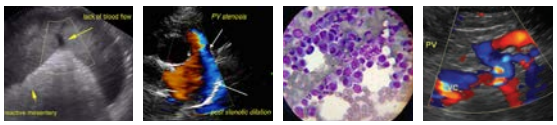
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Scout Evans

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

28 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Ark Animal Hospital

**REFERRING VET**

Dr. Jackson

**INVOICE**

24595

**DATE**

8/12/21

## PRESENTING CLINICAL SIGNS

-Chronic history of urinary incontinence but controlled with proin prior, no longer controlled with numerous accidents PE: -Arthritis in HL and lumbar area - urinated with abdominal palpation - Various dermal masses - 108 slab fracture Current Medications proin 25mg and started incurin 2mg SID Abnormal PE/Chem/CBC/UA Results: - ALT and ALKP elevations (mild) - UA and urinary culture clear of any infection or other abnormalities (USG 1.026) - T4 normal (1.7) - thrombocytosis (474k)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The urethra exhibited subjective normal structure, yet decreased tone to a depth of 3.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The visualized uterine stump was sonographically unremarkable, measuring 0.69 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No overt evidence of pyelonephritis. The left kidney measured 5.4 cm. The right kidney measured 4.7 cm.

### *Adrenal Glands*

Both adrenal glands exhibited generalized enlargement with non-homogeneous parenchyma. No overt evidence of parenchymal mineralization or evidence of capsular escape. The possibility of early vascular invasion associated with either the left or right adrenal gland cannot be definitively excluded. The right adrenal gland measured 2.6 cm length x 1.1 cm at the cranial pole and 1.5 cm at the caudal pole. The left adrenal gland measured 2.3 cm length x 0.78 cm at the cranial pole and 1.5 cm at the caudal pole.

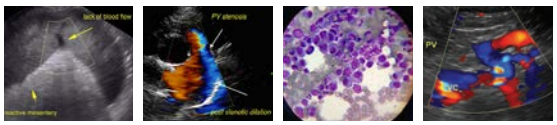
### *Spleen*

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*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary parenchymal cyst versus cystic nodule noted in the mid ventral liver lobes, measuring 1.5 cm diameter. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Scout Evans

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

28 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Ark Animal Hospital

**REFERRING VET**

Dr. Jackson

**INVOICE**

24595

**DATE**

8/12/21

### *Gastrointestinal*

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*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Decreased proximal urethral tone – consistent with likely incontinence
- Bilateral adrenomegaly – functional versus non-functional adenomatous change, hyperplasia, neoplasia, pheochromocytoma, adenocarcinoma, or other possible.
- Mild chronic renal changes – no overt pyelectasia or pyelonephritis.
- Hepatopathy with focal parenchymal cyst versus cystic nodule – subjectively benign.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

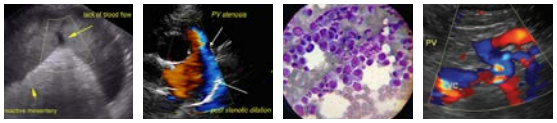
Both adrenal glands are abnormal in this patient with multiple or mixed etiologies possible. Full adrenal workup including LDDST may be considered if clinically indicated. However, the overall presentation of the liver was not overtly consistent with steroid hepatopathy. Additionally, the urine specific gravity was not overtly consistent with PU/PD. Screening blood pressure is recommended with assessment of urine catecholamine levels suggested if evidence of hypertension or clinical suspicion of pheochromocytoma.

Overt evidence of metastatic disease (if adrenal neoplasia is present) was not overtly evident. The hepatic cyst or cystic nodule, although non-specific, is suggestive of either a parenchymal cyst or possible cystic biliary adenoma. Additional adrenal diagnostics including advanced imaging may be considered pending additional workup. Monitoring of clinical response to recent Incurin in combination with Proin is suggested.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND

IMAGING PERFORMED BY

AnimalSoundsNW.com 541-357-9423

**PATIENT**

Scout Evans

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

28 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Ark Animal Hospital

**REFERRING VET**

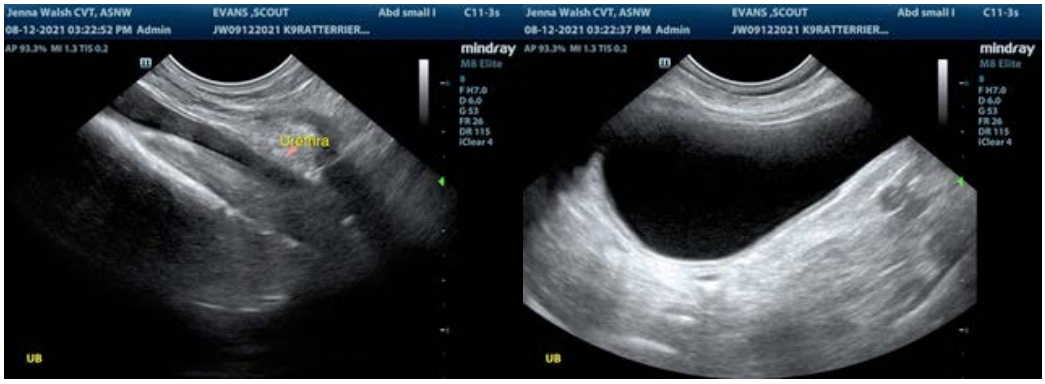
Dr. Jackson

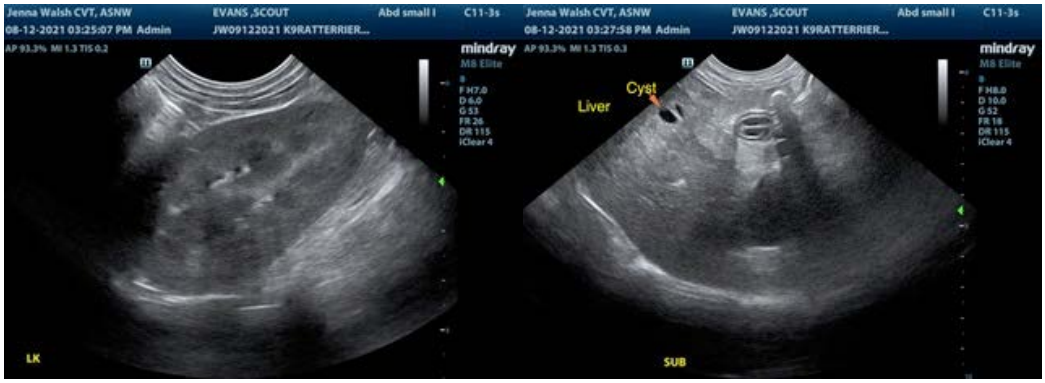
**INVOICE**

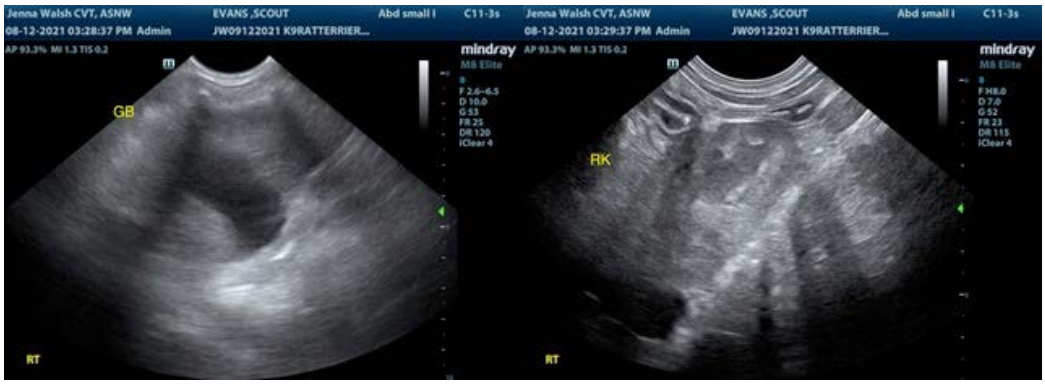
24595

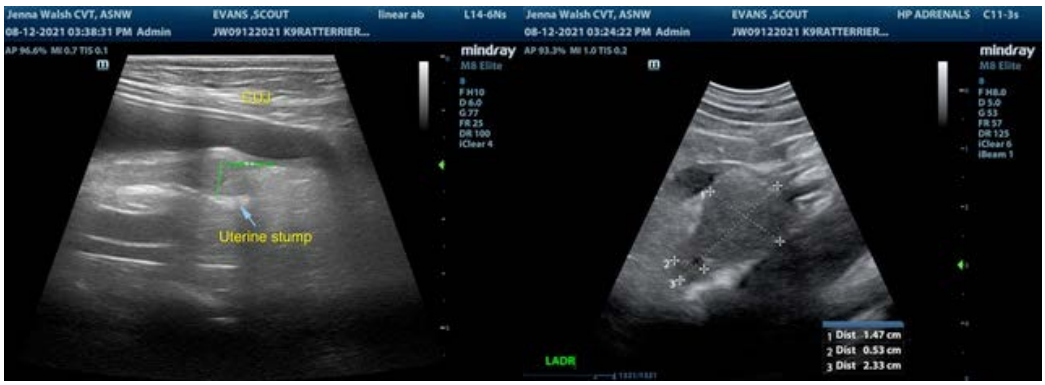
**DATE**

8/12/21

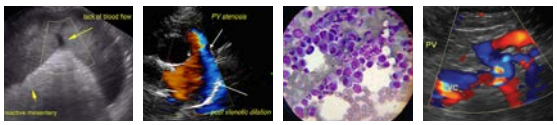


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Scout Evans

**SPECIES**

Canine

**BREED**

Rat Terrier

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

28 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Ark Animal Hospital

**REFERRING VET**

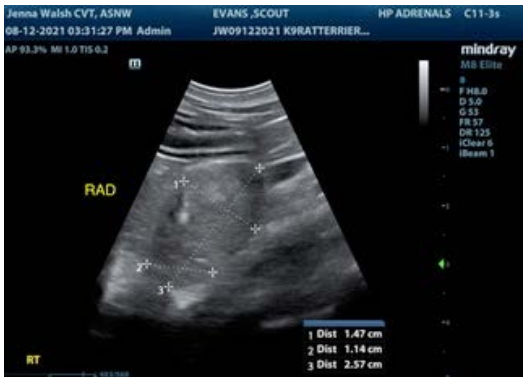
Dr. Jackson

**INVOICE**

24595

**DATE**

8/12/21




**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**