

**PATIENT**

Teddy Robbins

SPECIES

Canine

BREED

Chow Mix

SEX

MN

AGE

11 yrs

WEIGHT

66.3 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

14689

DATE

8/24/22

PRESENTING CLINICAL SIGNS

-Having vomiting and not eating issues since at least 8/15. Lethargic. Has bone cancer on orbital/zygomatic arch that is stable. Has been treated with famotidine, sucralfate, enrofloxacin, B12, and Cerenia. Also is on Previcox.

Abnormal PE/Chem/CBC/UA Results: CBC and Chem ran: WBC 2.1 (4-15.5), Neut 1512 (2060-10600), Lymphocytes 378 (690-4500). Rest WNL including HPL. Rads show possible abdominal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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.

The residual prostate was free of overt pathology.

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 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 7.5 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland exhibited potential for mild subnormal size without evidence of adrenal tumors or neoplastic criteria. The left adrenal gland measured 2.2 cm length x 0.38 cm width at the caudal pole.

Expansive, nonhomogeneous mass was present in the area of the right adrenal gland with evidence of vascular invasion exhibited by soft tissue echogenicity within the caudal vena cava and adjacent vasculature, including likely phrenicoabdominal vein. The mass in the area of the right adrenal gland measured approximately 5.6 cm x 3.5 cm, although the borders to the mass were regionally indistinct.

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/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, thinly walled

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intraparenchymal cyst containing anechoic fluid dorsal to the gallbladder was present. The gallbladder was non-distended in size containing mild congealed nonorganized hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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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.

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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.

SEX

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass with vascular invasion
- Hepatic parenchymal remodeling with solitary intraparenchymal cyst
- Mild congealed gallbladder debris
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is consistent with neoplastic criteria, given the presence of vascular invasion. Considerations may include pheochromocytoma, adenocarcinoma, metastatic neoplasia or other. Screening BP to assess for evidence of hypertension, which may allude to a pheochromocytoma is suggested. Full adrenal workup is recommended if evidence of adrenal hyperfunction is present.

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No evidence of structural gastrointestinal pathology was evident.

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Ideally, abdominal CT for further assessment of the right adrenal mass is recommended if possible. However, given the presence of vascular invasion associated with the right adrenal mass, surgical options are most likely precluded.

Continued gastrointestinal support is recommended.

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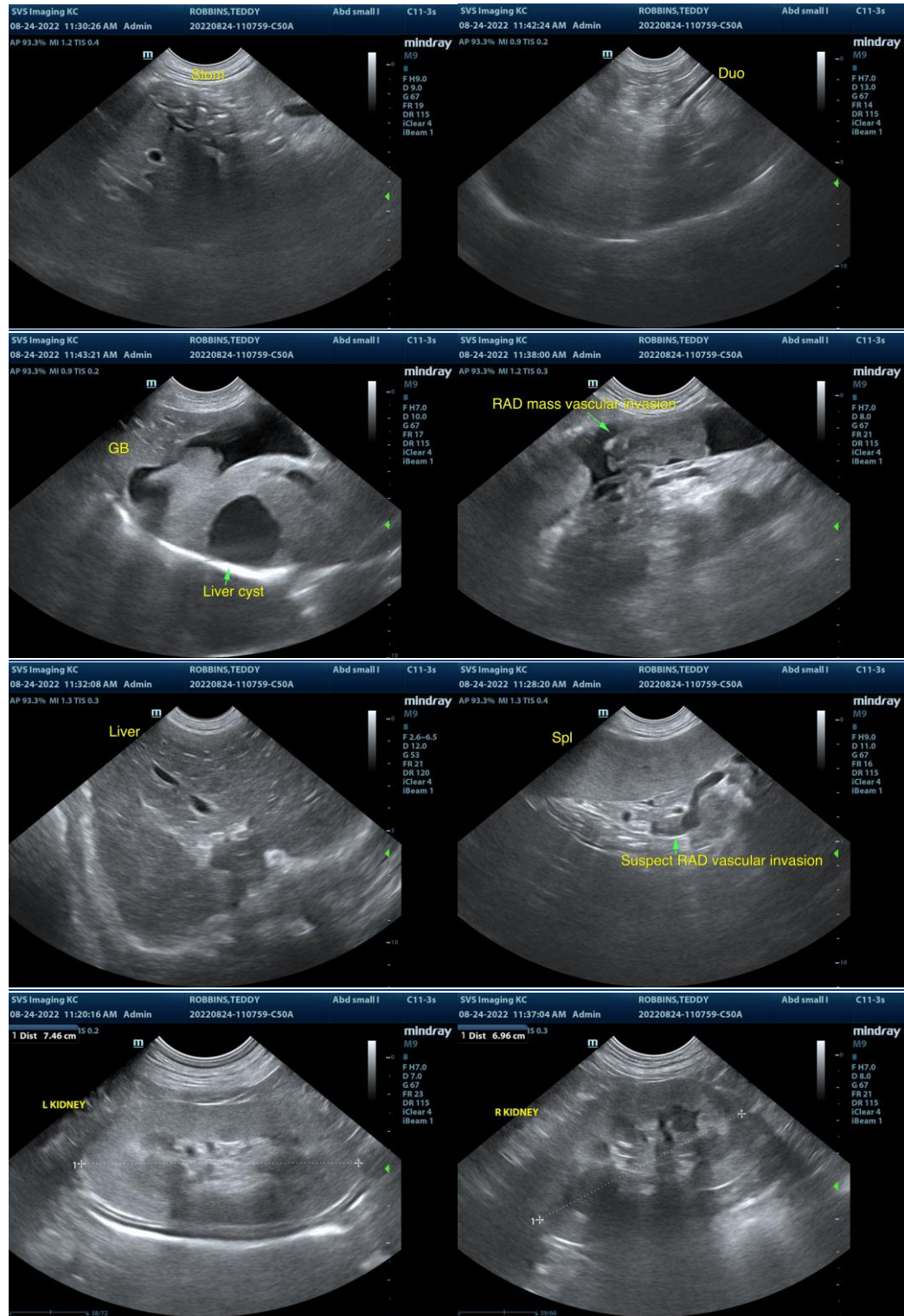
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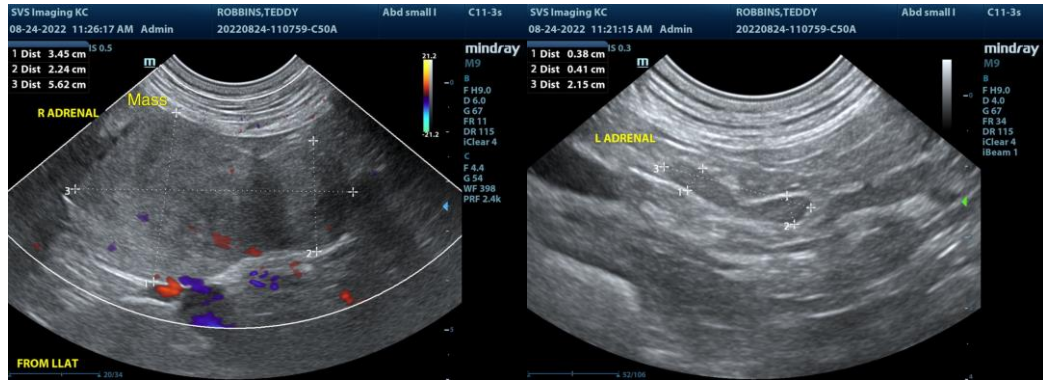
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com