



PATIENT

Kiera Brakenbury

PRESENTING CLINICAL SIGNS

Lethargic and inappetent. patient is very weak with an enormous diffuse lipoma on the left side
Lipoma measured 10 cm in depth. patient previously thought to have Cushing's

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Regenerative anemia with leukocytosis and neutrophilia,
Severe elevation of liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Border Collie X

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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 were noted.

SEX

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A mildly expansive non-homogeneous to mineralized nodular mass appearing to involve the medial to cranial left kidney was present. Evidence of left retroperitoneal inflammation was present without overt evidence of left retroperitoneal free fluid. No evidence of pelvic dilation was present.

AGE

12

WEIGHT

33kg

The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

A large expansive irregular mineralized mass in the area of the left adrenal gland and associated with the left kidney nodular mass measuring ~ 10 cm in diameter was present.

The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Dr. Belan

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Healing Traditions VC

REFERRING VET

Dr. Vockeroth

Liver

The liver was enlarged in size with the ventral liver appearing to extend caudally past the level of the gastric axis. Severely non-homogeneous parenchyma was present including multiple expansive variably echogenic intraparenchymal nodules, an example measuring 1.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 mild retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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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.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Previously diagnosed large subcutaneous lipoma present in the left subcutaneous space.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Large irregular mineralized mass in the area of the left adrenal gland
- Concurrent likely associated left kidney non-homogeneous to nodular mass
- Severely heterogeneous nodular to irregular hepatomegaly
- Right kidney moderate chronic renal changes with intact architecture
- Secondary-large subcutaneous lipoma left abdomen

WEIGHT

33kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The large mass in the area of the left adrenal gland and the mass involving the left kidney are consistent with neoplastic criteria and is suspected to be of primary adrenal origin given patient history. Considerations for the hepatic presentation include chronic vacuolar hepatopathy with areas of nodular hyperplasia, fibrosis, lipogranulomas, hematopoiesis with multicentric neoplasia involving the left adrenal gland, left kidney and liver likely.

IMAGING PERFORMED BY

Dr. Belan

This case appears to be non-surgical, and an unfavorable prognosis is indicated. Assuming normal clotting status and using a 25g needle a liver FNA could be considered for screening cytology and potential oncology consult.

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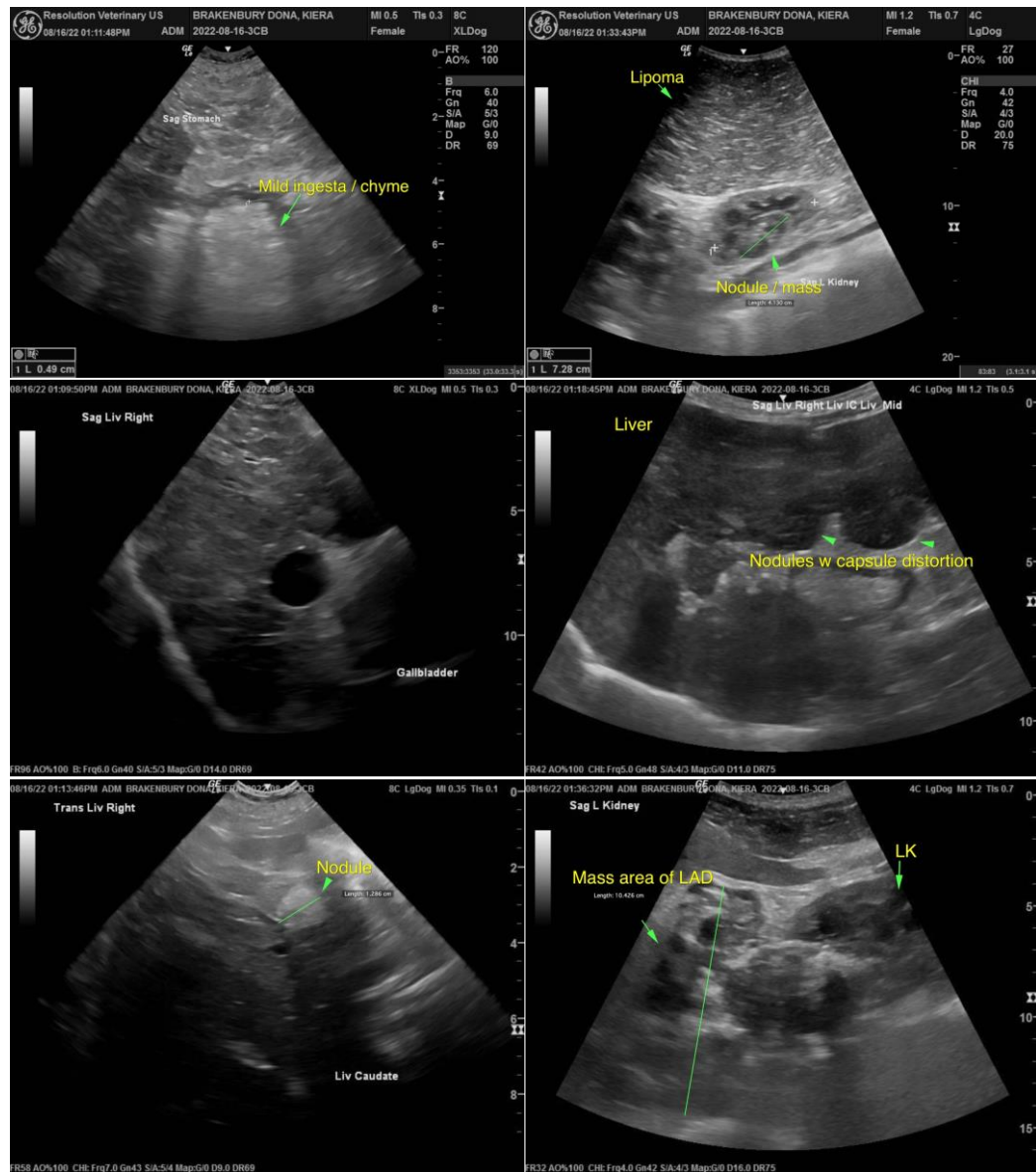
Dr. Vockeroth

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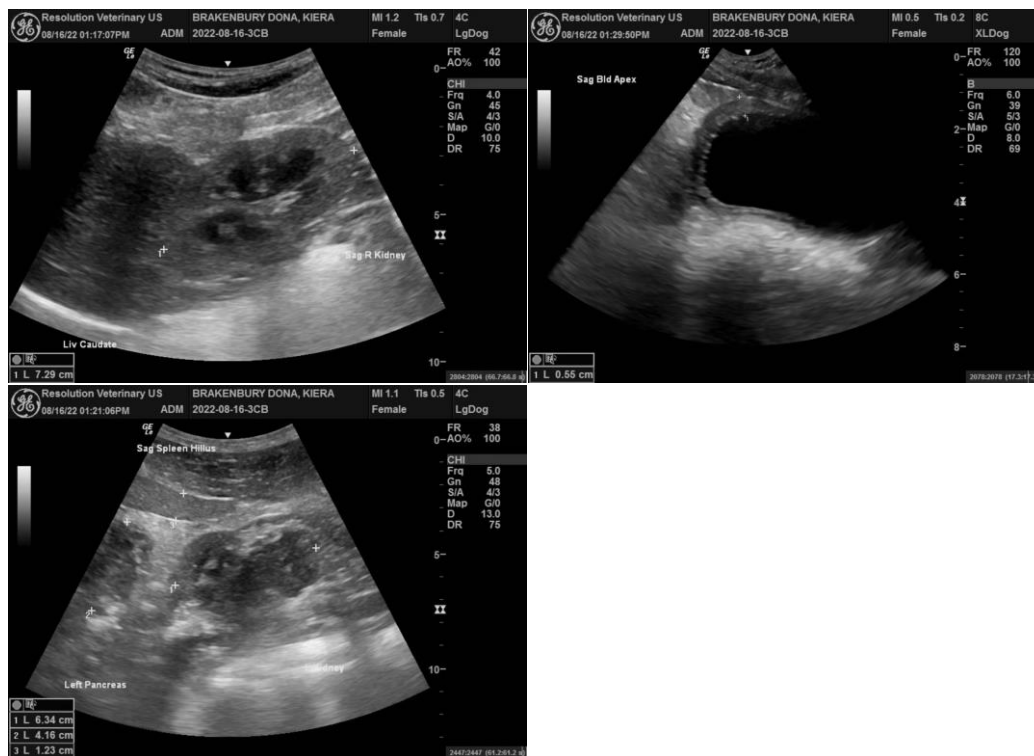
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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