

PATIENT

Rayder Lush

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

MN

AGE

8 years

WEIGHT

78.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Angstrom

INVOICE

17414

DATE

7/27/23

PRESENTING CLINICAL SIGNS

O reports that P has been PU/PD since his cystitis. Chronic UTI. (7/21/23) Current Medications Meloxicam Radiographic Findings Right lateral bladder radiograph - No signs of cystic calculi. Suspected L adrenal mass ~2 cm on ultrasound (7/21/23) Primary Question/Differential to Be Answered in This Exam r/o Cushings vs renal or structural abnormalities

Abnormal PE/Chem/CBC/UA Results: U/A appears WNL after enrofloxacin, except for hyposthenuria (fairly consistent over 3 U/A's). hematuria but no bacteria and only avg 2 wbc's/hpf and isosthenuric.

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. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 2.2 cm in diameter.

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 pyelectasia was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

A mildly expansive nodule exhibiting nonhomogeneous variably hyperechoic parenchyma was present in the mid to cranial left adrenal gland. The nodule measured 2.7 cm x 2.1 cm resulting in mild distortion of the left adrenal capsule without overt evidence of parenchymal escape. The nodule did not exhibit signs of mineralization or vascular invasion. The overall left adrenal gland measured 3.6 cm length x 2.1 cm width at the cranial pole and 0.62 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.80 cm width 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.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of lumen gas and ingesta without signs of 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and residual prostate
- Mild chronic renal changes
- Left adrenal nodule to emerging mass
- Sonographically normal right adrenal gland
- Normal liver and gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left adrenal nodule to potential emerging mass may include functional vs. nonfunctional adenoma, benign hyperplasia, lipogranuloma, or neoplasia such as pheochromocytoma, carcinoma, or other. Further assessment may include an adrenal workup with LDDST, as well as screening blood pressure +/- urine catecholamine levels if evidence of hypertension.

Abdominal CT is likely ideal for further assessment of the left adrenal gland and potential nonobvious vascular invasion with potential surgical planning. Pending additional diagnostics or if advanced imaging is not possible, sonographic monitoring of the left adrenal gland for evidence of nodular progression with an initial recheck in 4-6 weeks would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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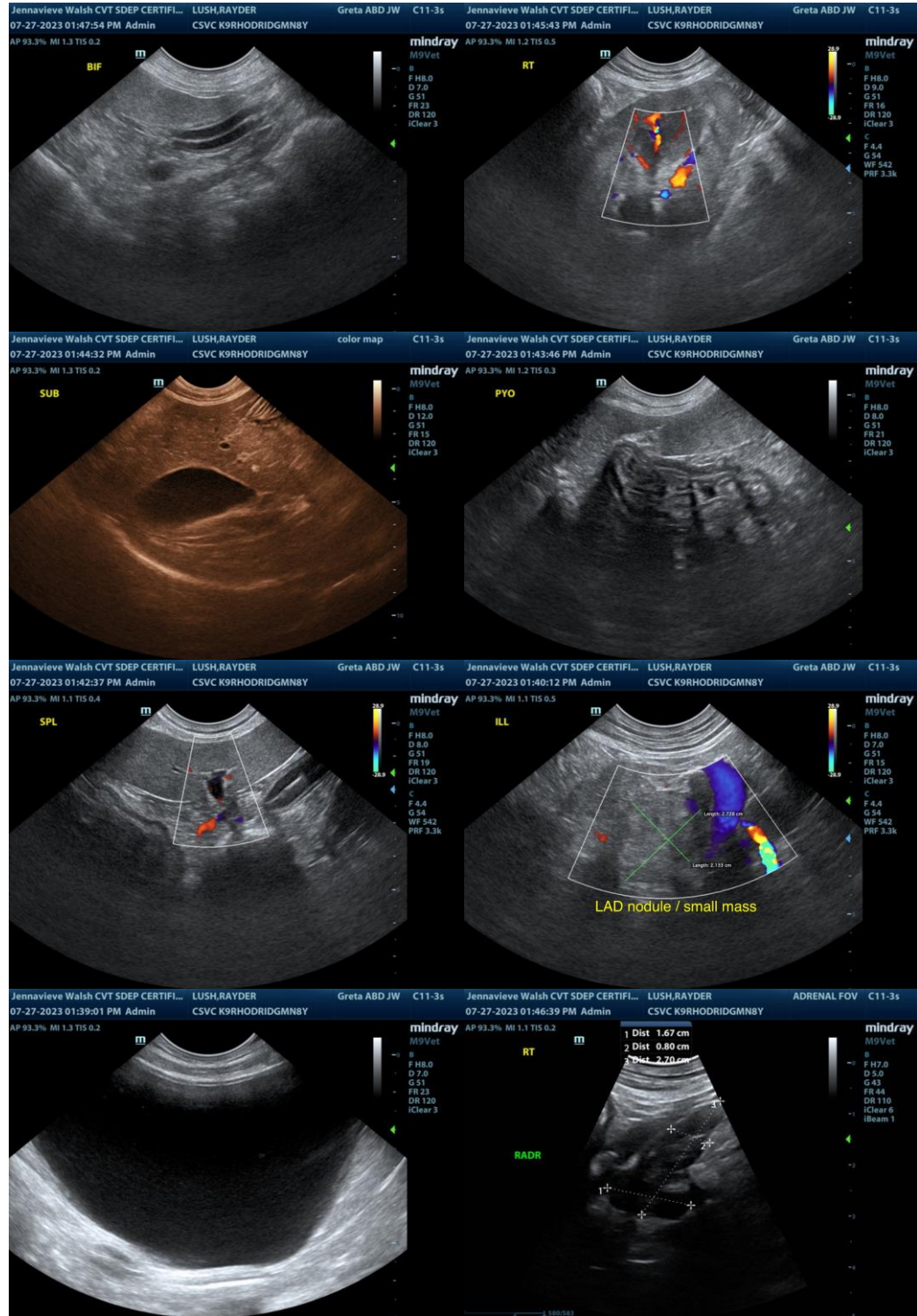
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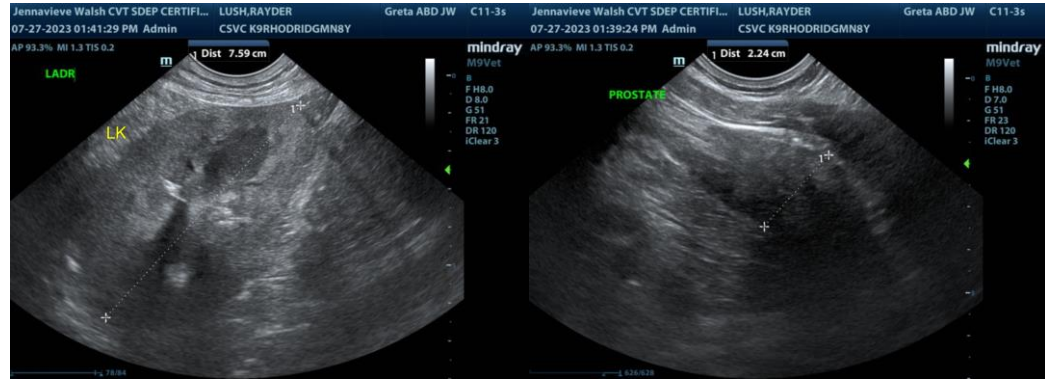
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com