



## PATIENT

Remmy Small

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

11 years

## WEIGHT

72.9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heidi Putnam, SDEP  
Clinical Sonographer

## HOSPITAL NAME

Linn VH

## REFERRING VET

Dr. Stern

## INVOICE

12140

## DATE

9/1/21

## PRESENTING CLINICAL SIGNS

large globoid structure palpated on abdominal palpation during routine exam x-ray suspicious of abdominal mass

Abnormal PE/Chem/CBC/UA Results: ost current bw 4/21/21

## 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 area of the uterine stump was sonographically unremarkable, subjectively measuring 0.52 cm in width.

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

### Adrenal Glands

The bilateral adrenal glands exhibited generalized enlargement with mild asymmetrical contour and hypoechoic to nonhomogeneous, nonmineralized parenchyma. Indistinct hypoechoic caudal left adrenomegaly vs. nodule was present. The left adrenal gland itself measured 3.8 cm length x 0.89 cm width at the cranial pole and 1.39 cm width at the caudal pole. The area of caudal left adrenomegaly vs. nodule measured 2.3 cm length x 1.39 cm width. The right adrenal gland measured 2.9 cm length x 1.6 cm width at the cranial pole and 1.1 cm width at the caudal pole.

### Spleen

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. 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.

### Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

***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.

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. The duodenum wall width measured 0.53 cm.

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

***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.

***Free Abdomen***

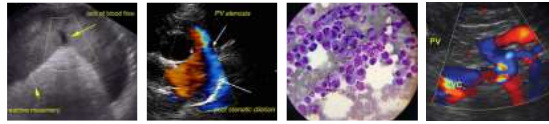
A solitary suspect cystic structure was noted medial to the spleen, yet not appearing to derive from the spleen, involving the mid-perisplenic omentum, measuring 1.7 cm in diameter. The potential for focal splenic lymphadenopathy was also possible.

A large, subjectively encapsulated, fluid-filled mass lesion occupying the midventral abdomen was present. The lesion contained primarily anechoic fluid with nonspecific, hyperechoic cellular component to potential debris. Regional reactive mesentery was noted around the fluid-filled mass lesion. The fluid-filled mass lesion measured approximately 15.0 x 9.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Unspecified fluid-filled mass lesion with potential hyperechoic cellular component present in midventral abdomen - suspect omental abscess, potential for necrotic granuloma, necrotic neoplasia, or other
- Bilateral mild chronic renal changes
- Bilateral nonspecific adrenomegaly with potential caudal left adrenal nodule
- Hepatopathy
- Mild gallbladder debris (non-mucocele)



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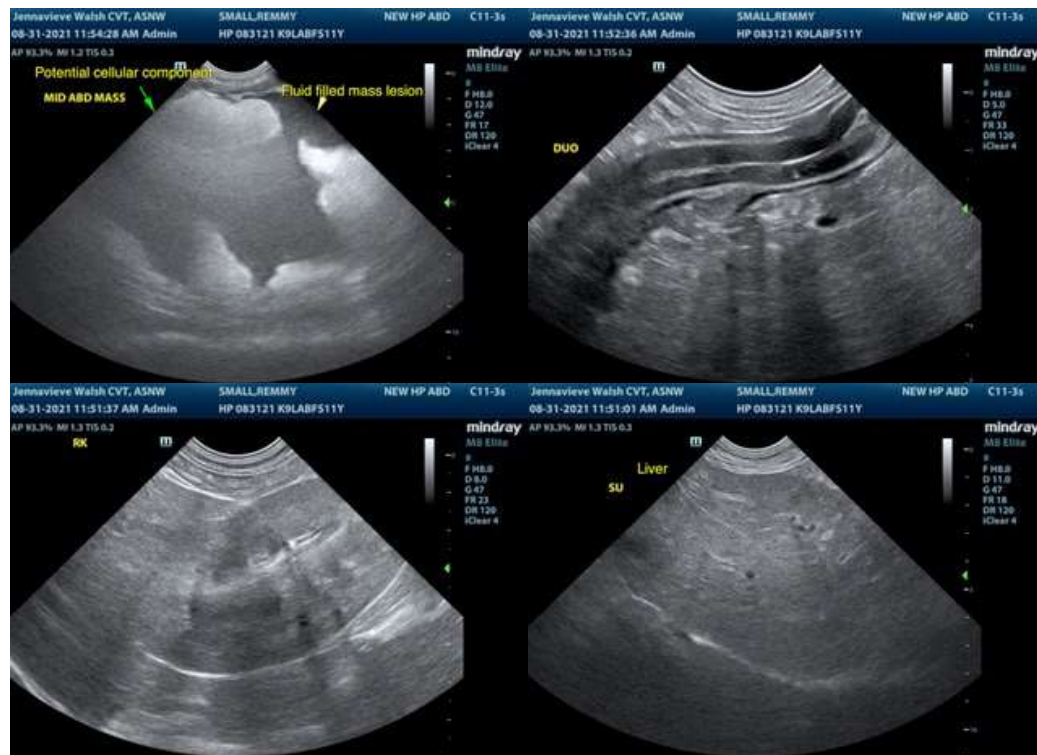
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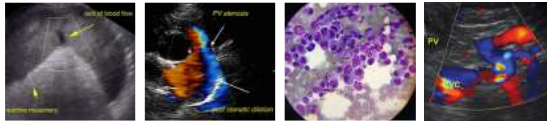
9/1/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral adrenomegaly and potential caudal left adrenal nodule were nonspecific and may indicate functional vs. nonfunctional adenoma, hyperplasia, while the possibility of a potential emerging primary vs. metastatic neoplasia cannot be excluded. Screening blood pressure is recommended. Sonographic monitoring of the bilateral adrenal glands for evidence of progression with an initial recheck in 4 weeks is recommended.

Ultrasound-guided FNA of the fluid-filled mass lesion for potential fluid analysis, cytology +/- culture and sensitivity is suggested. Exploratory laparotomy for further clarification and potential biopsy vs. resection, as well as possible hepatic biopsy, may be considered. Correlation with recheck CBC/Chemistry panel and Urinalysis as well as three-view chest radiographs is recommended prior to surgical considerations.





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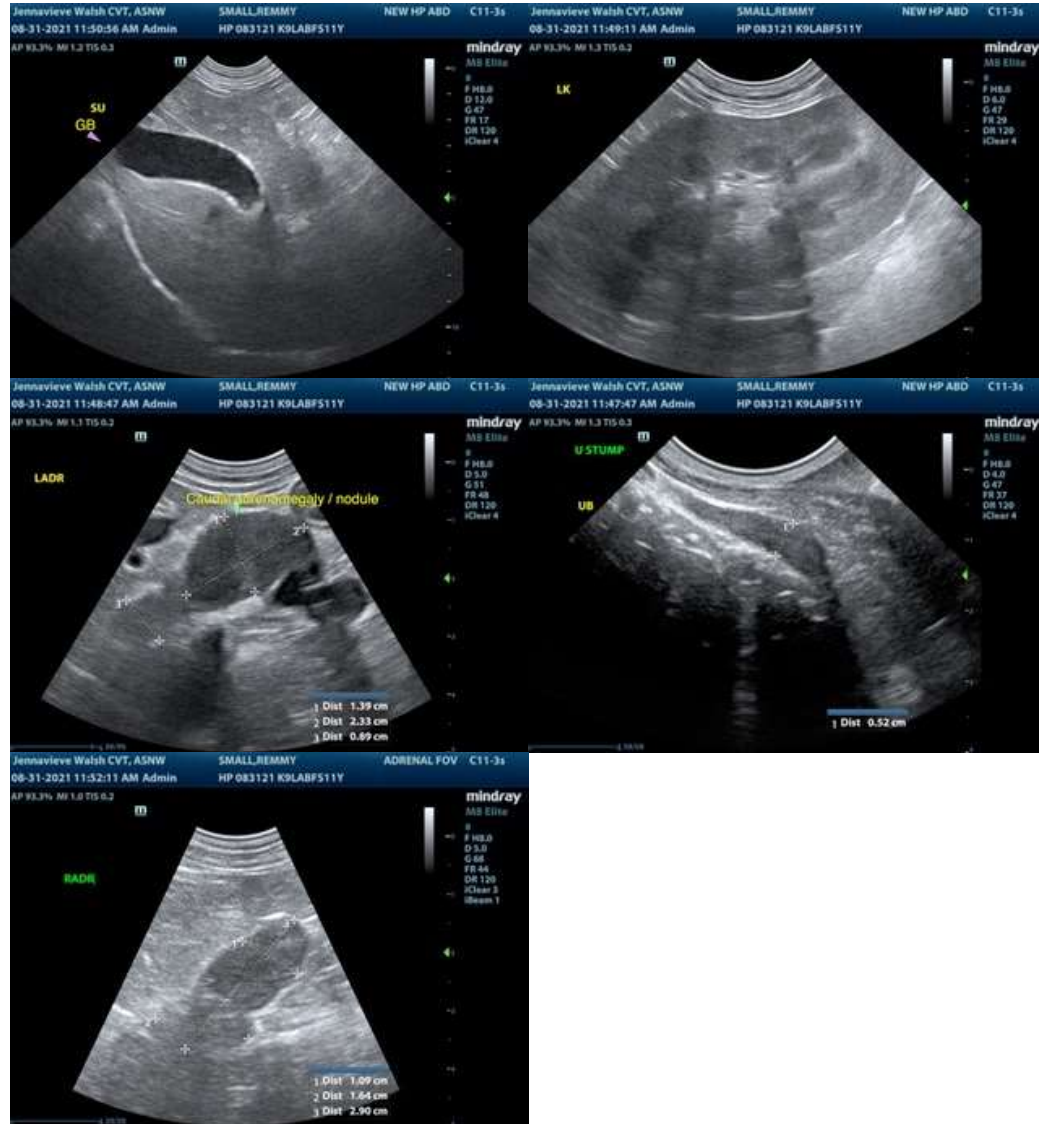
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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