



PATIENT

Diesel Thompson

PRESENTING CLINICAL SIGNS

lethargic, urinated in house, prostatic lesion seen on rads, intermittent soft stool

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Mix

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 7.9 cm in length. The right kidney measured 8.0 cm in length.

SEX

Male

AGE

12

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.5 cm in diameter. Anechoic, thinly walled parenchyma cysts were present.

WEIGHT

87

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size with mild capsule asymmetry. Possible bilateral phrenic vein invasion associated with both adrenal glands exhibited by parenchymal expansion in the area of the left and right phrenic vein. The left adrenal gland measured 0.95 cm width at the caudal pole and 3.4 cm length. The right adrenal gland measured 1.2 cm width at the caudal pole and 3.2 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

Liver/Gallbladder

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. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Maniar

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DATE

08/08/2023



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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 mild non-shadowing ingesta sonographically consistent with food with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

Mix

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

SEX

Male

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 was evident.

AGE

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

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Dilated cranial abdominal caudal vena cava at the level of the kidneys, adrenal glands and liver with uniform soft tissue echo within the caudal vena cava lumen was present. The soft tissue echo measured 6-7 cm in length. Mild turbulent blood flow distal to the soft tissue echo within the caudal vena cava with increased blood echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with possible unilateral/bilateral phrenic vein invasion.
- Distended cranial caudal vena cava with soft tissue echo-consistent with invasive adrenal tumor, minor potential for large caudal vena cava thrombus.
- Hepatomegaly.
- Gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Mild urinary bladder sediment.
- Enlarged non-homogenous cystic prostate-benign prostatic hyperplasia with intraparenchymal cysts, potential for prostatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of bilateral adrenomegaly with suspected phrenic vein invasion and invasive adrenal tumor is consistent with neoplastic criteria with considerations including pheochromocytoma, carcinoma or other.

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Dr. Maniar

A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma.

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Abdominal CT is required for further clarification however, surgical options are suspected to be precluded.

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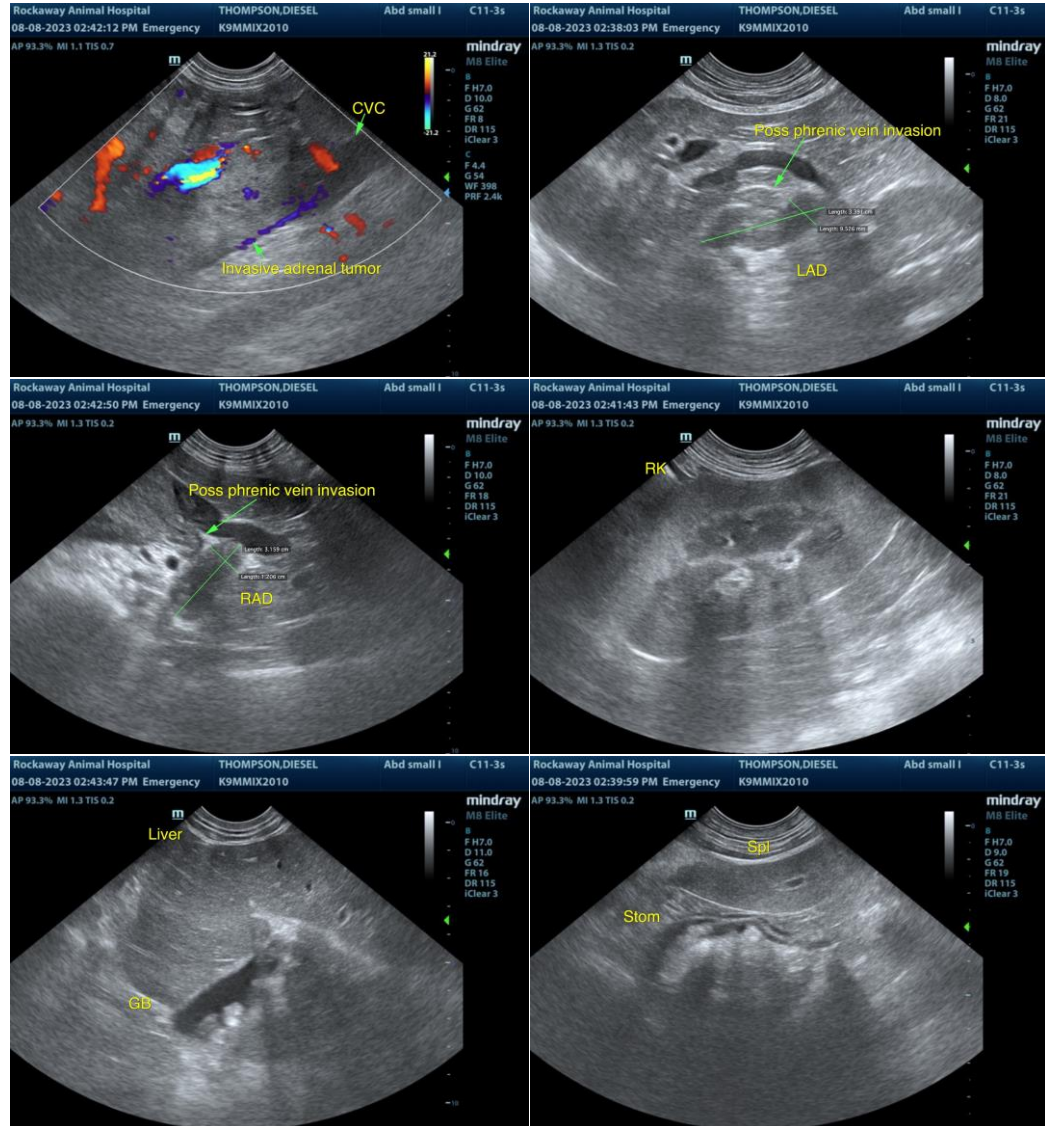
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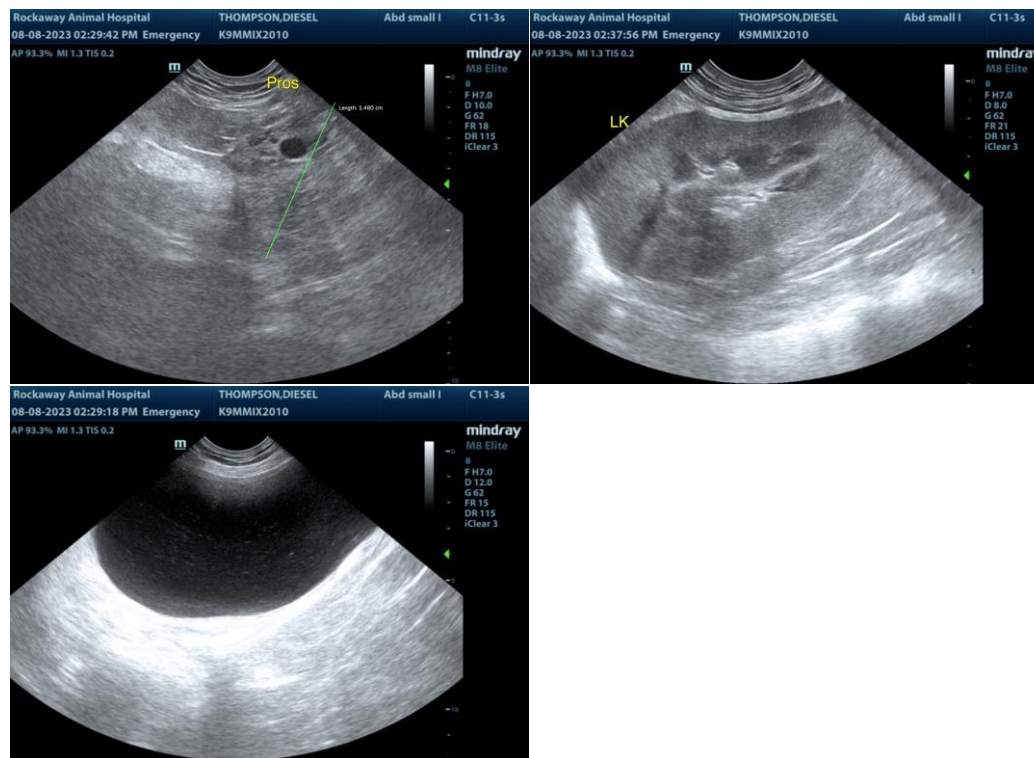
Male

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WEIGHT

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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.

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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.

IMAGING PERFORMED BY

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