



PATIENT	PRESENTING CLINICAL SIGNS
Scruffy Fuenfstueck	3 episodes over past month of trembling, abdominal muscles spasm, panting, restless (will not lie on side), weak hind limbs, change in interactions with owner/possible confused that last 12-24 hours. Two episodes included vomiting undigested food. Increased drinking over past month. Hx of murmur in 2017; patient started on vetmedin/furosemide at that time. On prednisone for pruritus. History of colitis x 1 year duration-controlled with tylan powder.
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Schnauzer X	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.
SEX	
Neutered Male	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.86 cm.
AGE	
10/22/10	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. The left kidney measured 4.2 cm. The right kidney measured 4.8 cm.
WEIGHT	
17.5 Pounds	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.80 cm at the cranial pole and 0.59 cm at the caudal pole.
IMAGING PERFORMED BY	
Rebekah Jakum, CVT ARDMS/RVT	The left adrenal gland exhibited generalized enlargement and asymmetrical contour with hypoechoic to non-homogeneous parenchyma and suspect pinpoint hyperechoic foci, suggestive of potential pinpoint mineralization. Regional periadrenal reactive mesentery was present. Extension of the adrenal gland into the area of the phrenicoabdominal vein and caudal vena cava was present, indicating caudal vena cava invasion. The left adrenal gland measured 3.4 cm length x 2.1 cm at the cranial pole and 1.59 cm at the caudal pole.
HOSPITAL NAME	Spleen
Alburtis AH	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. A solitary, mildly expansive, hypoechoic to non-homogeneous nodule noted in the medial parenchyma adjacent to the hilus. Example of nodule measured 0.97 cm diameter. 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.
REFERRING VET	
Dr. Borrelli	
INVOICE	Liver
24890	The liver was mildly enlarged. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Intermittent subtle, hypoechoic to focal centrally echogenic to peripherally
DATE	
8/24/21	



PATIENT
Scruffy Fuenfstueck

hyperechoic nodules were present. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

SPECIES
Canine

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. Gastric body wall measured 0.44 cm.

BREED
Schnauzer X

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. Duodenum wall measured 0.30 cm.

SEX
Neutered Male

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

AGE
10/22/10

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.

WEIGHT
17.5 Pounds

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass with phrenicoabdominal vein and caudal vena cava invasion
- Hepatomegaly with generalized echogenic to focally nodular parenchyma
- Non-specific splenic nodule
- Mild chronic renal changes

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left adrenal mass may include adenocarcinoma, pheochromocytoma, cortisol-secreting tumor or other with potential for mixed pathologies. LDDST and urine catecholamine levels may be considered for further assessment. The hepatosplenic nodules were not specific, yet one of the hepatic nodules exhibited characteristics consistent with target lesion often associated with metastatic neoplasia. Benign nodules such as nodular to regenerative hyperplasia, hematopoiesis, or other also possible. CT assessment of the left adrenal mass for further clarification and assessment of potential for surgical resectability is ideal. Assuming normal clotting status, hepatosplenic FNA may be considered for further clarification.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME
Alburtis AH

REFERRING VET
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24890

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PATIENT

Scruffy Fuenfstueck

SPECIES

Canine

BREED

Schnauzer X

SEX

Neutered Male

AGE

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WEIGHT

17.5 Pounds

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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.

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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