



PATIENT

Lexi Clark

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

9yr

WEIGHT

27.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott,
DVM

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

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DVM

INVOICE

13761ag

DATE

05/08/2023

PRESENTING CLINICAL SIGNS

chronic, low-grade and intermittent diarrhea. There is also been a small amount of vomiting. Blood work was unremarkable with a normal CPL. Fecal analysis has not been performed. All-purpose deworming was given.

Abnormal PE/Chem/CBC/UA Results: Normal PE Normotensive Unremarkable bloodwork and urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

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 6.8 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A moderately sized to expansive symmetrical non-homogenous focally hyperechoic nodule occupying the mid to caudal left adrenal gland was present with associated capsule distortion. The nodule measured 2.8 cm x 2.5 cm. The overall left adrenal gland measured 2.5 cm width at the caudal pole x 1.1 width at the cranial pole x 4.2 cm length.

The right adrenal gland exhibited a mild flattened appearance. Homogenous parenchyma and maintained symmetrical capsule contour were present. The right adrenal gland measured 0.32 cm width at the caudal pole and 2.5 cm length.

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 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



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.

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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 to semi formed feces in the descending colon lumen.

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Pancreas

The pancreas was normal in size and with asymmetric contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Moderately sized symmetrical non-homogenous hyperechoic left adrenal nodule/mass.
- Sonographically unremarkable to subjective mild flattened right adrenal gland.
- Mild age related renal changes.
- Intact mildly prominent gastric walls with mild retained gastric fluid-suspect mild hypomotile gastritis.
- Structurally unremarkable small bowel/colon.
- Mild pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for the left adrenal nodule/mass may include moderate functional vs non-functional adenoma, benign hyperplasia, neoplasia such as pheochromocytoma or adenocarcinoma or other is possible. The lack of hypertension does not completely rule out a pheochromocytoma. Correlation with pending FNA cytology is suggested. Overt evidence of vascular invasion associated with the left adrenal nodule/mass was not definitive, yet early phrenic vein invasion cannot be definitively excluded. Pending cytology, abdominal CT for further definition and possible surgical planning would likely be ideal.

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As needed therapy for mild hypomotile gastritis/non-specific gastroenteritis which may include a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome), and gastroprotectant protocol may prove beneficial. Assessment of cobalamin and folate levels may be considered if persistent/progressive GI signs.

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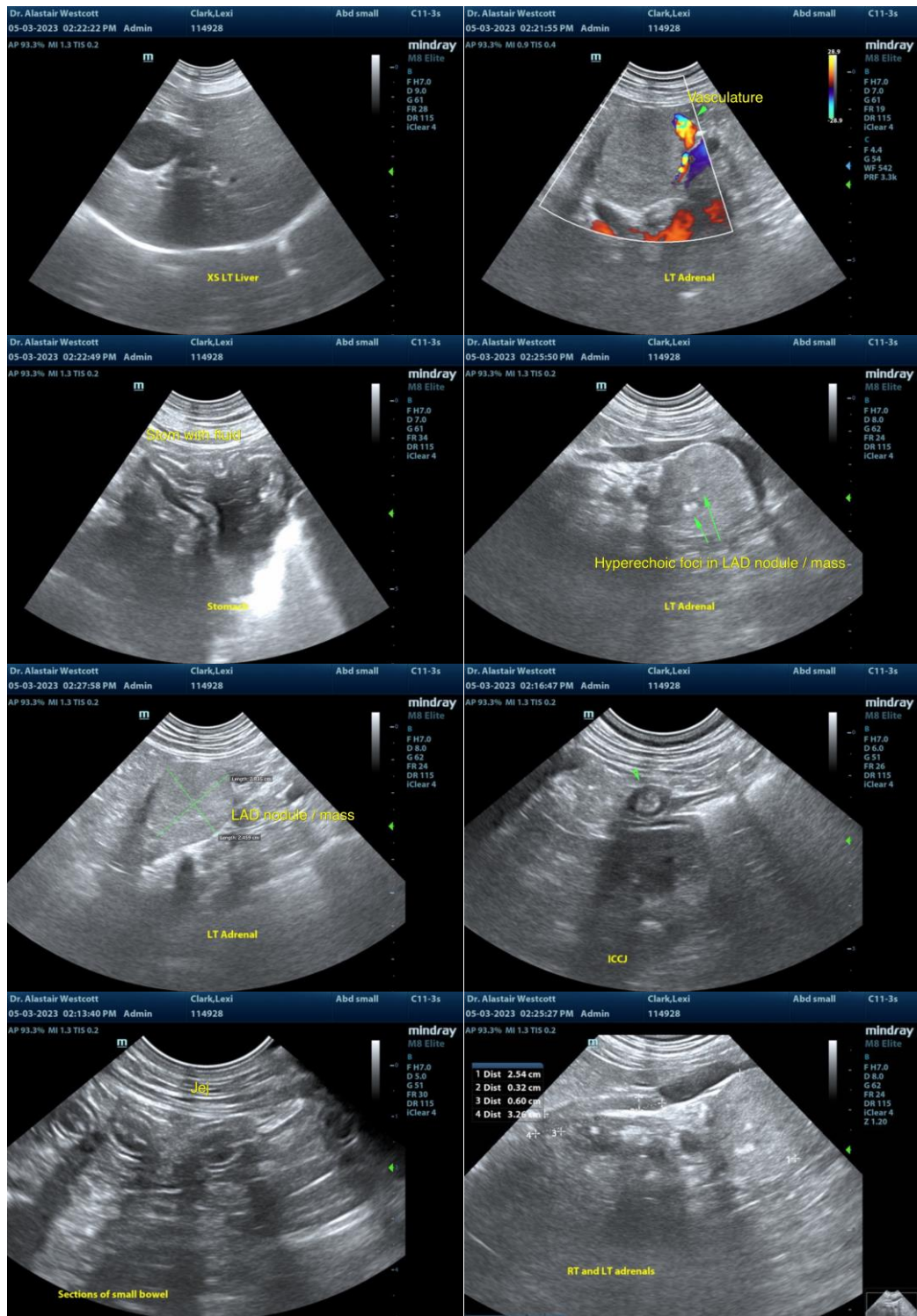
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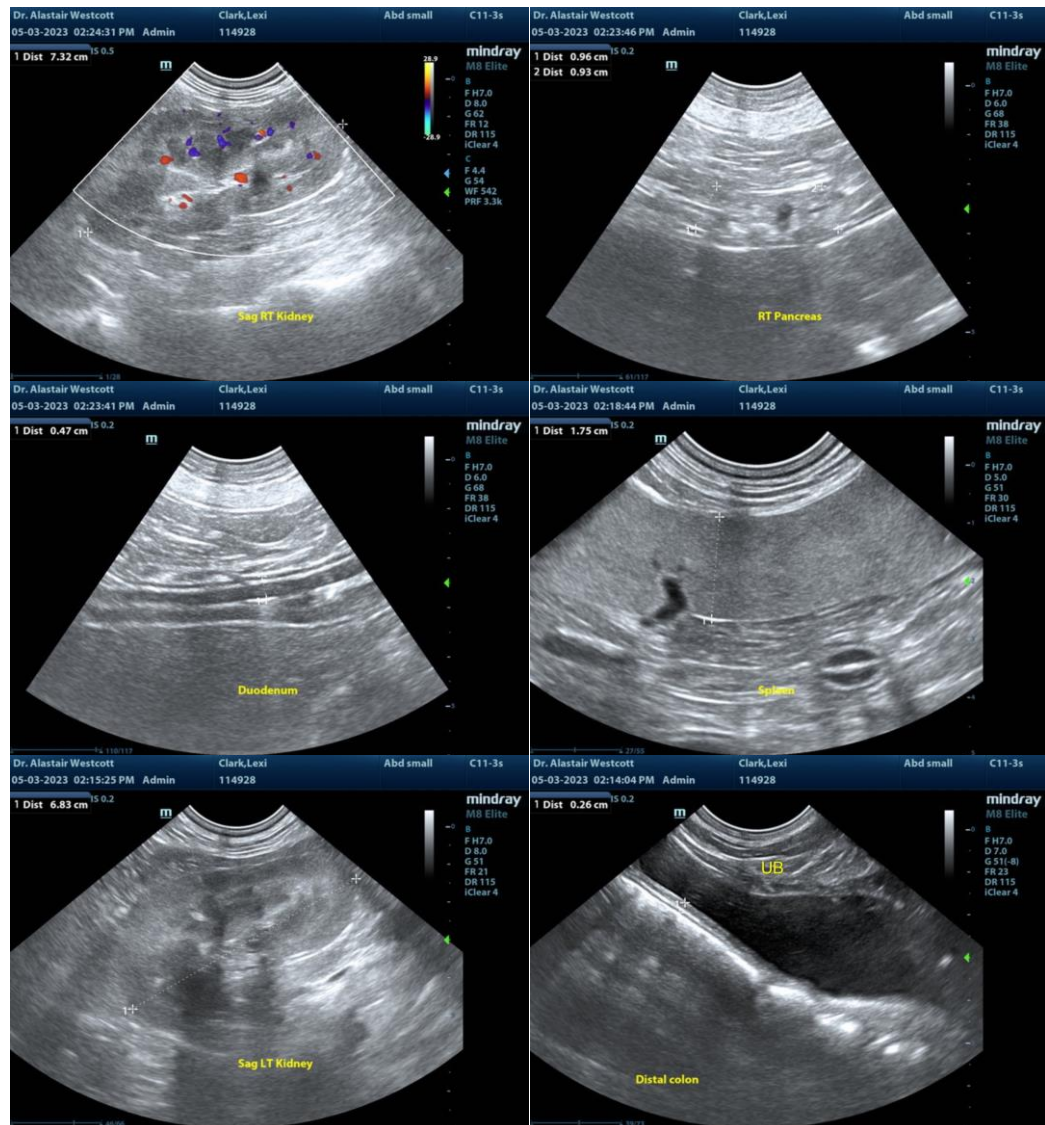
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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