



PATIENT

Ella Shaklee

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

8 Years

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Preston

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Preston

INVOICE

24897

DATE

8/24/21

PRESENTING CLINICAL SIGNS

P had cystotomy on 6/17 and O reports that P has never fully recovered. Since that P has been intermittently lethargic and anorexic. Today P has not eaten and is very lethargic. On physical exam P is thin, with distended abdomen. Radiographs show poor serosal detail. No remaining bladder stones seen. TPR WNL.

Abnormal PE/Chem/CBC/UA Results: IH complete w/ UA: marked leukocytosis (38K), neutrophilia (31K) elevated ALT (too high to read), elevated ALKP (890), elevated GGT (23), elevated Bilirubin (1.8), USG: 1.012, rods and cocci present in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Moderate, subjectively acellular peritoneal free fluid and generalized reactive mesentery was present. A non-homogeneous to focally mineralized mass was noted in the area of the left adrenal gland. The mass in the area of the left adrenal gland measured 2.3 cm x 2.5 cm. Concurrent non-homogeneous right adrenomegaly noted, exhibiting potential for pinpoint parenchymal mineralization also present. The right adrenal gland measured 1.8 cm x 1.7 cm.

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 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. A non-homogeneous mass lesion was noted in the probable caudate liver lobe measuring approximately 4.6 cm x 3.0 cm. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Subtle subjective hepatic vasculature distention noted, primarily in the area of the hepatic vein/caudal vena cava junction. The cranial abdominal caudal vena cava was not definitively visualized. The gallbladder was non distended in size with mild, hyperechoic debris. The common bile duct was normal.

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.



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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 was evident.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Normal urinary bladder
- Focally mineralized mass in the area of the left adrenal gland
- Concurrent, potentially pinpoint mineralized right adrenomegaly
- Hepatomegaly with subjective minor hepatic vasculature distention and non-homogeneous mass lesion in the area of the caudate liver lobe.
- Mass effect in the area of the cranial abdominal caudal vena cava adjacent to the mass in the area of the left adrenal gland – high concern for vascular invasion associated with the mass.
- Mild mineralized gallbladder debris – incidental
- Generalized reactive mesentery and moderate peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonogram is most consistent with bilateral adrenal masses, suggestive of neoplasia with high concern for vascular invasion associated with the probable left adrenal mass and with high concern for a regional caudate lobe metastasis. Decreased venous return may potentially be owing to some degree of emerging congestive hepatopathy and potential secondary ascites. Further clarification may include peritoneal effusion analysis, cytology +/- culture and sensitivity if clinically indicated. However, unfortunately this case appears to be non-surgical. Abdominal CT may be considered for further clarification along with 3-view chest radiographs to assess for concurrent thoracic pathology and cardiopulmonary status assessment. However, unfortunately there is a likely unfavorable long-term prognosis.

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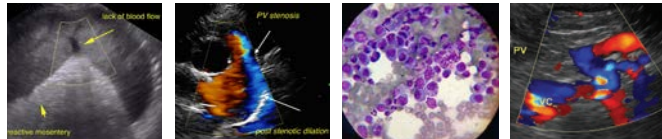
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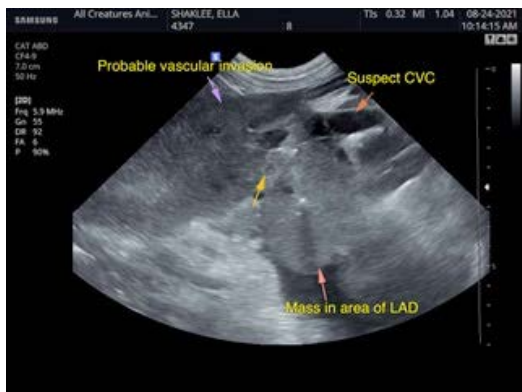
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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