**PATIENT**

Jessy St. Paul

**PRESENTING CLINICAL SIGNS**

Recheck u/s of R adrenal nodule from March 23, 2022.

**SPECIES**

Canine

**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 were noted.

**BREED**

Golden Retriever

Normal size and margination was 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 6.8 cm. The right kidney measured 6.9 cm.

**SEX**

Neutered Male

**AGE**

9 Years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.89 cm at the cranial pole and 0.88 cm at the caudal pole.

**WEIGHT**

76 Pounds

Previously noted cranial right adrenal nodule was visualized, exhibiting mild asymmetrical margination with non-homogeneous, mild hyperechoic non-mineralized parenchyma, measuring approximately 1.2 cm x 0.92 cm. The nodule did not distort the right adrenal capsule, without evidence of parenchymal escape or overt vascular invasion. The overall right adrenal gland measured 1.3 cm at the cranial pole and 0.84 cm at the caudal pole.

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**Liver**

The liver exhibited subjective mild 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Oetting

**INVOICE**

37554

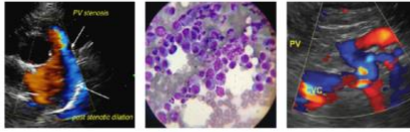
**Gastrointestinal**

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.

**DATE**

5/9/22

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.



**PATIENT**

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

Jessy St. Paul

**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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Golden Retriever

- Minor progressive previously noted right adrenal nodule
- Static vacuolar hepatopathy pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

The previously noted non-specific right adrenal nodule appeared to exhibit minor progressive increased size compared to the previous measurement, although some degree of measurement variability could be present. Overall, the nodule exhibited similar echogenicity compared to the previous study without evidence of parenchymal mineralization or capsular escape. Continued etiologies include suspect adenoma, although as previously mentioned, the possibility of emerging neoplasia (i.e., pheochromocytoma, adenocarcinoma or other) cannot be definitively excluded.

**AGE**

9 Years

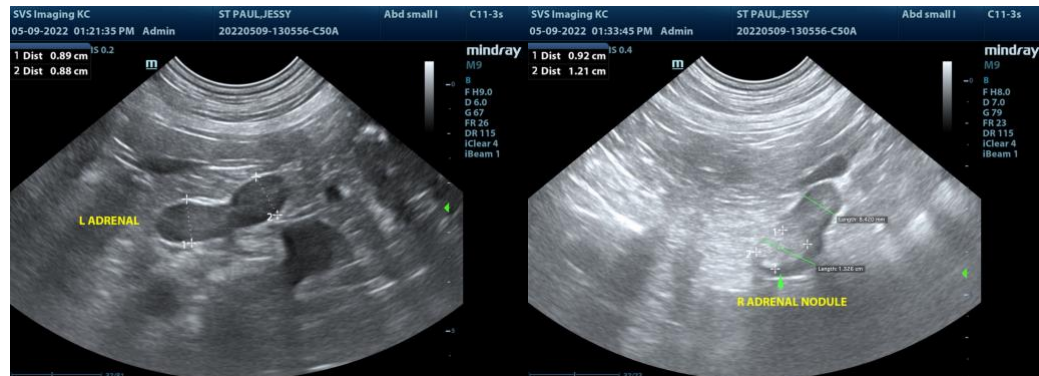
Continued monitoring of systemic blood pressure for evidence of hypertension, which may allude to an emerging pheochromocytoma, is suggested. Conservatively, continued sonographic monitoring with initial recheck in 6 weeks, given the minor progressive increased size compared to the previous study, would be reasonable. Referral for further workup, potential advanced imaging +/- prophylactic right adrenalectomy would be a more aggressive approach.

**WEIGHT**

76 Pounds

**INTERPRETED BY**

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

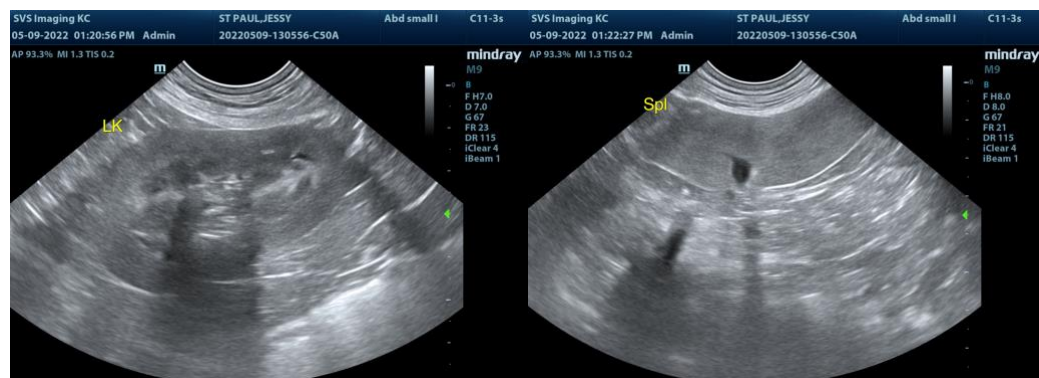


**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

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**REFERRING VET**

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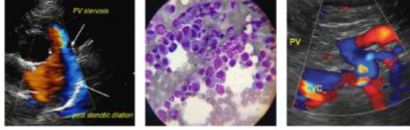
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**Clinical Sonography & Telectology**

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**PATIENT**

Jessy St. Paul

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

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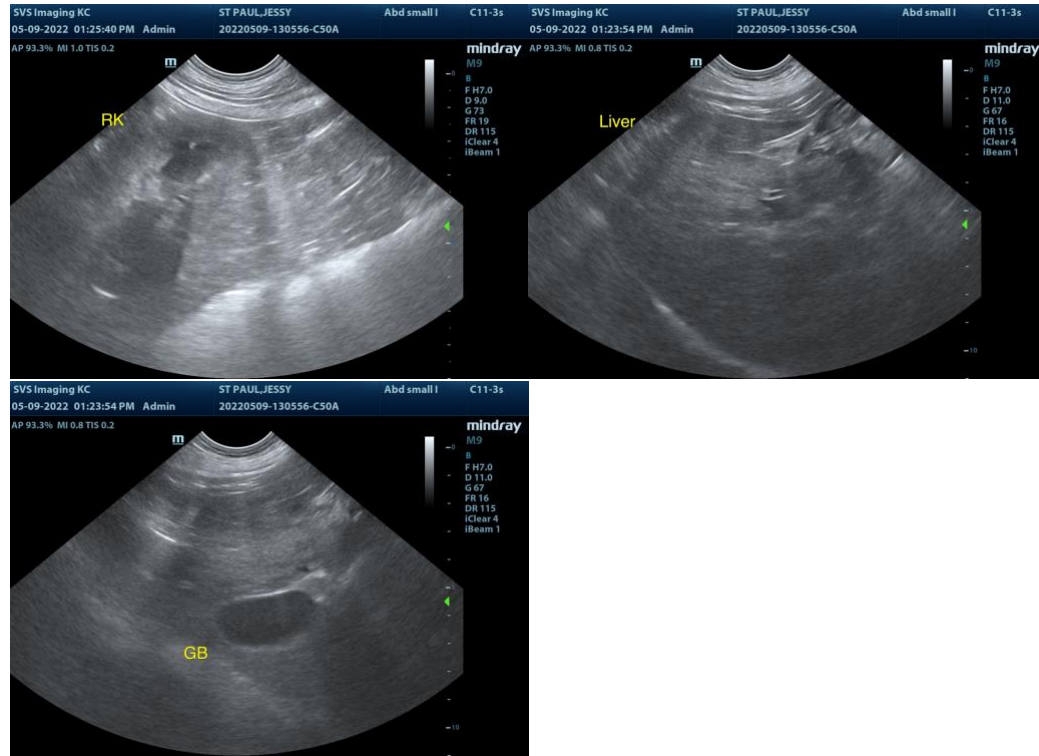
Dr. Oetting

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**DATE**

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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)**

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