



PATIENT

Roscoe Black

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

47098

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Recent onset of PU/PD. No other signs reported and PE is unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC, chems, T4, and UA reveal only isosthenuria. However, morning urine specimen USG is 1.030. Lepto titers and urine culture screen pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and anechoic urine. No sediment or calculi.

The residual prostate was subjectively mildly prominent in size with symmetrical capsule contour. Primarily homogeneous residual prostatic parenchyma. The residual prostate measured 1.4 cm in diameter. No evidence of neoplastic or inflammatory criteria. Likely residual prostate patient variant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.9 cm. The right kidney measured 5.7 cm.

Adrenal Glands

An indistinct, subjectively mildly non-homogeneous yet non-mineralized nodule was present in the caudal pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of vascular invasion. The nodule measured 0.85 cm x 0.56 cm in diameter. Overall left adrenal gland measured 0.53 cm at the cranial pole and 0.80 cm at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm at the cranial pole and 0.64 cm at the caudal pole.

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

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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

SPECIES

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 was evident.

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ULTRASONOGRAPHIC FINDINGS

Mix

- Mild caudal left adrenomegaly with indistinct nodule, sonographically unremarkable right adrenal gland.

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- Sonographically unremarkable liver.
- Normal bilateral kidneys.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

5 Years

The indistinct caudal left adrenal nodule and secondary mild caudal left adrenomegaly are non-specific with considerations include emerging adenoma, benign hyperplasia, with emerging neoplasia (i.e., left pheochromocytoma or similar) considered less likely, yet cannot be definitively excluded. Screening blood pressure recommended to assess for evidence of hypertension, which may allude to possible emerging left pheochromocytoma.

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Although sonographically unremarkable liver without reported hepatic enzyme elevations and adequate first morning urine concentration, which is not overtly consistent with significant PU/PD, future adrenal workup could be considered if clinical concern for emerging Cushing's syndrome/functional left adrenal nodule. Sonographic monitoring of the left adrenal gland for evidence of progression with initial recheck in 6 weeks would be ideal. Correlation with pending Lepto titers and culture and sensitivity recommended.

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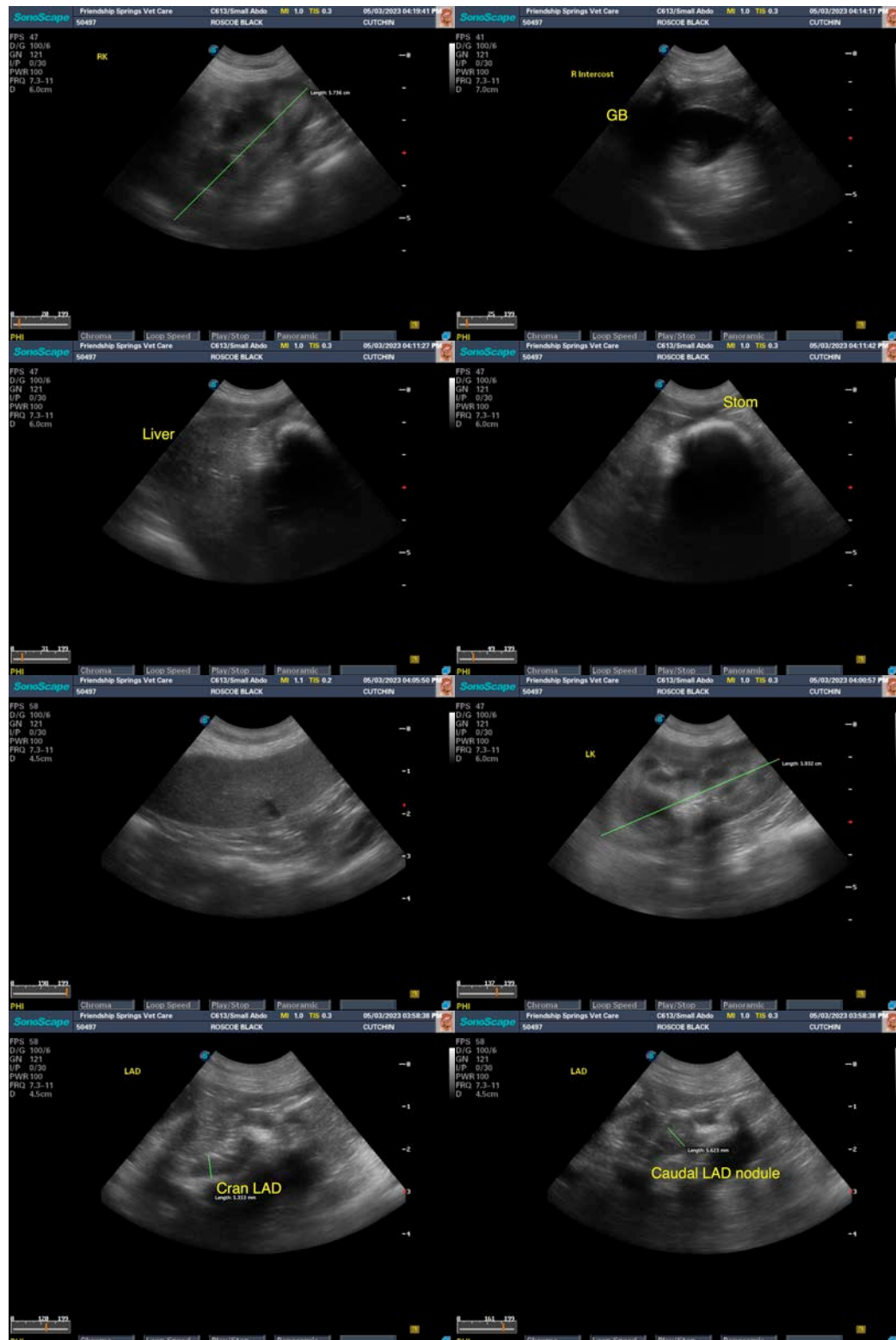
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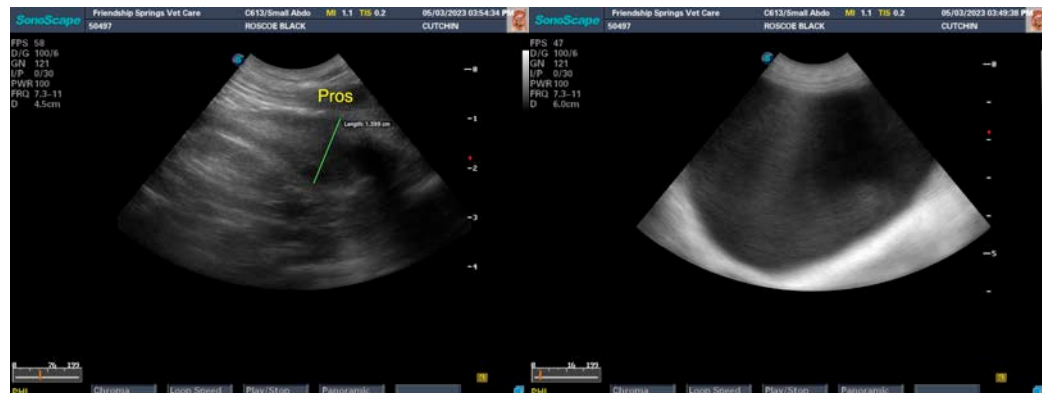
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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