



**PATIENT PRESENTING CLINICAL SIGNS**

Callie Hanes History: Distended abdomen, decreased abdomen, lethargy  
 Medication: Incurin, Galliprant, Gabapentin, Baytril

**SPECIES** Canine Glob 5.0, ALP 941, BUN 43, Crea 1.4, Precision PSL 641, WBC 24.8 w/neutrophilia, Hct 32, platelets 615, T4 0.7.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Min Pin Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

**SEX**

FS

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 present in both kidneys. Mild left kidney pyelectasia noted. The right kidney measured 4.6 cm.

**AGE**

13 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

17 Pounds

**Adrenal Glands**

A focal, well defined, hyperechoic, non-expansive, non-mineralized nodule was present in the cranial pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.8 cm x 0.58 cm. The overall left adrenal gland measured 0.76 cm at the cranial pole and 0.68 cm at the caudal pole. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested.

**INTERPRETED BY**

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

The right adrenal gland was mildly prominent in size, measuring 0.55 cm at the cranial pole and 0.73 cm at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

New Britain VC

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, non-expansive, hypoechoic nodule was noted in the cranial spleen measuring 0.4 cm in diameter. 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.

**REFERRING VET**

Dr. Bandekar

**Liver**

The liver was moderately enlarged with rounded ventrocaudal contour. Evidence of hepatic parenchymal remodeling and intermittent small, thinly walled parenchymal cysts containing anechoic fluid were present. 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. Mild echogenic to focally mineralized gallbladder debris was present. The common bile duct was normal.

**INVOICE**

25466

**DATE**

9.16.2021



**PATIENT** *Gastrointestinal*

Callie Hanes 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. Gastric body wall measured 0.30 cm.

**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. Duodenum wall measured 0.35 cm.  
Canine

**BREED** Normal visible colon wall layers were present with subjective semiformal to soft feces.

**BREED** *Pancreas*

Min Pin Mix The pancreas base and right limb exhibited mild prominent size with mild asymmetrical contour and subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

**SEX**

FS

**AGE**

13 years

**WEIGHT**

17 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Non-expansive cranial left adrenal nodule – suspect adenoma
- Hepatomegaly with rounded contour, parenchymal remodeling, and intermittent small parenchymal cysts – subjectively benign.
- Mild, focally mineralized gallbladder debris (non-mucocele)
- Prominent heterogeneous to mildly hypoechoic pancreas base and right limb
- Chronic renal changes with cortical cysts and minor left kidney pyelectasia
- Solitary, non-expansive, hypoechoic splenic nodule – suspect focal hyperplasia or hematopoiesis, emerging neoplastic nodule considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for emerging left adrenal neoplasia such as adenocarcinoma or pheochromocytoma are considered less likely, yet cannot be definitively excluded. Sonographic monitoring of both the left adrenal gland and splenic nodule with initial recheck in 4 weeks is recommended. Screening blood pressure suggested. Potential for mild chronic active pancreatitis if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec cPL may be considered.

Empirically, gastrointestinal support and therapy for chronic active pancreatitis may prove beneficial.

**INTERPRETED BY**

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**REFERRING VET**

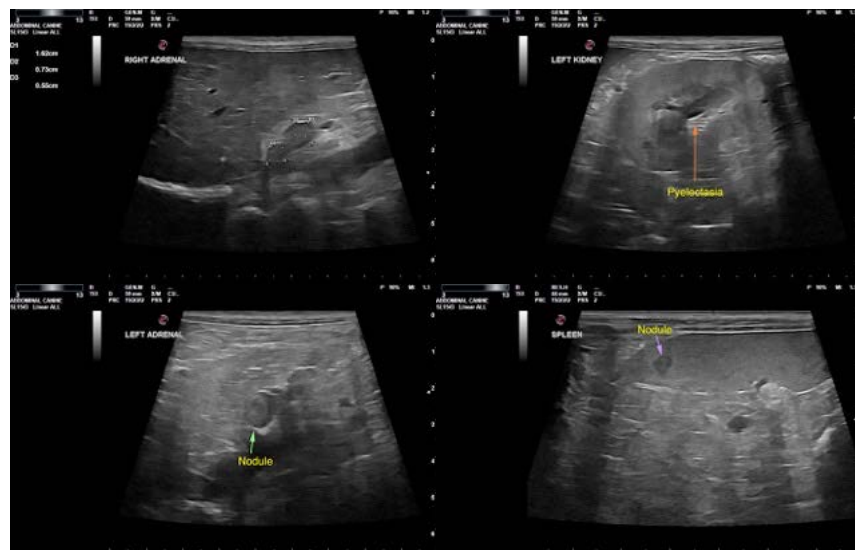
Dr. Bandekar

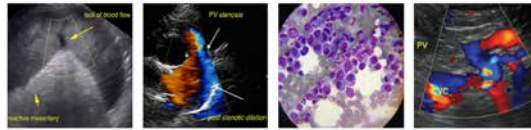
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**PATIENT**

Callie Hanes

**SPECIES**

Canine

**BREED**

Min Pin Mix

**SEX**

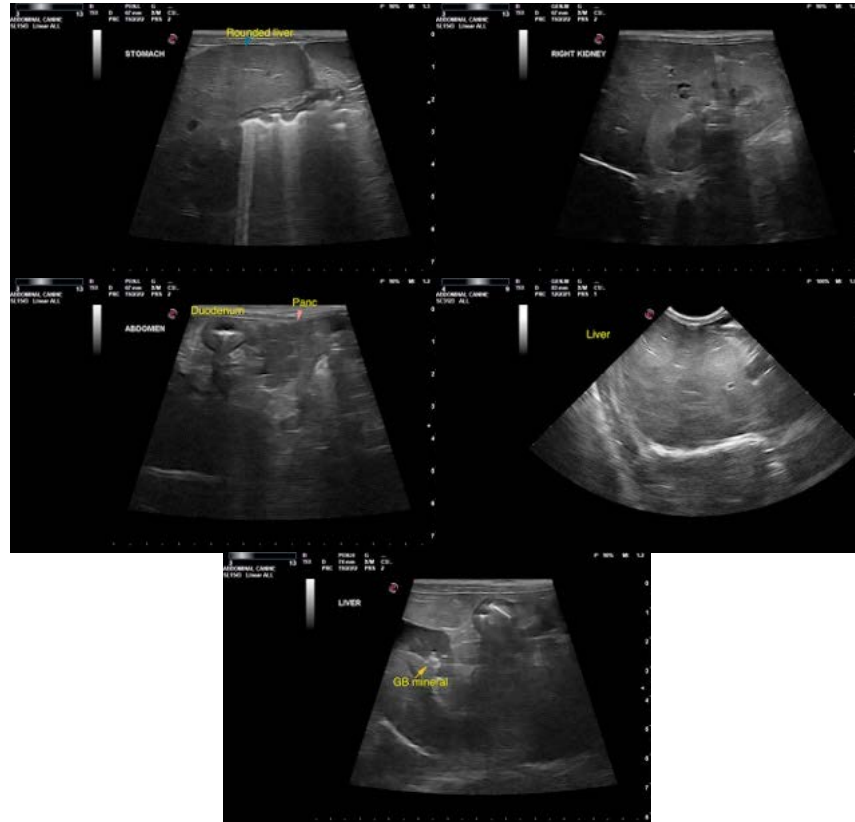
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**AGE**

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**WEIGHT**

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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.

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