



PATIENT

Jackson Wright

SPECIES

Canine

BREED

Rhodesian
Ridgeback Mix

SEX

MN

AGE

10 years

WEIGHT

86 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brita Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

13795

DATE

5/4/22

PRESENTING CLINICAL SIGNS

exam for limping, blood work demonstrated elevated calcium, rechecked calcium after 12 hour fast, and still elevated (12.8 mg/dL and 12.6 mg/dL, normal is up to 11.8

Abnormal PE/Chem/CBC/UA Results: CBC WNL Slight hypercalcemia! Phosphorous WNL
Moderate ALP elevation - previously was slightly up T4 WNL 4DX = Negative

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 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.

No evidence of medial iliac or sublumbar lymphadenopathy was noted in the area of the aortic trifurcation or dorsal to the urinary bladder.

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. The left kidney measured 8.5 cm in length. The right kidney measured 8.3cm in length.

Adrenal Glands

A non-expansive, nonhomogeneous to hyperechoic nodule was present in the caudal pole of the left adrenal gland. The nodule did not exhibit signs of mineralization, vascular invasion, or parenchymal escape. The nodule measured 0.67 cm in diameter. The overall left adrenal gland measured 1.0 cm width at the cranial pole and 1.1 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.85 cm width at the cranial 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/ Gallbladder

The liver exhibited normal to possible mild generalized enlargement. 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. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal without evidence of Inflammatory criteria or post hepatic stasis. The cystic and common bile ducts were normal.



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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.

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.

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

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.

Free Abdomen

No evidence of intraabdominal masses, mesenteric lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - subjective vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Nonspecific small caudal left adrenal nodule - suspect adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant abdominal visceral pathology as an obvious cause of the hypercalcemia.

Although nonspecific, the small caudal left adrenal nodule is suggestive of an adenoma which may be seen in older to geriatric patients. Technically, the possibility of emerging adrenal neoplasia i.e., carcinoma or pheochromocytoma cannot be excluded. Screening blood pressure is suggested to assess for hypertension which may allude to an emerging pheochromocytoma. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 6 weeks would be ideal.

Pending additional hypercalcemia evaluation, rectal palpation, and three view chest radiographs, may be considered if not done +/- screening hepatosplenic FNA cytology.



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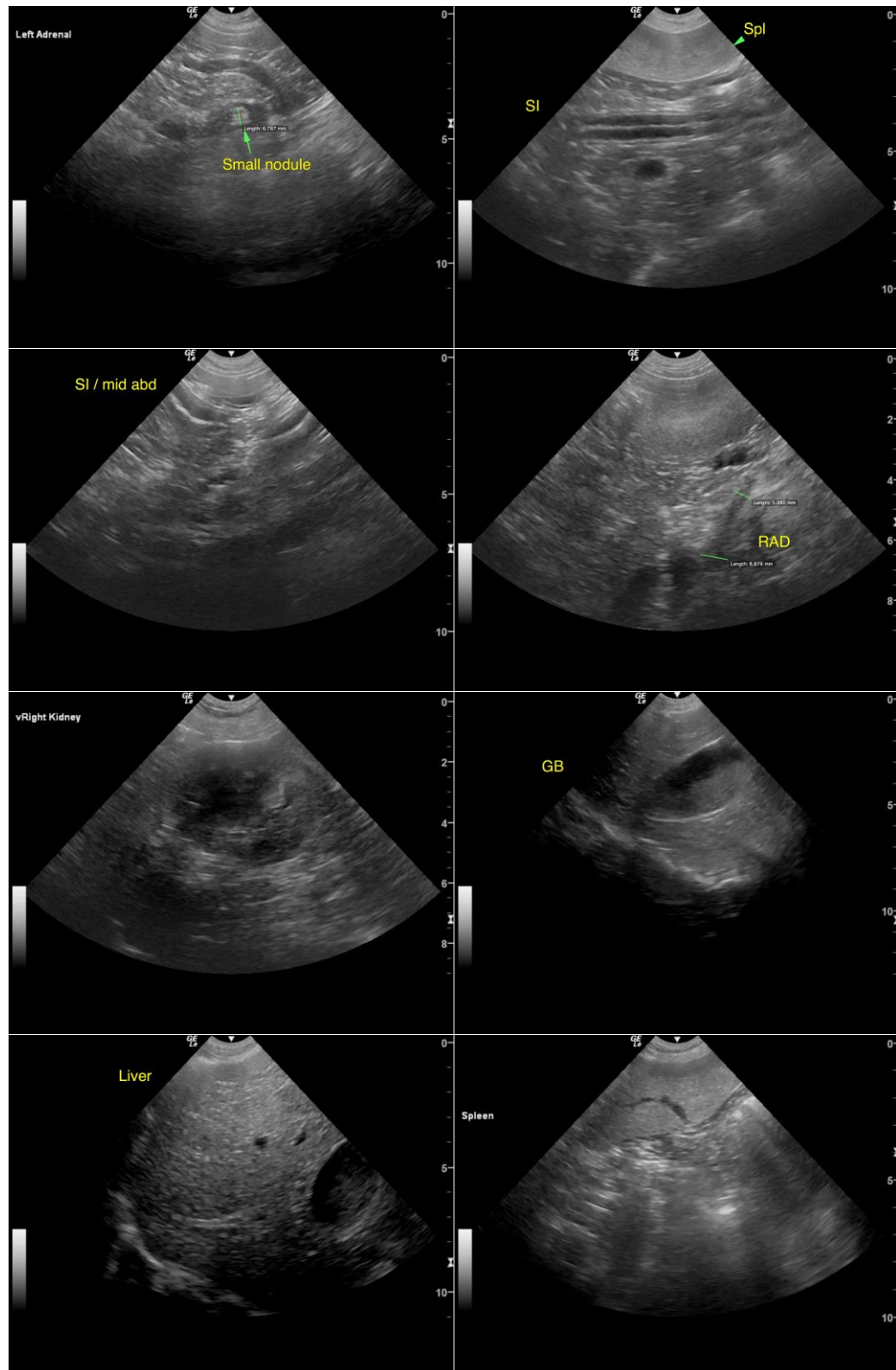
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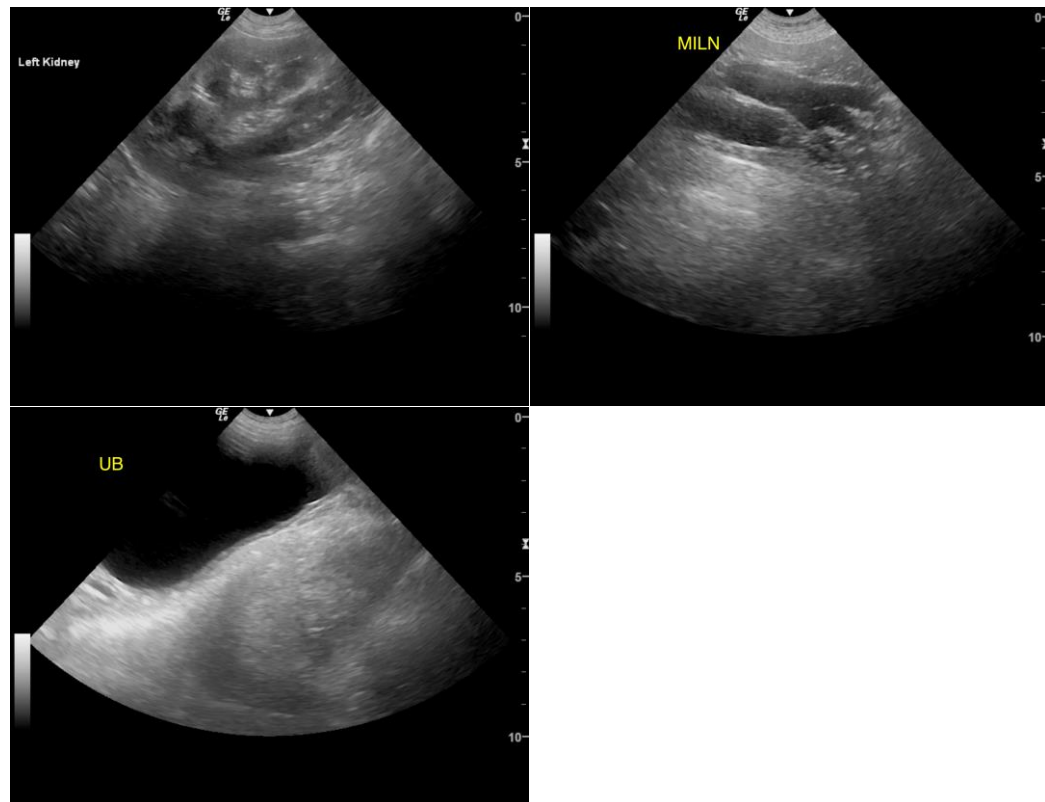
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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