



PATIENT	PRESENTING CLINICAL SIGNS
Boomer Beechner	-MCT on side evaluating liver and gallbladder for anesthesia b/c of increased ALP hx of Cushings Dz Current meds 70mg Vetoryl SID Denamarin SID
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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.
Mix	The area of the aortic trifurcation was free of pathology.
SEX	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 cm in length.
Male	Adrenal Glands
AGE	The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint hyperechoic foci, suggestive of likely pinpoint dystrophic mineralization, were present in the left adrenal gland. The left adrenal gland measured 2.3 cm length x 0.62 cm width in the cranial pole.
12	The right adrenal gland exhibited generalized enlargement, most notable in the mod to cranial right adrenal gland, without evidence of parenchymal mineralization or overt vascular invasion. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 3.2 cm length x 2.1 cm width in the cranial pole and 0.74 cm width in the caudal pole.
WEIGHT	HOSPITAL NAME
33.5	Rockaway
INTERPRETED BY	REFERRING VET
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Dr. Kahn
IMAGING PERFORMED BY	INVOICE
Jenn	12225
HOSPITAL NAME	DATE
Rockaway	9/14/21
REFERRING VET	Liver/ Gallbladder
Dr. Kahn	The liver presented moderately enlarged in size with variable lobar swelling and potential for hepatoma-like mass effects. 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 displaced caudally yet non-distended containing mild echogenic luminal debris. The cystic and common bile ducts were normal.
INVOICE	
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DATE	
9/14/21	



PATIENT	<i>Gastrointestinal</i>
Boomer Beechner	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	
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	<i>Pancreas</i>
Male	The pancreas was normal in size and contour with heterogeneous to indistinctly nodular parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
12	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
33.5	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Hepatomegaly with variable lobar swelling and potential hepatoma-like mass effects • Displaced yet non-distended gallbladder with mild luminal debris (non-mucocele) • Right adrenomegaly - hyperplasia, adenomatous change, emerging neoplasia (pheochromocytoma, adenocarcinoma, or other), with potential for mixed pathologies possible • Heterogeneous to indistinctly nodular pancreas - age-related pancreatic changes, parenchymal remodeling owing to previous inflammation with areas of nodular hyperplasia, chronic to chronic active to mixed pattern Inflammation, less likely potential for primary vs. metastatic pancreatic neoplasia
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Secondary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Bilateral chronic renal changes with small cortical cysts
Jenn	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	Hepatic FNA using a 25-gauge needle, assuming normal clotting status, +/- screening splenic FNA using a 25-gauge needle is warranted for further staging, given the history of cutaneous mast cell tumor. Screening blood pressure is recommended. If evidence of hypertension or clinical concern for pheochromocytoma, urine catecholamine levels may be considered. Sonographic monitoring of the right adrenal gland, liver, as well as pancreas, for evidence of progressive changes is suggested.
Rockaway	
REFERRING VET	
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PATIENT

Boomer Beechner

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

12

WEIGHT

33.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

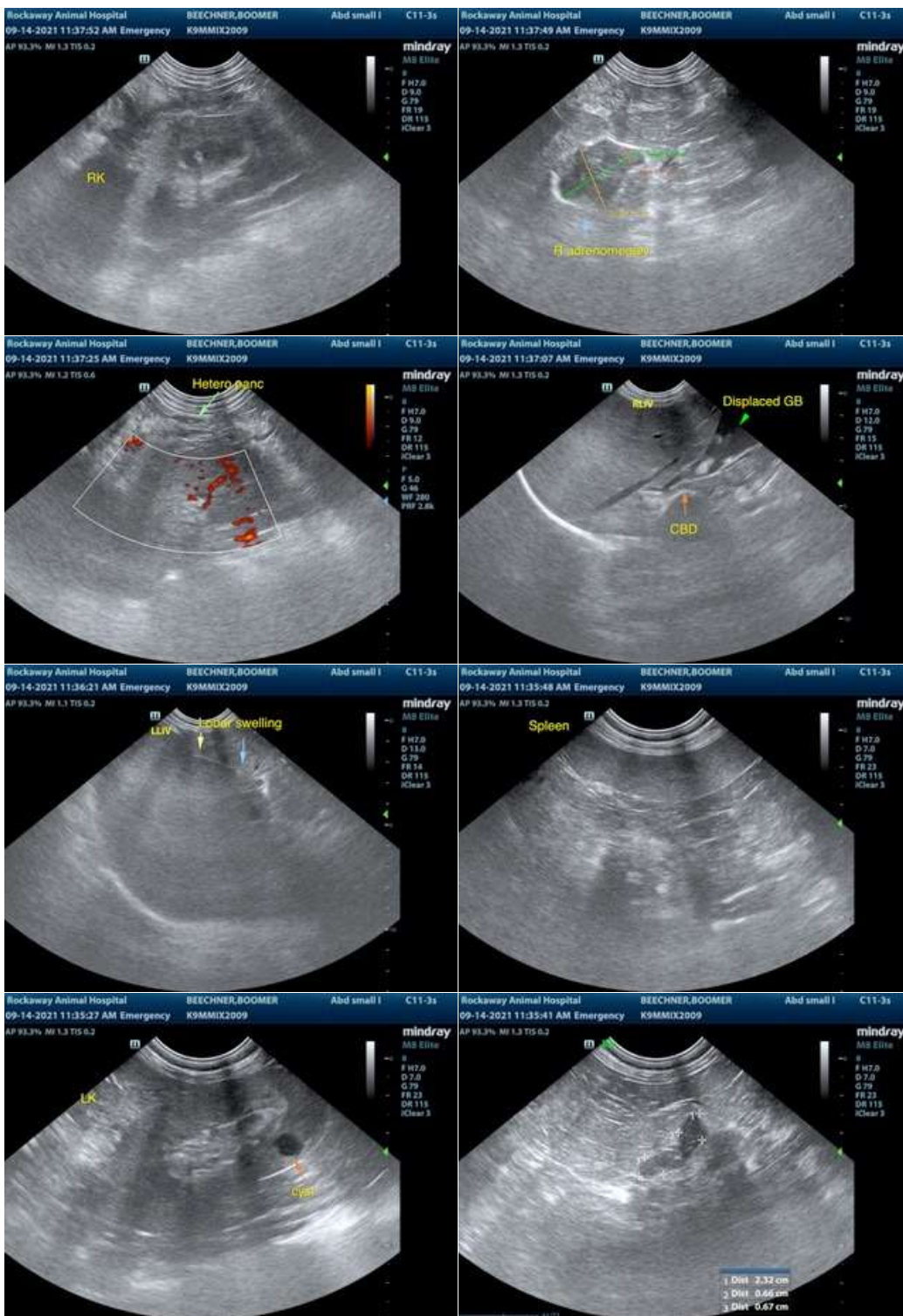
Dr. Kahn

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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.



PATIENT

Boomer Beechner

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Mix

SEX

Male

AGE

12

WEIGHT

33.5

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Jenn

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