



PATIENT

Riley Carroll

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

9 Years

WEIGHT

79 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

John Schneider, DVM

INVOICE

15861

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Recent history of GI discomfort. Palpated possible mass in central abdomen.
Abnormal PE/Chem/CBC/UA Results: Mild anemia (HCT 37 %), mild elevation of globulins

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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

Ill-defined, primarily homogeneous mass was indistinctly visualized in the area of the left adrenal gland, measuring approximately 4.5 cm x 3.0 cm.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size and contour. Primarily maintained, finely textured homogeneous parenchyma noted. Intermittent, nondisruptive hypoechoic splenic nodules were present. An example of splenic nodule measured 0.74 cm in diameter.

Liver

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

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 visualized segments of small intestine were overtly normal, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio. No evidence of small intestinal mechanical/metabolic ileus.

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

Pancreas

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



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Free Abdomen

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Suspect spherical area of fat echogenicity, suggestive of small intraabdominal lipoma was present mid ventral abdomen, measuring approximately 5.0 cm x 2.7 cm. No overt lymphadenopathy or peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Indistinct mass in the area of the left adrenal gland
- Suspect small mid ventral abdominal lipoma
- Nonspecific splenic nodules
- Mild age-related kidneys
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The ill-defined to indistinct mass in the area of the left adrenal gland is suspected to be of adrenal origin, although other etiologies are possible. Screening blood pressure to assess for evidence of hypertension, which may allude to a pheochromocytoma is suggested. Given the lack of reported clinical signs such as PU/PD, polyphagia, etc., adrenal hyperfunctionality is considered less likely.

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The splenic nodules were nonspecific with multiple etiologies possible, including area of lymphoid hyperplasia, hematopoiesis, small hematomas, infarct, focal areas of splenitis, while the possibility of emerging primary versus metastatic neoplastic nodules cannot be excluded. If accessible, ultrasound guided FNA of a splenic nodule, assuming normal clotting status and using a 25-gauge needle, could be considered.

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Potential for low-grade to chronic pancreatitis is possible, although the heterogeneous pancreas is nonspecific and may be a normal patient or early age-related variant.

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Ideally, if possible abdominal CT, for further assessment of the mass in the area of the left adrenal gland is recommended.

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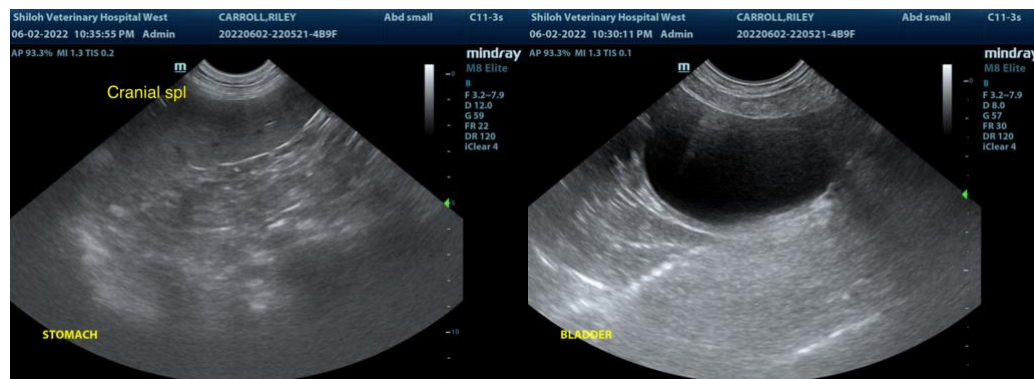
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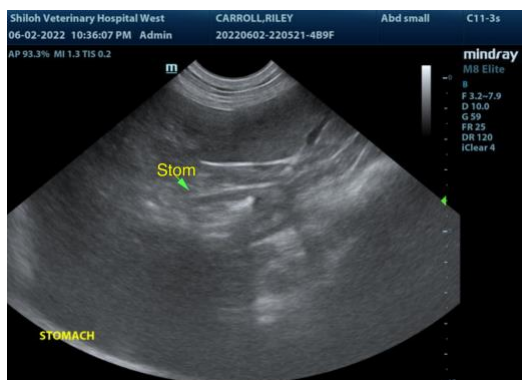
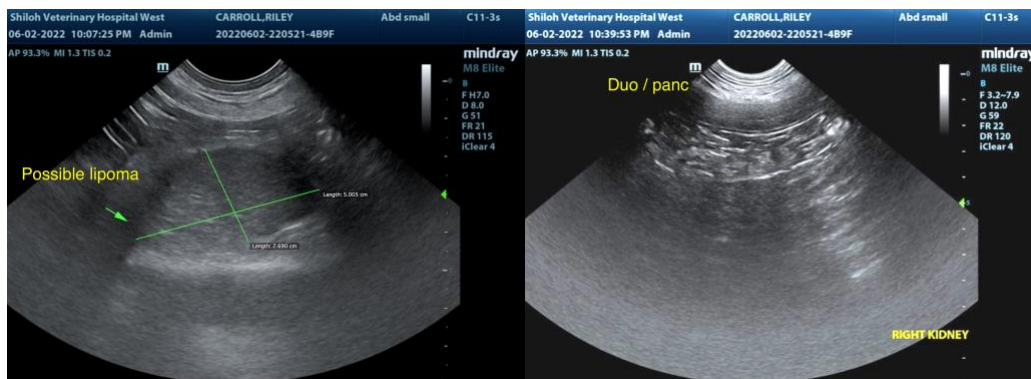
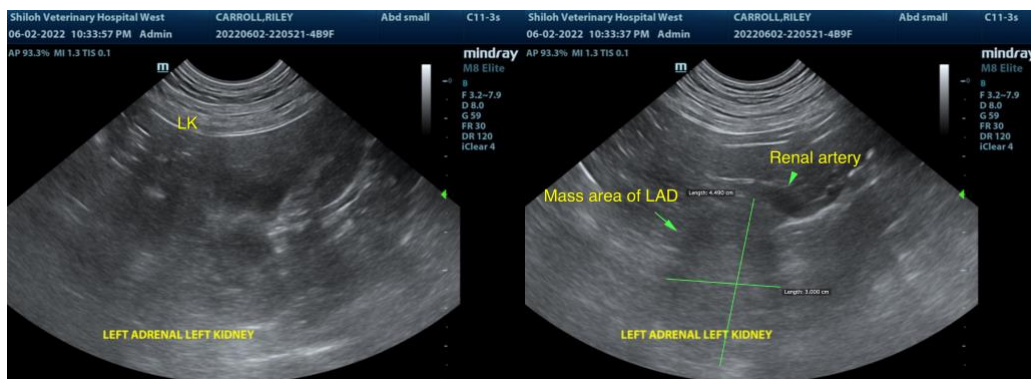
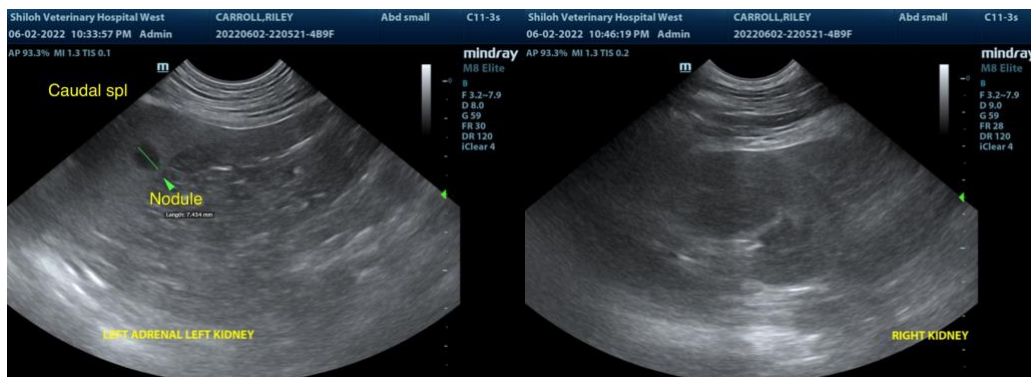
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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