



**PATIENT PRESENTING CLINICAL SIGNS**

Nina Israel Decreased appetite to anorexia for several days, vomiting, diarrhea with small amount of blood, history of pancreatitis Rimadyl until 6.29

**SPECIES** ALP 722, ALT 1704, BUN 52, Creatinine 1.9, Amylase 2278

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Beagle 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 was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2009

Normal size and asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Suspect cortical microinfarction was noted. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were noted. No evidence of pyelectasia was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length.

**WEIGHT**

26.8

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint areas of likely dystrophic parenchymal mineral were noted. The left adrenal gland measured 1.8 cm length x 0.7 cm width in the cranial pole.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The right adrenal gland was enlarged with intact yet mild asymmetrical capsule Integrity and nonhomogeneous pinpoint mineralized right adrenal parenchymal. The right adrenal gland measured 3.5 cm length x 2.5 cm width at the caudal pole.

**HOSPITAL NAME**

*Spleen*

Maple Hills VH

The spleen was normal in size and overall contour with generalized splenic parenchyma heterogeneity. Multifocal pinpoint hyperechoic parenchyma foci were noted in the spleen. The hyperechoic foci are nonspecific, yet may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization. No evidence of splenic neoplastic criteria was noted.

**REFERRING VET**

Dr. Eckman

*Liver/ Gallbladder*

**INVOICE**

14171

The liver revealed a large expansive nonhomogeneous to lobulated mass occupying the majority of the left and mid parenchyma extending into the area of the gallbladder. The mass measured approximately 9.0-10.0 cm in diameter. The hepatic parenchyma not involved with the mass exhibited parenchymal remodeling with nonuniform echotexture.

**DATE**

6/30/22



**PATIENT** The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. No evidence of obstruction to bile outflow was noted. The common bile ducts were normal without evidence of dilation.  
 Nina Israel

**SPECIES** *Gastrointestinal*

Canine The stomach presented intact yet generalized mild thickened wall layering. The stomach contained strongly shadowing echo exhibiting nearfield hyperechogenicity, measuring approximately 4.0 cm in diameter. Concurrent mild retained anechoic fluid was noted. The gastric body wall measured 0.56 cm width.

Beagle 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.

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

FS *Pancreas*

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

2009 *Free Abdomen*

**WEIGHT** No overt lymphadenopathy or peritoneal effusion was present.

26.8 **ULTRASONOGRAPHIC FINDINGS**

*Primary Findings*

- Moderate chronic renal changes with minor medullary mineral
- Gastritis pattern with strongly shadowing gastric echo - suggestive of gastric foreign body
- Liver mass
- Right adrenal mass
- Sonographically unremarkable small bowel

**INTERPRETED BY**

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**HOSPITAL NAME**

Maple Hills VH

*Secondary Findings*

- Nonspecific yet subjectively benign splenic hyperechoic parenchyma foci

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Eckman

Although cytology is required for further assessment, the liver mass is sonographically consistent with neoplastic criteria i.e., adenocarcinoma or other. Subjectively, the liver mass does not appear to be amendable to complete surgical resection.

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The concurrent right adrenal mass may indicate separate primary adrenal pathology such as pheochromocytoma, and adenocarcinoma, with potential for metastatic neoplasia. Right adrenal adenomatous change or benign hyperplasia are possible yet thought less likely. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to a right pheochromocytoma.

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**PATIENT**

Nina Israel

Radiographic or sonographic reassessment of the stomach, given time frame from ultrasound to interpretation, to assess for persistent strongly shadowing gastric echo is recommended. Gastrotomy with potential for hepatic biopsies may be indicated if persistent strongly shadowing gastric echo. However, a likely unfavorable long-term prognosis is unfortunately indicated.

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

FS

**AGE**

2009

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**HOSPITAL NAME**

Maple Hills VH

**REFERRING VET**

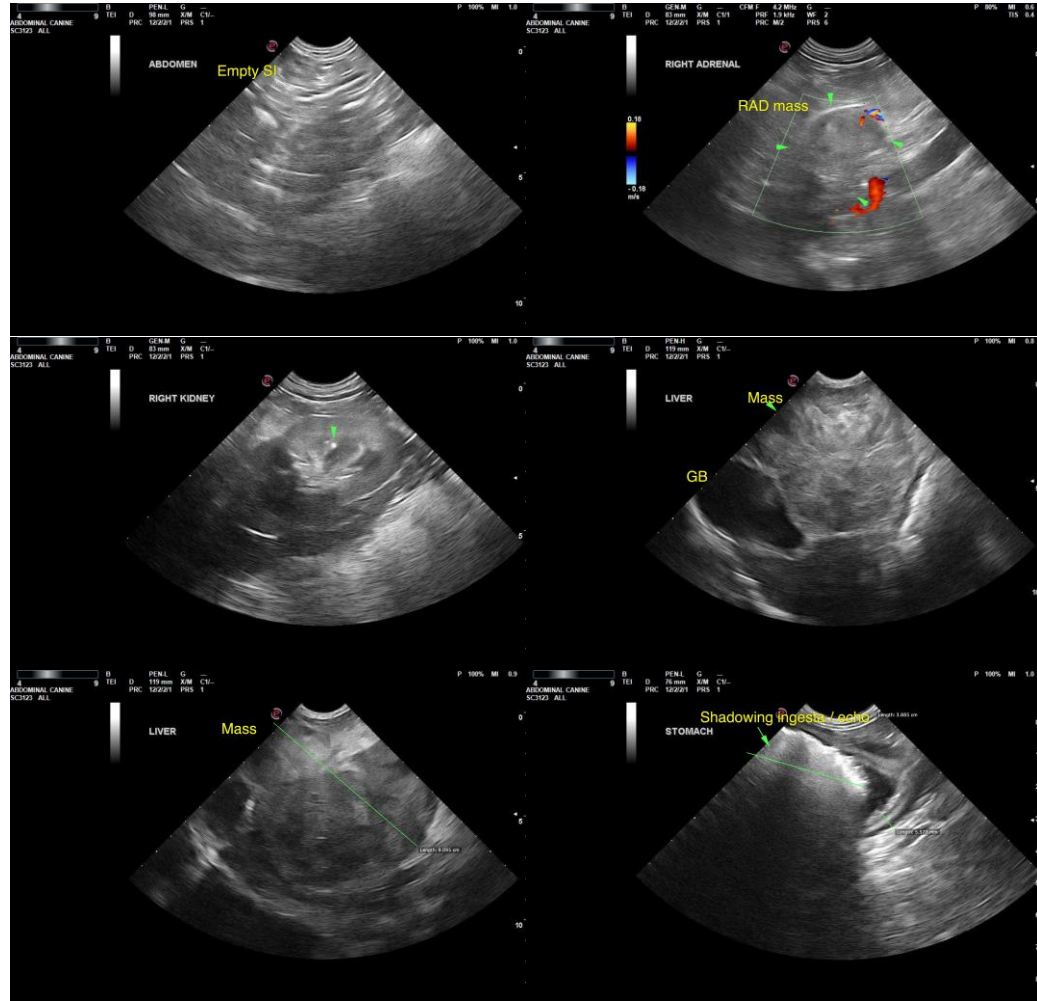
Dr. Eckman

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**PATIENT**

Nina Israel

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

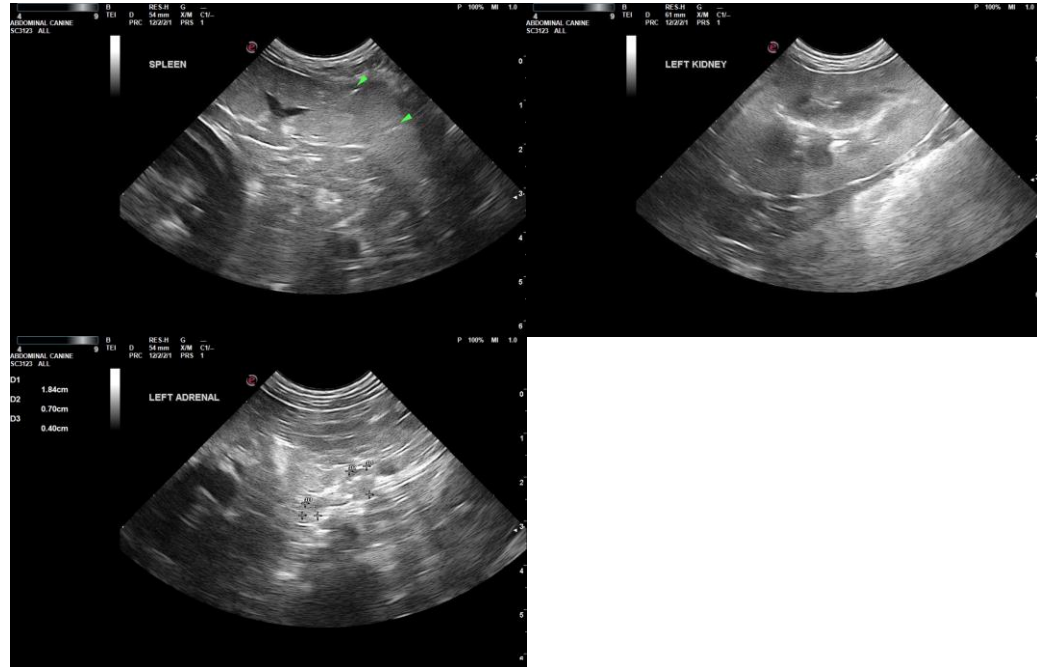
FS

**AGE**

2009

**WEIGHT**

26.8



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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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Eckman

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