



PATIENT

HarleyQ Jordan

SPECIES

Canine

BREED

American Bully Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

40.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Meghan McGrath,
DVM

INVOICE

16472

DATE

06/08/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate elevated ALT found on pre-op BW. Pt presented for meibomian gland mass resection and was found to have an elevated ALT on pre-anesthetic blood work.

CBC: mild lymphopenia, Hct 57.18% H, plts 243 - Chem: Alb 4.5 H, ALP 314 H, ALT 1,388 H, remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 change were noted.

Normal size and margination was 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 7.5 cm in length. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole with symmetrical contour and homogenous nonmineralized parenchyma. The left adrenal gland measured 2.7 cm length x 0.95 cm width at the caudal pole.

The discernible and subjective right adrenal gland exhibited asymmetrical enlargement with variably echogenic parenchyma measuring 2.8 length cm x 2.1 cm width at the cranial pole and 1.1 cm with at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Enlarged, primarily symmetrical, homogenous mass in the area of the caudate liver lobe was present exhibiting subjective effacement to the discernible right adrenal gland measuring approximately 10 cm x 8 cm. Ventral displacement of the adjacent caudal vena cava with evidence of vascular invasion associated with the mass or right adrenal gland. No evidence of significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Normal gallbladder with mild non-organized bile sediment.
- Asymmetrically enlarged, nonhomogenous right adrenal gland, concurrent mild caudal left adrenomegaly.
- Mass in the area of the caudate liver/right adrenal gland.
- Evidence of vascular invasion associated with the mass or right adrenal gland.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large mass in the area of caudate liver and right adrenal gland is of unclear origin with potential for solitary large right adrenal mass or combined caudate liver mass and right adrenal mass with evidence of vascular invasion. Regardless, neoplastic criteria is almost certain with considerations including carcinoma, pheochromocytoma, or other, given evidence of vascular invasion.

Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome. Serial monitoring of systemic blood pressure for evidence of hypertension is indicated. If hypertension is present, urine metanephrine level is indicated. No other overt evidence of potential hepatic primary or metastatic neoplastic criteria. Concurrent screening hepatic parenchyma FNA cytology +/- FNA cytology of mass could be considered. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further assessment if additional clarification is indicated. Otherwise, serial sonographic monitoring is advised.



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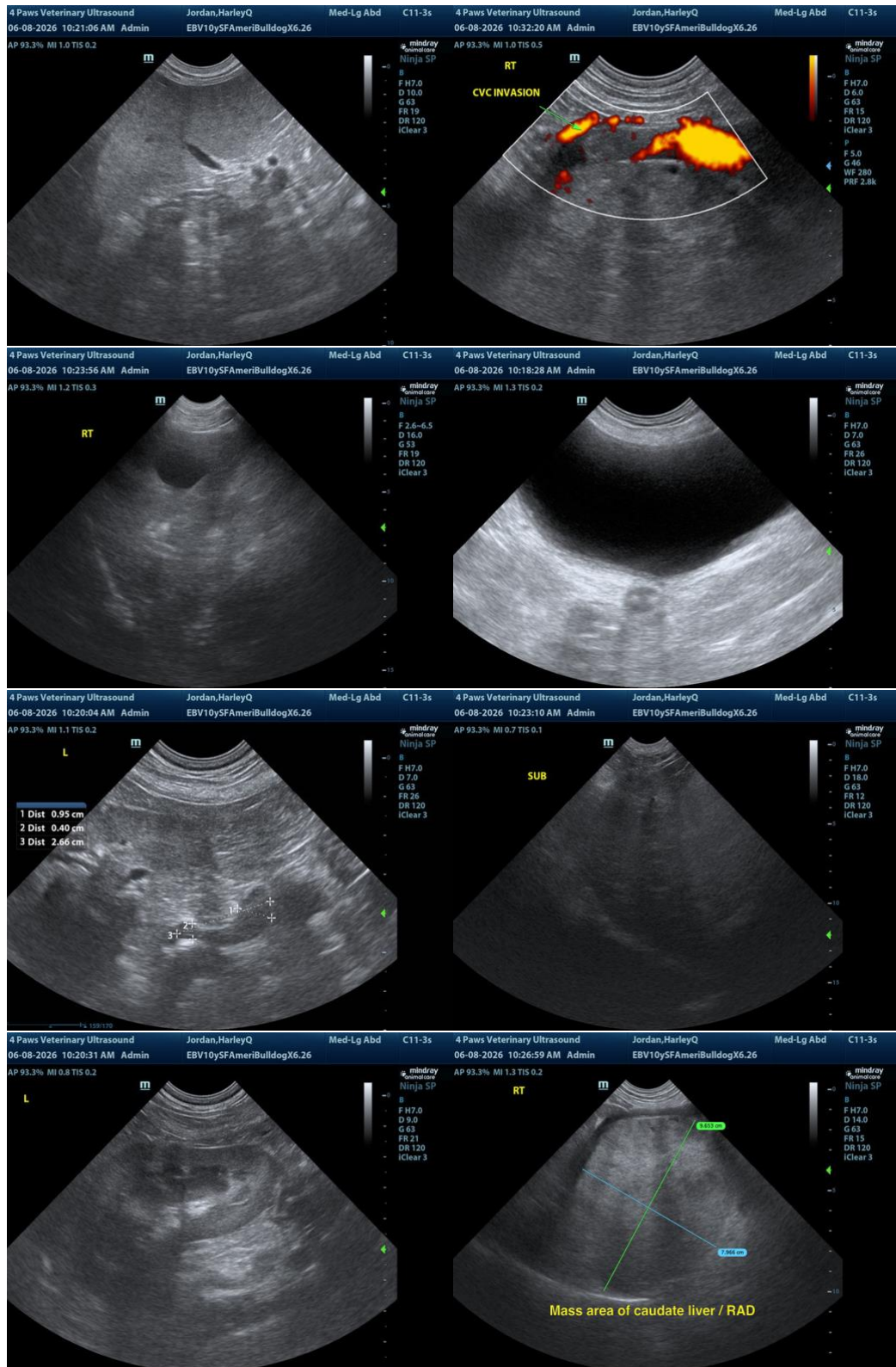
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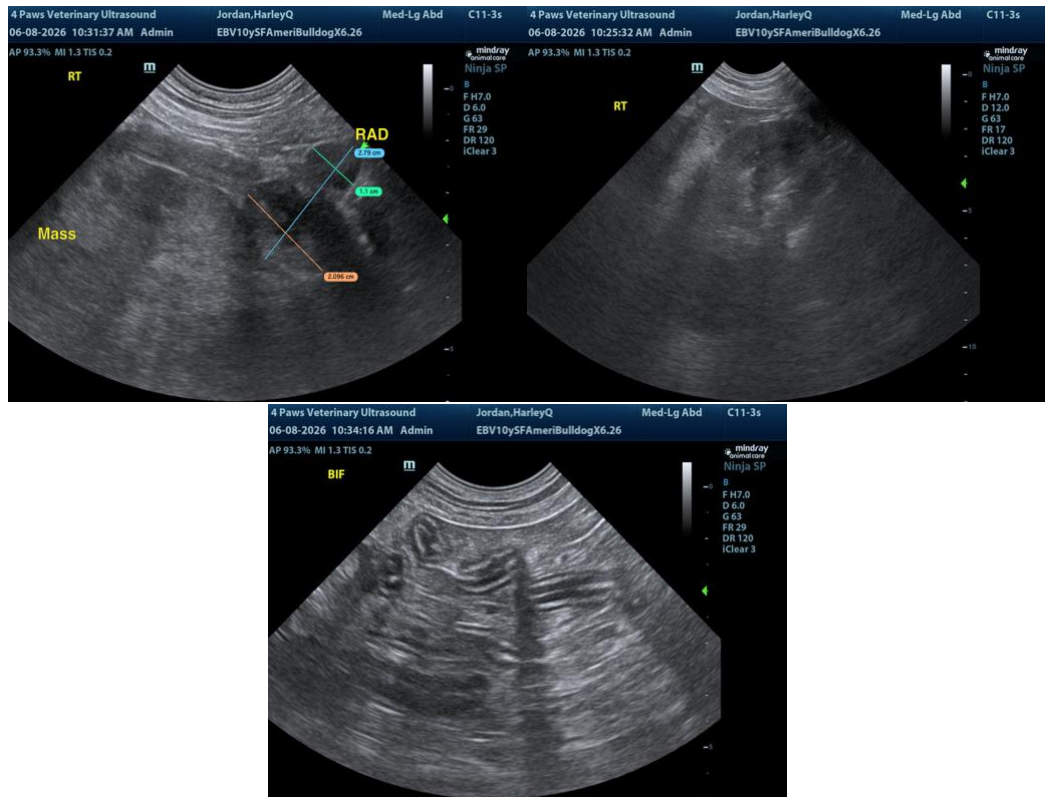
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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