



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jewel Stein	Senior screening prior to elective surgery (dentistry). Former breeding bitch, had last litter via C-section in 2022. Had a complicated OHE (post-op hemoabdomen) in 10/2022, with a benign complex mammary adenoma completely excised per histopathology from a mammary chain at that time.
<b>SPECIES</b>	Suspect grain free diet likely (Duck and Lentil diet described at prior exam). Current Medications
Canine	Provable probiotic and fish oil supplements
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: 9/29/2022 preop CBC normal, with unremarkable preop chem with electrolytes except for globulin increase of 4.1 g/dL (1.6-3.6 normal range).
Labrador Retriever	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.
<b>AGE</b>	
11yr	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 7.7 cm in length. The right kidney measured 7.8 cm in length.
<b>WEIGHT</b>	
35kg	
<b>INTERPRETED BY</b>	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the uterine remnant appeared normal and free of pathology.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Jenna Walsh CVT	The left adrenal gland was mildly enlarged at the caudal pole owing to a non-homogenous non-mineralized nodule measuring ~ 1.6 cm x 1.4 cm. Concurrent mid to cranial non-homogenous parenchyma was present. No evidence of parenchymal escape or overt vascular invasion. The overall left adrenal gland measured 1.4 cm width at the caudal pole and 3.4 cm length.
<b>HOSPITAL NAME</b>	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 2.9 cm length.
VCA Salem Animal Hospital	
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Hallden	The spleen exhibited mild generalized enlargement with areas of minor capsule asymmetry. Subtle generalized heterogenous splenic parenchyma was present. Mild medial folding of the caudal spleen was present. No visualized masses/nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>INVOICE</b>	<b>Liver/Gallbladder</b>
13727ag	
<b>DATE</b>	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
05/05/2023	



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Canine

**BREED**

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VCA Salem Animal  
Hospital

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 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 was evident.

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

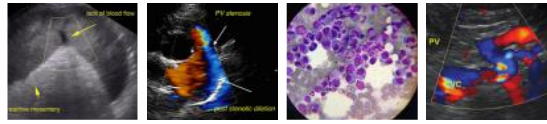
**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes.
- Caudal left adrenal nodule-suspect adenoma.
- Mild folded splenomegaly with subtle heterogenous parenchyma-incident hyperplasia, hematopoiesis, splenitis suspected. Minor potential for emerging neoplastic criteria.
- Minor hepatic parenchyma remodeling.
- Gallbladder debris (non-mucocele).
- Sonographically unremarkable area of uterine remnant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A screening BP is advised to assess for evidence of hypertension which may allude to more aggressive emerging adrenal pathology i.e., pheochromocytoma. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology may be considered primarily to ensure only benign changes are present and rule out early emerging neoplasia especially if evidence of weight loss.

Radiographic/sonographic monitoring of the spleen and adrenal nodule would be ideal. No overt anesthetic contraindications assuming normal BP.



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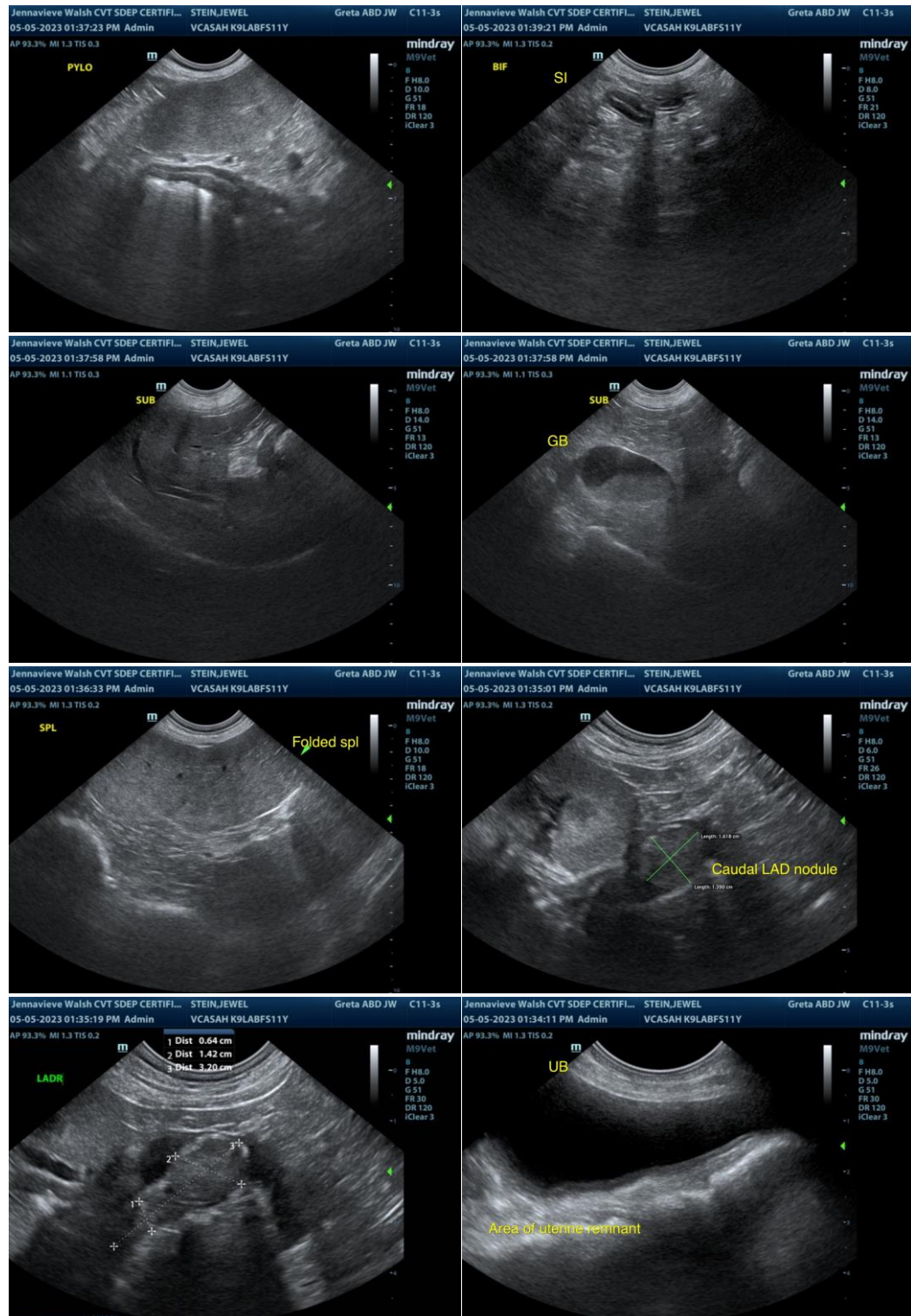
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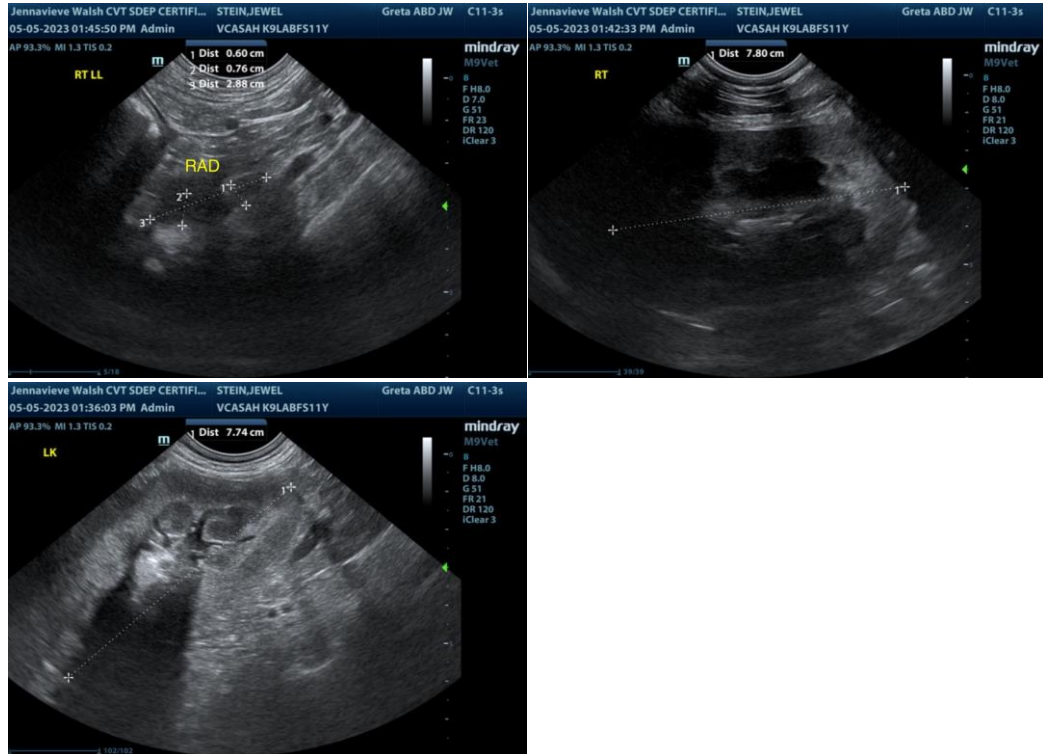
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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