



**PATIENT PRESENTING CLINICAL SIGNS**

Lilly O'Brien History: Adrenal gland study only. History left adrenomegaly with neoplastic criteria on prior study 4/25/22 (R. McKenzie Daniel, DVM, DABVP). Re-assess left adrenal.

**SPECIES LIMITED ULTRASONOGRAPHIC EXAMINATION**

Canine The left adrenal exhibited overtly static size in appearance compared to the previous study. Generalized left adrenal enlargement with nonhomogeneous to focally mineralized parenchyma. Overall, subjective maintained left adrenal capsule integrity with minor areas of capsule asymmetry and suspect focal areas of mild parenchymal expansion noted. In several video clips, the left adrenal gland appeared to be somewhat impinging upon the border of the adjacent caudal vena cava. Obvious evidence of vascular invasion, either into the caudal vena cava or phrenicoabdominal vein was not definitively evident yet potential for emerging or very early vascular invasion cannot be excluded. The left adrenal gland measured 2.8 cm in length x 1.7 cm at the cranial pole and 1.2 cm at the caudal pole.

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

15.4 Pounds

The right adrenal gland was normal and static in size and appearance compared to the previous study, measuring 0.44 cm at the cranial and 0.44 cm at the caudal pole in width. No evidence of right adrenal pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Overall, static left adrenal size in appearance with subjective impingement in the area of the adjacent caudal vena cava- possible emerging or early vascular invasion
- Static overtly normal right adrenal gland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Primary considerations for left adrenal neoplastic criteria continues to be indicated given the presence of parenchymal mineralization yet without evidence of progressive enlargement compared to the previous study. Benign etiologies for the left adrenal gland, i.e., adenomatous change, benign hyperplasia or similar are considered less likely. Given the subjective minor impingement upon the caudal vena cava, with the possibility of emerging to very early vascular invasion, CT assessment of the left adrenal gland for further clarification, as well as surgical planning, if surgical options are a possibility, is strongly recommended prior to the possibility of left adrenal gland enlargement or progression to the point where surgery would be difficult or precluded, is recommended. Monitoring of systemic blood pressure for evidence of systemic hypertension, which may allude to a pheochromocytoma, is recommended. Serial sonographic monitoring of the left adrenal gland is recommended if CT is not possible.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Falmouth AH

**REFERRING VET**

Lilan Hauser, DVM

**INVOICE**

15923

**DATE**

6/6/22



**PATIENT**

Lilly O'Brien

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

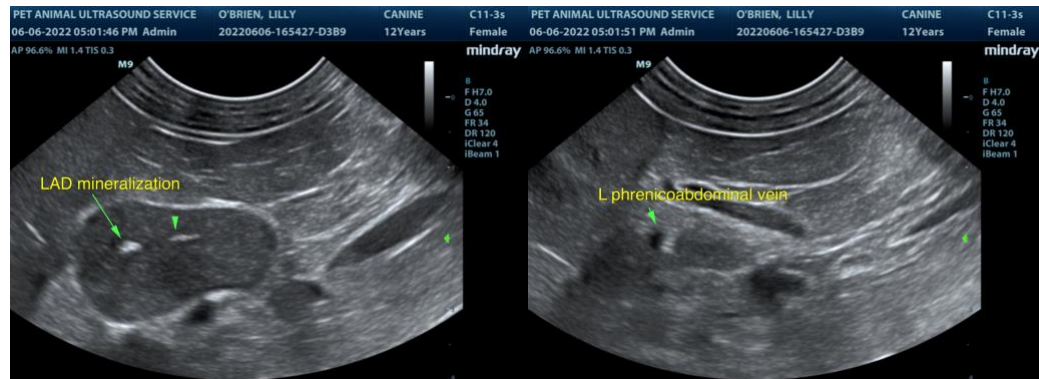
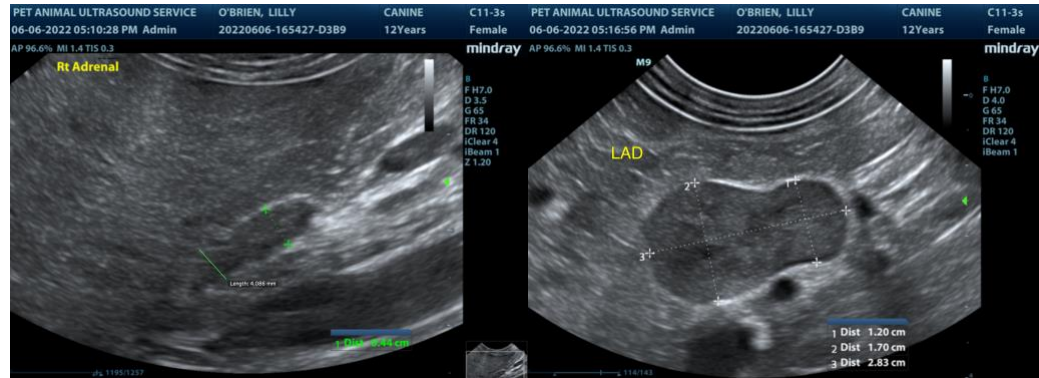
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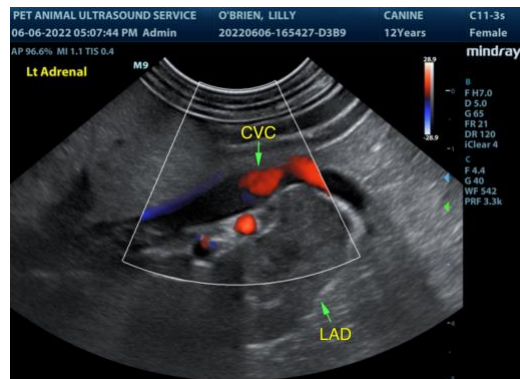


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**