


PATIENT

Jaden Bailey

SPECIES

Canine

BREED

Retriever Mix

SEX

FS

AGE

10 years

WEIGHT

33 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Cascade Summit AH

REFERRING VET

Laura Liu DVM

INVOICE

14435

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Jaden presented to BAESC for a referral abdominal ultrasound (AUS) for concerns for a possible pheochromocytoma. Records shared from primary care veterinarian on 7/22/22: History: - Jaden is back to acting like she was prior to getting sick last time. She's stealing the other dogs' food and still having random aggression. The pred doesn't seem to be making that any worse than it was before. Seems happier again. Owners are worried that she is going to go after one of the dogs and they may end up hurting her. Current Meds: - Hydrocodone 5mg; 2 tabs bid for cough - Prednisone 5mg sid in am - Gabapentin 100mg bid - Methocarbamol bid - Duralactin and Synovi chews at night Differential Diagnosis: - hypertension (r/o secondary to prednisone vs. pheochromocytoma vs. essential vs. other) - weight gain (r/o secondary to prednisone vs. other) - behavior change (r/o truly behavioral vs. secondary to brain tumor/other) Client Education: - Discussed possibility of a pheochromocytoma given her enlarged adrenal gland on ultrasound and nebulous signs. Recommend recheck abdominal ultrasound and urine metanephrine assay. Discussed treatment (phenoxybenzamine, surgery, etc.)

Abnormal PE/Chem/CBC/UA Results: PE: BAR, sweet dog. Mild lenticular sclerosis OU. Mild dental tartar. Suspect lipoma (~ 3 cm3) SQ mass in the R prescapular region. No other significant findings. Diagnostics Date 7/22/2022: -CBC: normal - Chem- normal - T4: normal - Bile Acids: normal - Cardiac ProBNP: pending - Fecal: pending - UA: pending Previous diagnostics Date: 5/24/2022: - Tests Performed: ACTH - Pre- 2.1 (WNL) - Post= 19.9 (equivocal) - Addison's ruled out - Possible cushings (adrenal enlarged on u/s) - **AUS Date 5/24/2022: Compared to 3/17/17**. - Liver: it is slightly mottled. - Gallbladder: a small amount of echogenic material is in the gravity dependent aspect of the lumen. - Spleen: Normal. - Left kidney: Normal. - Left adrenal: it is mildly enlarged up to 0.95cm in thickness in the caudal pole. - Right kidney: Normal. - Right adrenal: Normal. - Pancreas: Normal. - Stomach: Normal. - Small Intestines: it is diffusely mildly dilated with slightly echogenic fluid. There is severely decreased intestinal motility. - Colon: it, along the cecum, is diffusely moderately dilated with slightly echogenic fluid. - Urinary bladder: Normal. - Reproductive organs (Ovaries/Uterus/Prostate/Testes): Normal for patient's neuter/spay status. - Peritoneum: Normal. - There is strong mesentery vascular blood flow. - Right MiLN: Normal. - Left MiLN: Normal. - Lymph nodes: Normal. - Assessment: Severe enterocolitis with intestinal functional ileus and diarrhea. Hepatic nodular regeneration or less likely neoplasia. Left adrenal hyperplasia or less likely neoplasia. Gallbladder sludge.

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 changes was noted.

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 minor loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.2 cm in length.



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Adrenal Glands

Jaden Bailey

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of nodular criteria or tumors. The left adrenal gland measured 2.9 cm length x 0.69 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.49 cm width at the caudal pole.

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Spleen

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The spleen was normal in size and contour with maintained finely textured homogeneous parenchyma. Echogenic material was noted within the intrasplenic splenic vein. No masses or nodules were noted. Normal splenic vascularity was present.

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Liver/ Gallbladder

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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta / chyme exhibiting subtle progressive distal acoustic shadowing.

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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.

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

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Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

Laura Liu DVM

ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable bilateral adrenal glands - no evidence of nodular / neoplastic criteria

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- Echogenic material within intrasplenic splenic vein - suspect emerging splenic vein thrombus, not considered clinically significant at this time

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- Vacuolar hepatopathy pattern

- Mild gallbladder debris (non-mucocele)



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- gastric ingesta, sonographically unremarkable small bowel - ingesta likely indicative of recent meal ingestion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging splenic vein thrombus is possible, although no evidence of impedance to splenic blood flow was present. Clotting status could be considered with sonographic monitoring of the spleen for evidence of progressive thrombus formation.

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No evidence of left or right adrenal pathology. Potentially, current Prednisone may be suppressing adrenal size. However, no sonographic indication of left or right pheochromocytoma was noted.

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Hepatosupportive medications including Denamarin and Ursodiol could be considered if elevated liver enzymes or nonobstructive cholestasis.

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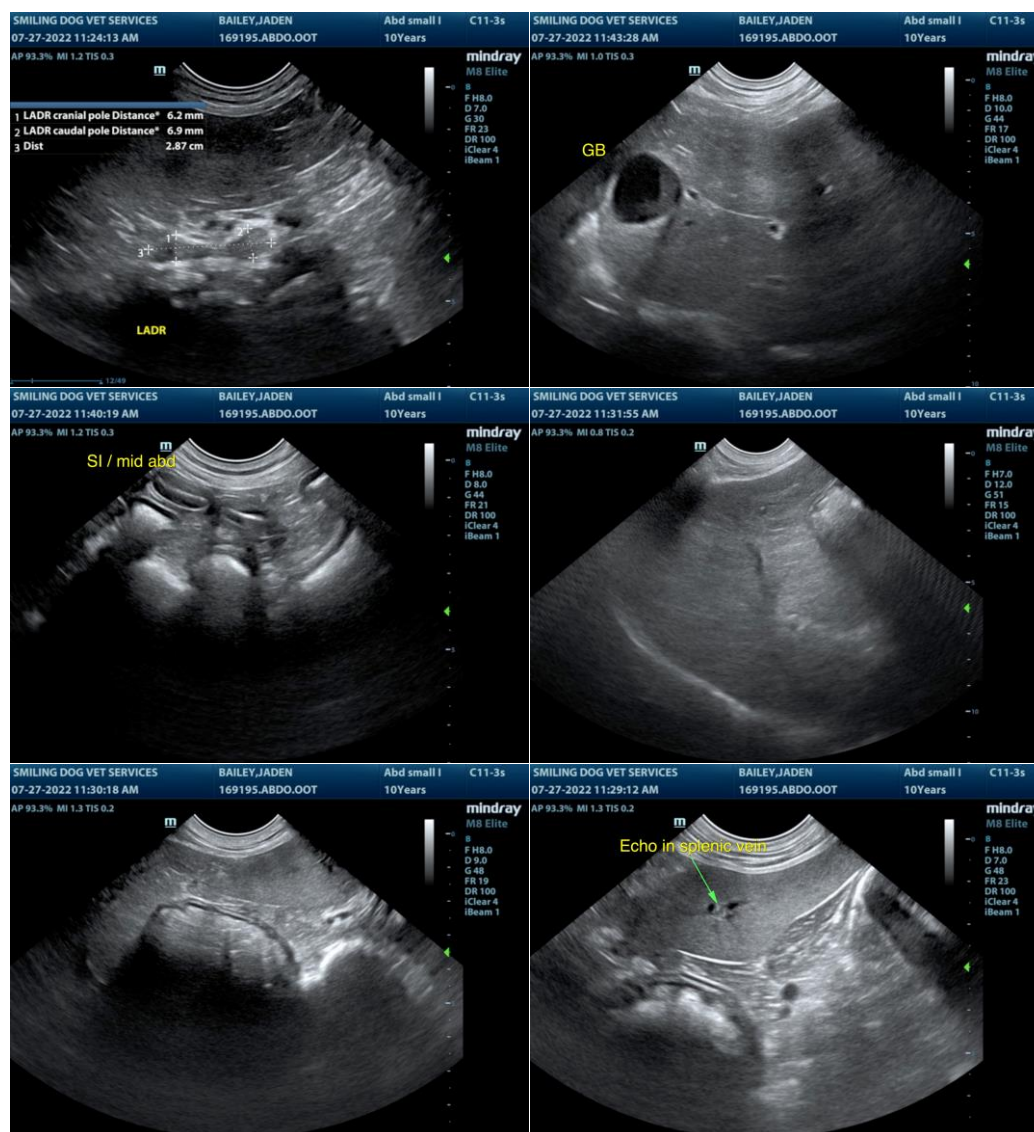
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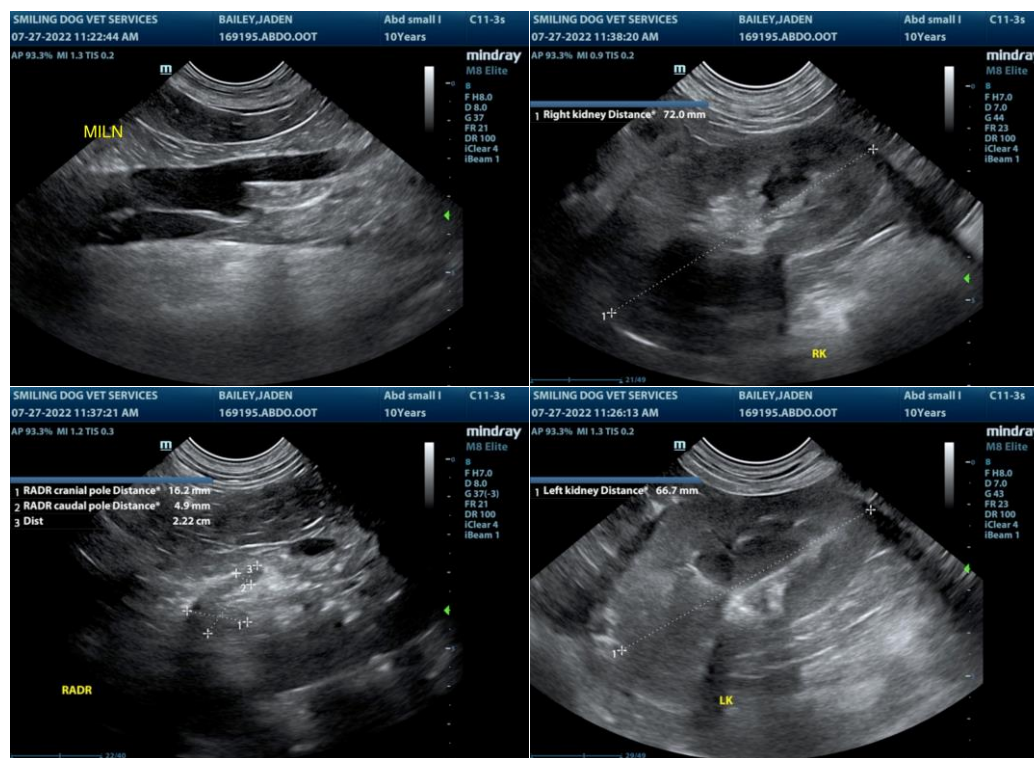
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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