



PATIENT

Hugo Chavez Fulton

SPECIES

Canine

BREED

Miniature
Dachshund

SEX

MN

AGE

11 yr 6 mo

WEIGHT

7.27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Chemainus Animal
Hospital

INVOICE

16567

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Hugo Chavez regularly goes to a rehab facility. The veterinarian who sees him there noted an enlarged liver/spleen. Hugo Chavez has no clinical signs of systemic disease, but he did have elevations in ALT and ALP in April. After this scan, repeat bloodwork was done. The results are below.

Abnormal PE/Chem/CBC/UA Results: April, 2022: ALP=225 (21-122) ALT=125 (0-123) July 26, 2022: ALP=261 ALT=200 Pathologist comment was that these results are consistent with low grade ongoing hepatopathy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

No overt pathology was present in the area of the residual prostate.

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 5.1 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A well-defined, hyperechoic nodule was present in the caudal pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.98 cm in diameter. Overall, the left adrenal gland measured 2.2 cm in length x 0.96 cm at the caudal pole in width x 0.54 cm at the cranial pole in width.

Right adrenomegaly was noted, exhibiting nonhomogeneous nonmineralized parenchyma, measuring 2.9 cm in length x 1.4 cm at the cranial pole in width x 1.5 cm at the caudal pole in width. A similar appearing moderately nonhomogeneous structure, exhibiting discrete hypoechoic foci was present in the lumen of the adjacent caudal vena cava.

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



PATIENT	The liver revealed generalized enlargement with nonuniform to mildly mixed echogenic parenchyma. Several mildly expansive nonhomogeneous intraparenchymal nodules were present in the ventral liver, as well as the deep mid liver, adjacent to the gallbladder. An example of liver nodule measured 1.7 cm in diameter.
Hugo Chavez Fulton	
SPECIES	The gallbladder was normal in size with anechoic content. Moderate inspissated mildly hyperechoic nonmineralized luminal debris. No evidence of peripheral gallbladder inflammation.
Canine	
BREED	Gastrointestinal
Miniature Dachshund	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.
SEX	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.
MN	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11 yr 6 mo	Pancreas
WEIGHT	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 were evident.
7.27 kg	
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Potential for possible mesenteric lymphadenopathy, medial to the right adrenal gland. No evidence of peritoneal free fluid.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Donna Markland, DVM	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Right adrenal mass with evidence of likely vascular invasion • Caudal left adrenal nodule • Hepatomegaly, exhibiting nonhomogeneous parenchyma, including intermittent, mildly expansive nonhomogeneous intraparenchymal nodules
Island Mobile Paws Veterinary Services	Secondary Findings
REFERRING VET	<ul style="list-style-type: none"> • Mild chronic renal changes • Mild inspissated gallbladder debris (non-mucocele)
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INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
16567	Given the evidence of vascular invasion associated with the right adrenal mass, neoplastic criteria is highly probable. Concurrent left adrenal functional versus adenoma, hyperplasia or granuloma or concurrent emerging neoplastic criteria. The hepatic nodules are nonspecific with general considerations, including area of nodular to regenerative hyperplasia, granulomas, hematopoiesis, although given the adrenal pathology, metastatic nodules to the liver are of primary concern.
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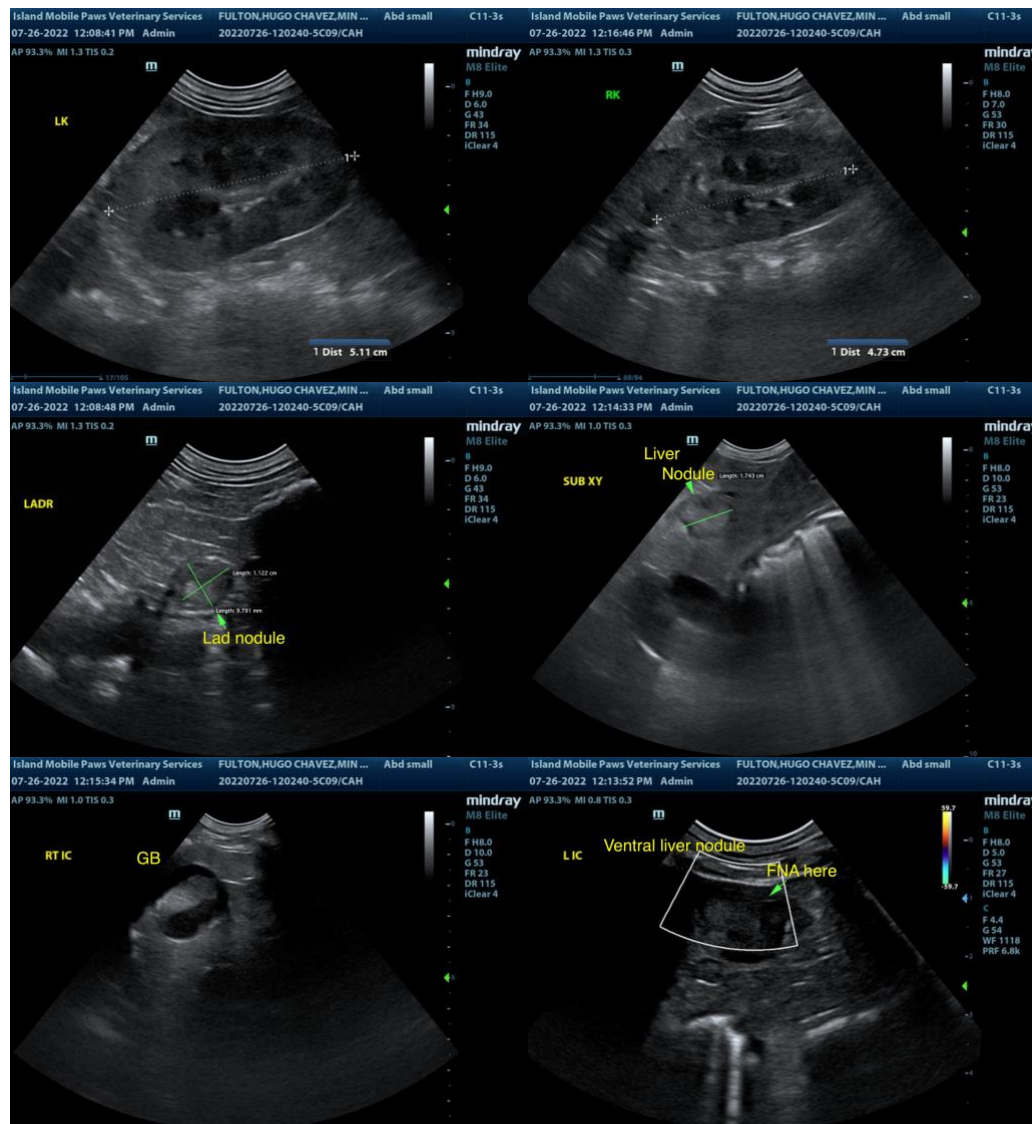
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Assuming normal clotting status, ultrasound guided FNA of a accessible liver nodule +/- hepatic parenchyma is warranted for screening cytology. Screening blood pressure to assess for evidence of hypertension, which may allude to a pheochromocytoma is recommended. If possible, abdominal CT is likely ideal for further assessment.





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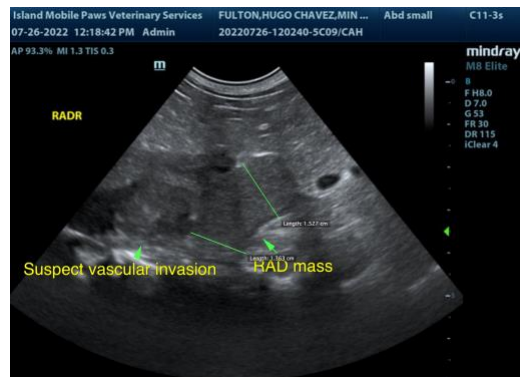
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com