



**PATIENT**

Ace Maska-Berka

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jennifer Duster

**INVOICE**

15736

**DATE**

5/23/22

**PRESENTING CLINICAL SIGNS**

History: Initially PU/PD with weight loss noted. Having accidents in the house. Not eating. Abnormal PE/Chem/CBC/UA Results: Chemistry - normal Glucose, SDMA elevated, ALT mildly elevated, ALB mildly elevated. Urine normal other than a small amount of glucose present and dilute 1.012 (on follow up urine specific gravity was able to concentrate to 1.020 and glucose was not present) Electrolytes normal. CBC low normal RBC count, WBC 38,000 - neutrophilia and monocytosis. Cytology of the blood smear showed normal RBC morphology and toxic neutrophils with few bands present. Radiographs taken of the abdomen and chest - abdomen showed a mass effect caudal to the stomach in the region of what appears to be the right kidney. Urinary stones noted on radiograph as well.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.93 cm in diameter in the dependent lumen. No evidence of concurrent cystitis. Aortic trifurcation was normal.

The residual prostate was indistinctly visualized yet exhibited potential for asymmetrical enlargement, nonhomogeneous to hypoechoic parenchyma and potential parenchymal mineral versus possibility of indistinct nonobstructive prostatic urethral mineral, given the presence of cystic calculi. The residual prostate measured potentially 3.5 cm in diameter.

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 pyelectasia was present in the right kidney. Mild to moderate pyelectasia to potential mild hydronephrosis was present in the left kidney. The left kidney measured 4.8 cm in length. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

A large expansive asymmetrical to nonhomogeneous mass in the area of the left adrenal gland, as well as the area of the left kidney, measuring 6.1 cm x 4.7 cm. Vascular invasion is likely.

The right adrenal gland appeared to be mildly prominent in size yet maintained symmetrical capsule contour, measuring 2.5 cm x 0.72 cm.

**Spleen**

Mildly expansive nonhomogeneous to potential cystic appearing mass was present in the cranial spleen, measuring 4.2 cm in diameter. The remainder of the spleen exhibited symmetrical capsule contour with mild splenic parenchyma heterogeneity.

**Liver**

The liver presented 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 in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



**PATIENT**

Ace Maska-Berka

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Minor retained anechoic fluid was present.

**BREED**

Pomeranian Mix

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental duodenojejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

**SEX**

Neutered Male

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

**Pancreas**

**AGE**

10 Years

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**Free Abdomen**

**WEIGHT**

18 Pounds

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of mesenteric lymph node measured 2.6 cm x 0.6 cm. No evidence of peritoneal free fluid.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Jennifer Duster

**INVOICE**

15736

**DATE**

5/23/22

**ULTRASONOGRAPHIC FINDINGS**

- Cystic calculi
- Possible mild residual prostatomegaly, exhibiting nonhomogeneous to possible focally mineralized parenchyma
- Large expansive nonhomogeneous mass in the area of the left adrenal gland/left kidney
- Cranial splenic mass
- Right kidney, mild chronic renal changes
- Distinctly visualized yet mildly prominent right adrenal gland
- Mild gastroenteritis pattern
- Possible low-grade concurrent pancreatitis
- Mild nonspecific hepatomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nonhomogeneous to expansive mass in the area of the left adrenal gland is suspected to be of adrenal origin and consistent with neoplastic criteria. The possibility of left kidney invasion or primary left kidney origin cannot be definitively excluded. The concurrent presence of the cranial splenic mass,



**PATIENT**

Ace Maska-Berka

as well as the residual prostatomegaly exhibiting potential for parenchymal mineralization is strongly suggestive of multicentric neoplastic criteria.

**SPECIES**

Canine

Assessment of systemic BP for evidence of hypertension, which may allude to a left pheochromocytoma could be considered. However, surgical options are likely precluded in this case even with additional diagnostics. An unfavorable prognosis is unfortunately indicated. Empirical continued gastrointestinal support would be reasonable.

**BREED**

Pomeranian Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

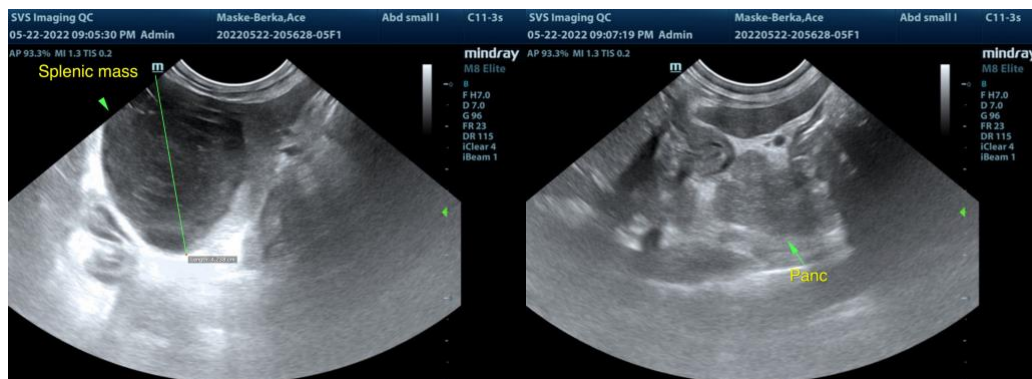
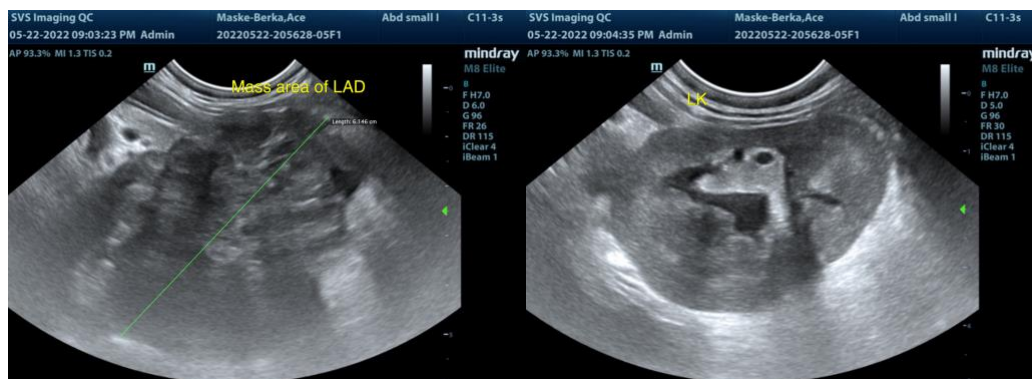
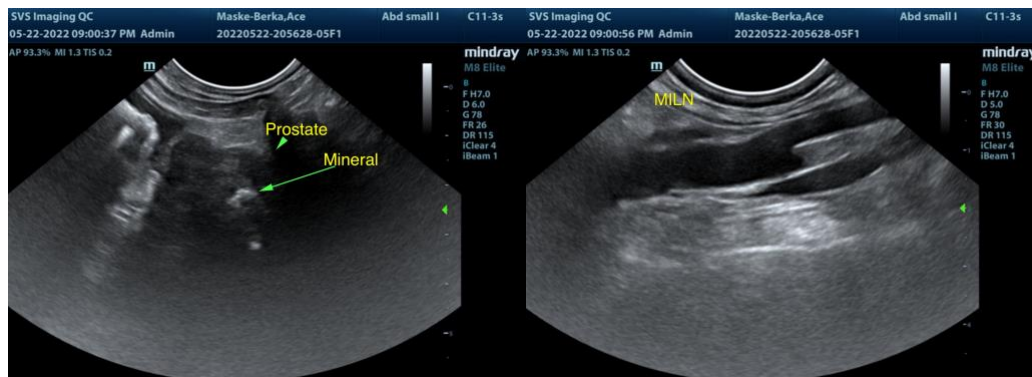
Dr. Jennifer Duster

**INVOICE**

15736

**DATE**

5/23/22





**PATIENT**

Ace Maska-Berka

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

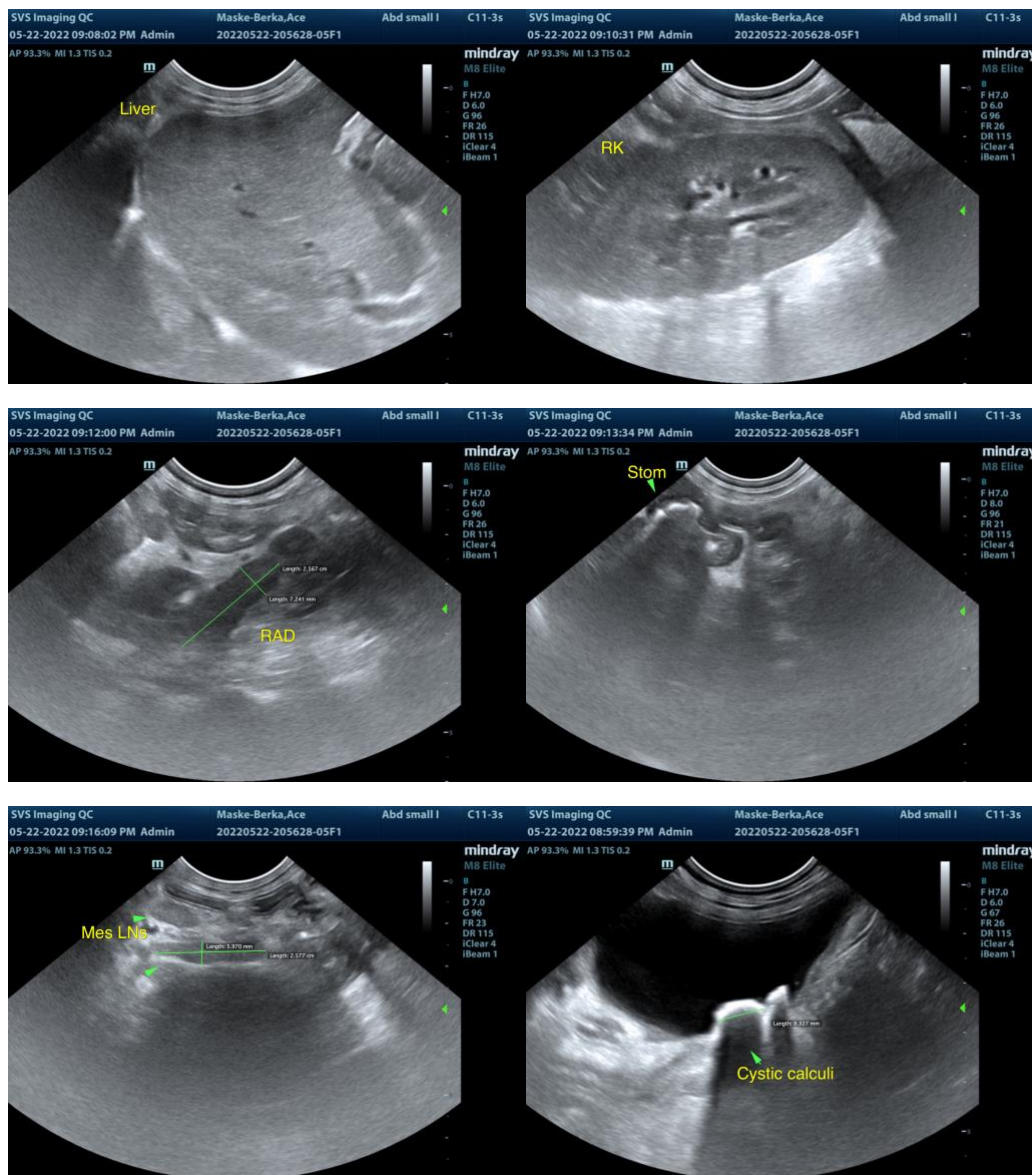
Dr. Jennifer Duster

**INVOICE**

15736

**DATE**

5/23/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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