



PATIENT

Papi Martocci/Sachs

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

12 years

WEIGHT

16.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kyoung Han

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Kyoung Han

INVOICE

14155

DATE

6/28/22

PRESENTING CLINICAL SIGNS

elevated liver enzyme(alt: 167/ alp: 487) elevated cholesterol and lipase . t4: 0.8 (low) but free t4: 0.7(low normal) xtsh: 0.32 (high normal) usg: 1.018. weight gain 1.6 . no updated leptospirosis vaccines. bile acid test is pending and lepto pcr pending. urine culture and sensitivity test is not done . p is on clavamox . impression of ultrasound : heteriechoic liver and nodules .gallbladder is dilated with sediment . gallbladder mucocele suspect . left adrenal glad area has round shape mass . adrenal gland tumor vs lymph node. pancreas is enlarged?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The residual prostate was free of overt pathology.

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 4.7 cm in length.

Adrenal Glands

Spherical to symmetrical nonhomogeneous mass was present in the area of the left adrenal gland measuring 3.3 cm x 2.1 cm. No overt evidence of parenchymal mineralization or regional Inflammation was noted. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was overtly normal in size and maintained symmetrical capsule contour. Mild mixed echogenic hepatic parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling were present. No masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate nondependent yet nonorganized mildly hyperechoic gallbladder debris was present. The gallbladder walls were sonographically normal without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass
- Mild chronic renal changes
- Hepatopathy exhibiting mild mixed echogenic to remodeled parenchyma
- Moderate gallbladder debris (non-mucocele)
- Mild pancreatic remodeling - likely age-related / patient variant, potential for low-grade to chronic pancreatitis is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left adrenal mass may include functional vs. nonfunctional adenoma, benign hyperplasia, or neoplasia i.e., pheochromocytoma, cortisol secreting tumor, adenocarcinoma, or other.

Subjective, the liver did not have the classic appearance of steroid hepatopathy yet this possibility cannot be definitively excluded. Vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, or other hepatopathy are possible without overt evidence of hepatic neoplastic criteria.

The presentation of the gallbladder was not overtly consistent with classic mucocele and without evidence of inflammatory criteria at this stage.

Screening blood pressure to assess for evidence of hypertension, which may allude to a left pheochromocytoma, +/- full adrenal workup including LDDST if clinical signs consistent with Cushing Syndrome, is warranted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Pending additional diagnostics and if possible abdominal CT for further assessment of the left adrenal mass, as well as potential surgical resectability, is likely ideal given this presentation. Three view chest radiographs are recommended.



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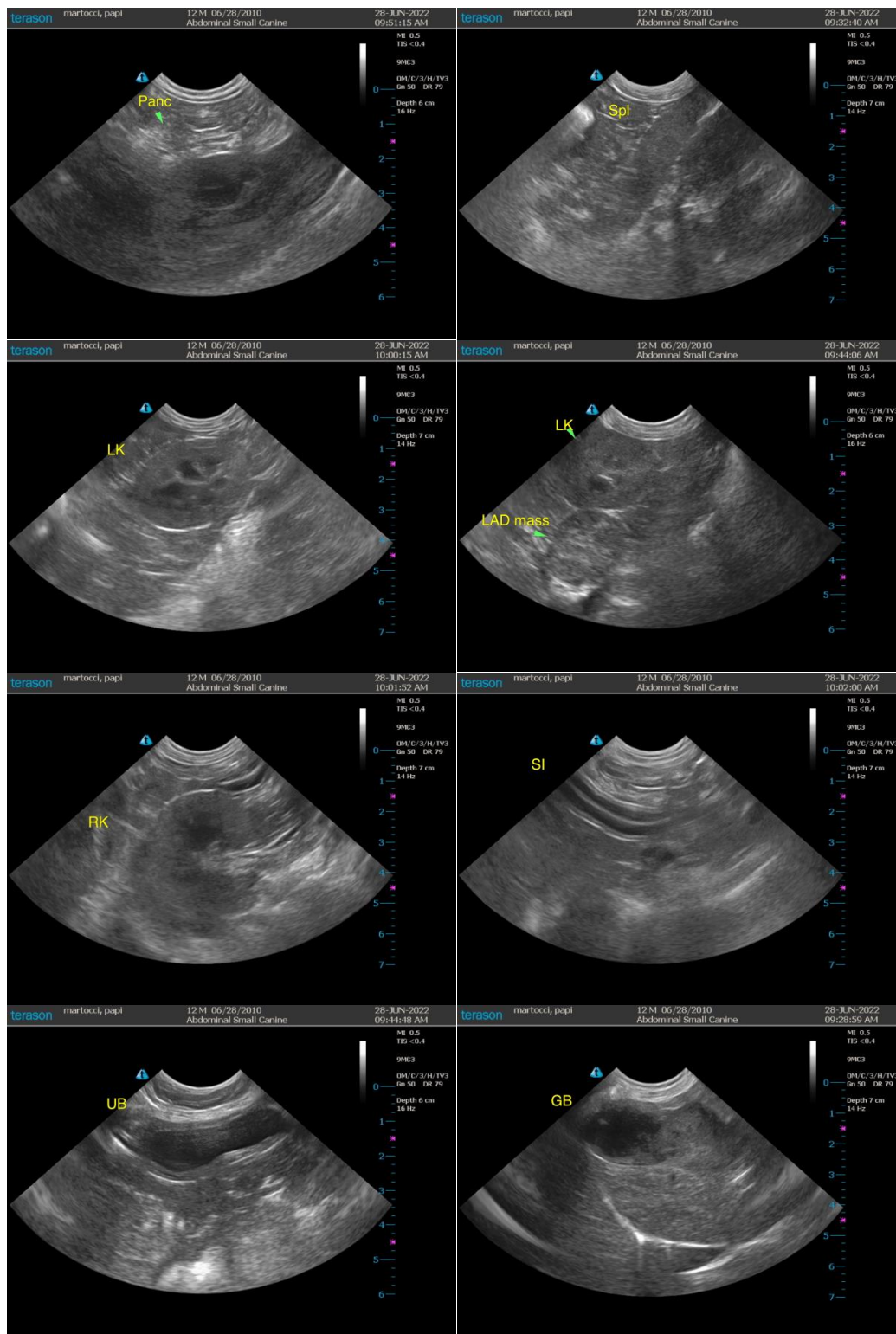
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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