



PATIENT PRESENTING CLINICAL SIGNS

Lily Santos -2/6 heart murmur, obese
 ALP 1331, ALT 254, Cholesterol 469, Calcium 11.9, Platelets 471

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

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

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2008

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 pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 8.4 cm in length.

WEIGHT

90

Adrenal Glands

The left adrenal gland was subnormal in size measuring 2.9 cm length x 0.39 cm width at the caudal pole.

INTERPRETED BY

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

Mild asymmetrical nonhomogeneous focally mineralized mass was present In the area of the right adrenal gland measuring 6.4 cm length x 3.9 cm width. Overt evidence of vascular invasion was not definitive yet cannot be excluded.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with maintained symmetrical capsule contour and generalized nonuniform hyperechoic parenchyma with multifocal nondisruptive mildly hypoechoic Intraparenchymal nodules. The gallbladder was non-distended in size containing with mild dependent to nondependent, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

INVOICE

14684

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8/24/22



PATIENT *Gastrointestinal*

Lily Santos 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.

SPECIES 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.

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

BREED *Pancreas*

Pitbull 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.

SEX

FS *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2008
- Right adrenal mass with concurrent subnormal left adrenal size
 - Hepatopathy exhibiting nonuniform hyperechoic parenchyma with multifocal small hypoechoic Intraparenchymal nodules
 - Mild chronic renal changes
 - Mild gallbladder debris (non-mucocele)

WEIGHT
90

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are nonspecific with considerations including vacuolar hepatitis, inflammatory / immune-mediated disease, areas of nodular hyperplasia, and hematopoiesis, while the possibility of primary vs. metastatic neoplasia, given the presence of the right adrenal gland cannot be definitively excluded.

IMAGING PERFORMED BY

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Even though clinical signs such as PU/PD and polyphagia were not reported, full adrenal work up with LDDST, as well as assessment of systemic blood pressure for evidence of hypertension which may allude to a right pheochromocytoma, is recommended.

REFERRING VET

Dr. Goldstein

Assuming normal clotting status, screening hepatic FNA for cytology, given the hypercalcemia, as well as three-view chest radiographs are warranted. Ideally, abdominal CT for further assessment of the right adrenal gland, as well as for evidence of non-visualized metastasis is recommended if possible.

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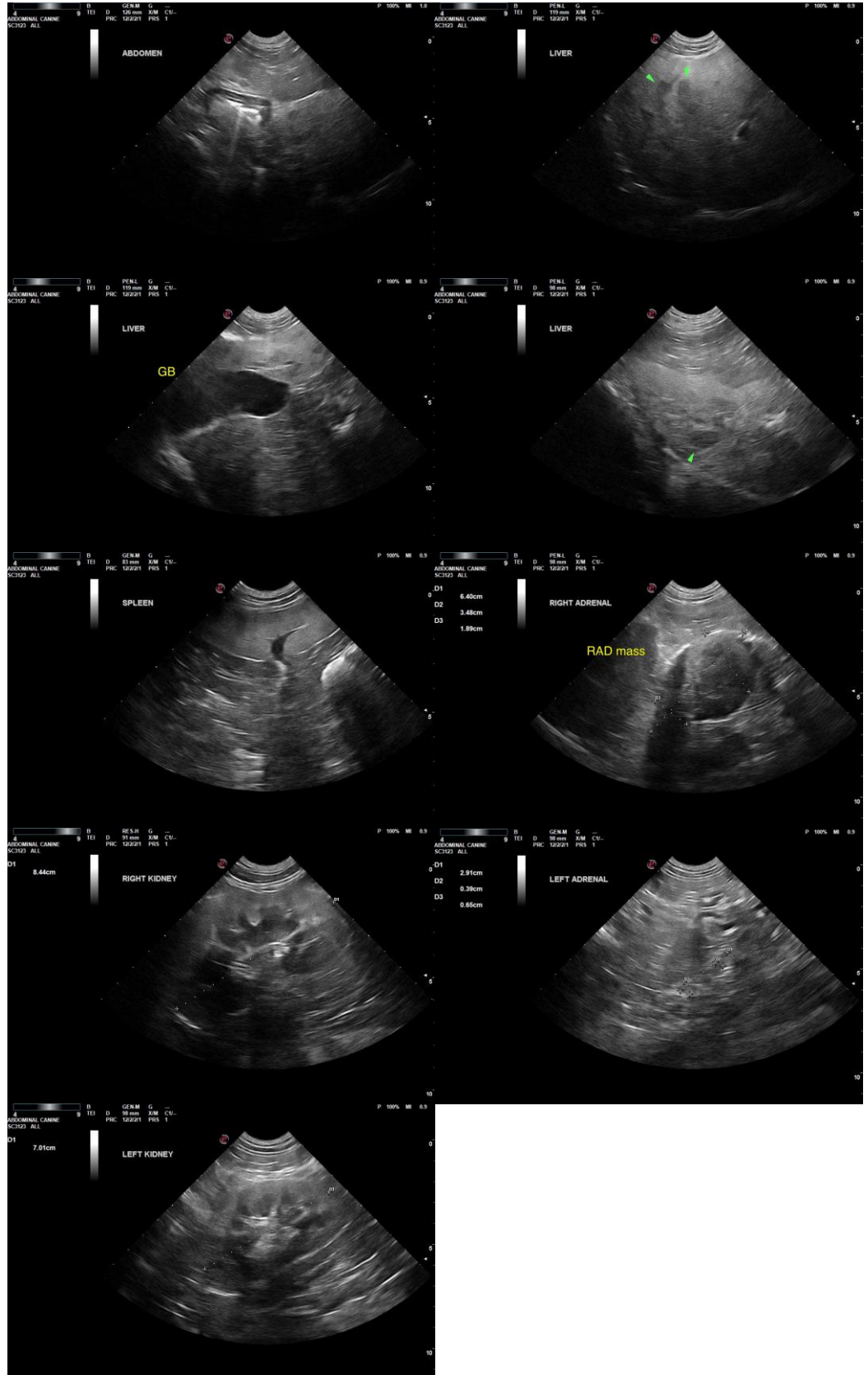
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PATIENT

Lily Santos

SPECIES

Canine

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.

BREED

Pitbull

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.

SEX

FS

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