serial sonographic monitoring of the right adrenal gland going forward would be more conservative.
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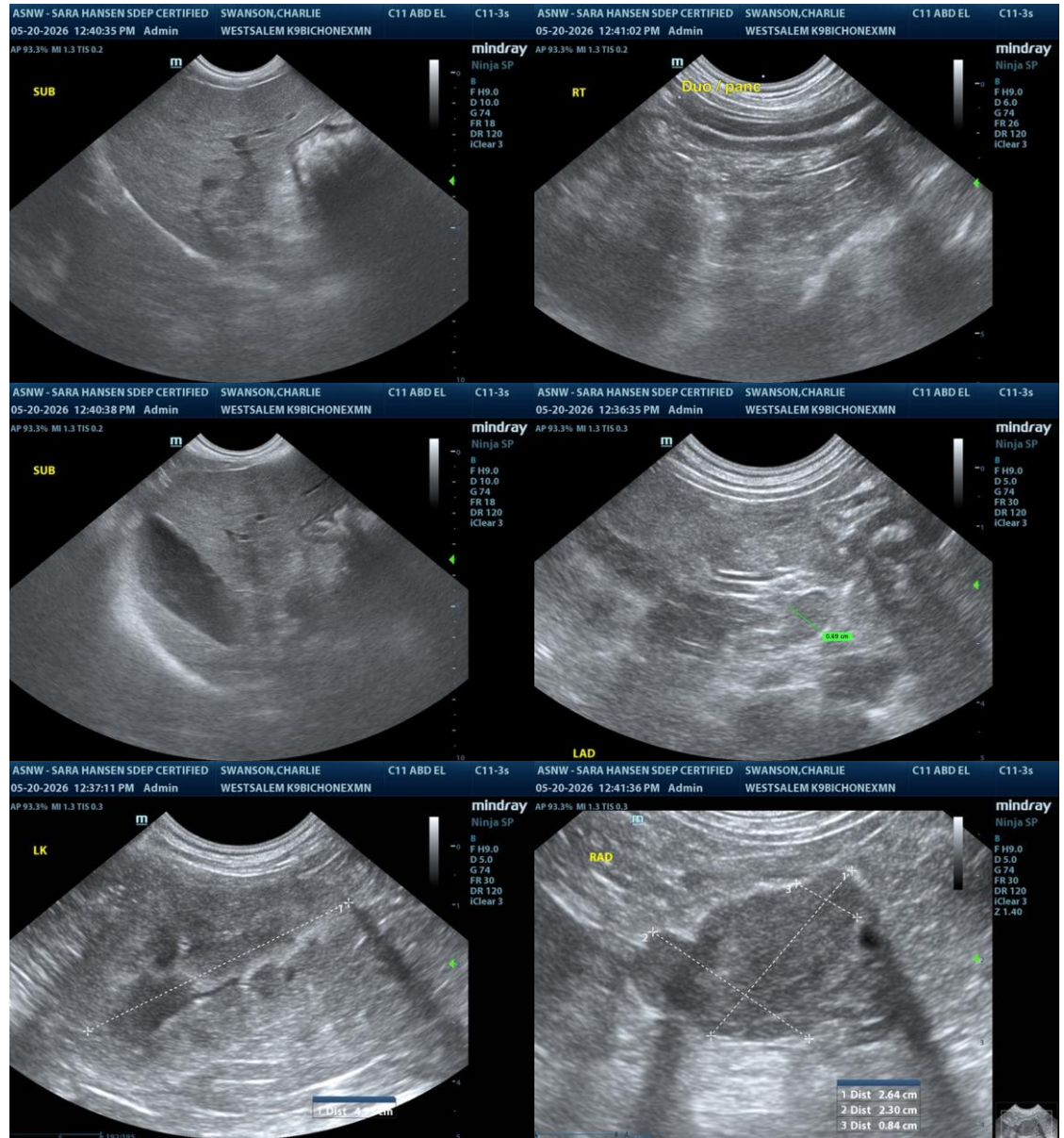
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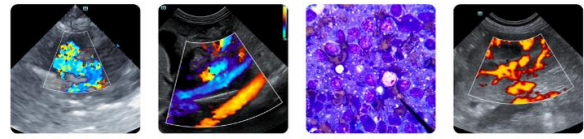
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No evidence of gastrointestinal or colic pathology with as needed gastrointestinal support, if recurrent gastrointestinal signs, recommended. Correlation with full labwork and urinalysis recommended.





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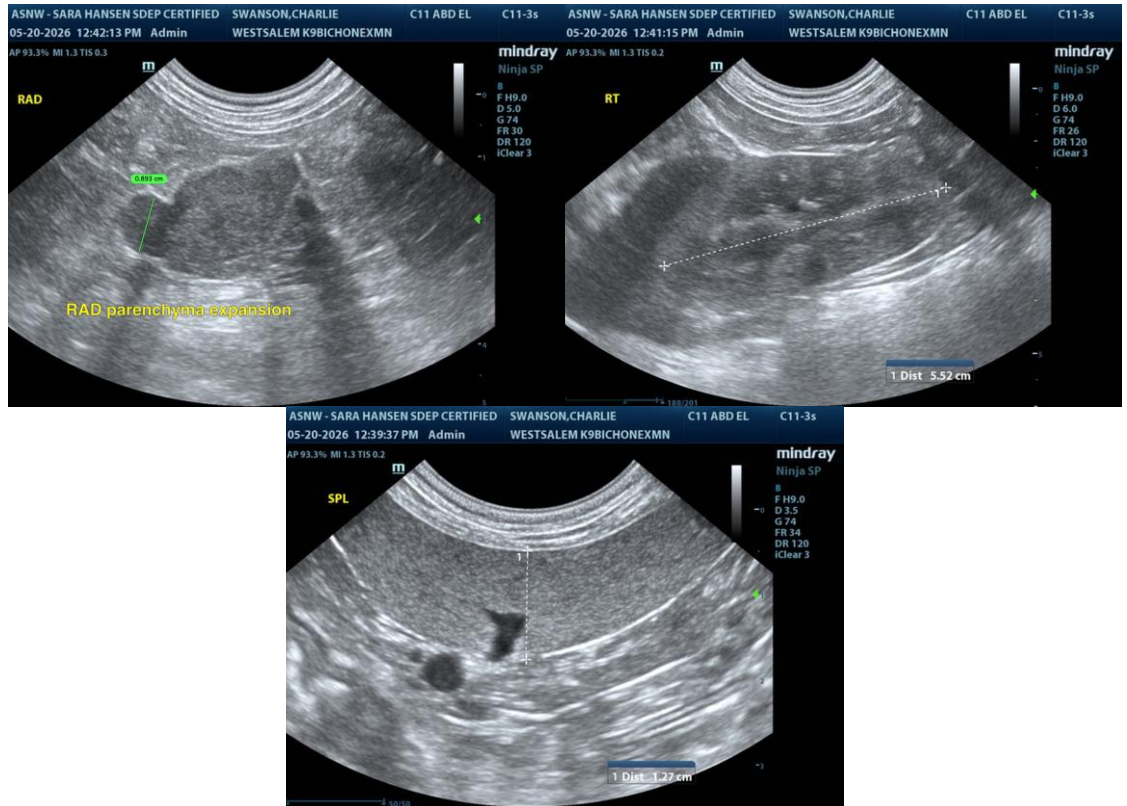
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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