



PATIENT

Rocky Leon

SPECIES

Canine

BREED

Maltese X

SEX

MN

AGE

8 years

WEIGHT

15.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

14079

DATE

6/13/22

PRESENTING CLINICAL SIGNS

12/2021 we recommended an AUS: 1) CBC: WNL 2) CHEM: ALKP 2647 (5-131) -- was 1509 on 3-1-2021 3) TT4: 0.6 (0.8-3.5), Free T4 wnl 4) UA: SG 1.029, PROT 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 pathology associated with the residual prostate was noted.

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 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 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was subjectively normal in size, position and shape without overt pathology subjectively measuring 0.51 cm width at the caudal pole.

Mildly nonhomogeneous mass in the area of the right adrenal gland was present measuring 2.2 cm x 1.8 cm. No evidence of associated parenchymal mineralization was noted. The possibility of vascular invasion was not overtly evident, yet cannot be definitively excluded.

Spleen

The spleen was normal in overall size exhibiting mild areas of asymmetrical medial capsule contour with areas of hyperechoic medial splenic parenchyma. Normal splenic vascularity was noted.

Liver/ Gallbladder

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 margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nondependent, nonorganized, mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. 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.



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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.

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

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Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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- Right adrenal mass
- Subjective vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Minor pancreatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the right adrenal mass may include functional vs. nonfunctional adenoma, benign hyperplasia with neoplastic criteria, favored. Screening blood pressure to assess for evidence of hypertension, which may allude to a pheochromocytoma, as well as full adrenal workup if clinical signs consistent with Cushing's Syndrome, are recommended.

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Abdominal CT for further assessment of the right adrenal mass, as well as potential surgical planning if surgery is a possible option, is likely ideal.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Baseline UPC level on a sterile urine sample is recommended. No obvious evidence of periadrenal or hepatic metastasis was noted.

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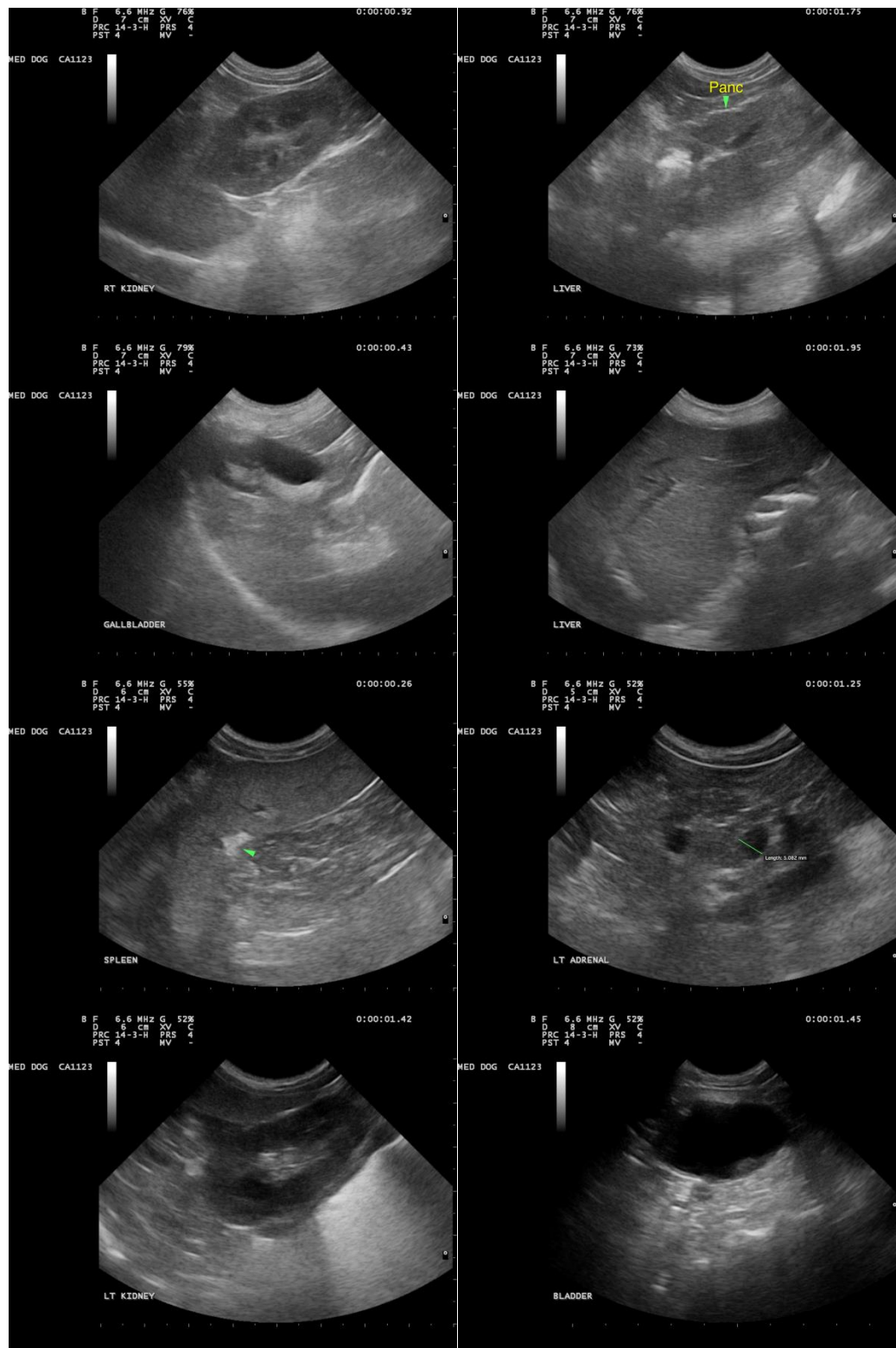
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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