



## PATIENT

Snoop Kowta

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Pit Bull

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~~ multiple mast cell tumors, pre surgical screen for abdominal masses Relevant Medical History and Physical Exam findings: ~~ multiple mast cell tumors hypothyroid Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~~ labwork in May 2021 (prior to diagnosing hypoT4) HCT 36.8 (38.3-56.5) -- anemia has resolved. PCV 55 on 8/18/21. SDMA 17 (0-14) ALKP 267 (5-160) Current medications (include full name, dosage and frequency): ~~ Thyro-Tab 0.5mg, 1 tab po Q12h

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Neutered Male

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 were noted.

## AGE

9 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.0 cm diameter.

## WEIGHT

64

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 6.9 cm.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

### Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm at the cranial pole and 0.61 cm at the caudal pole.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

An adrenal mass was noted, primarily in the subjective mid to cranial right adrenal gland. The mass measured approximately 3.3 cm length x 2.5 cm. The caudal pole measured 0.52 cm in width. Asymmetrical adrenal capsule margination was present. The parenchyma of the enlarged adrenal gland presented heterogenous to mixed echogenic with nonuniform echotexture. Overt invasion into the caudal vena cava was not definitively evident, yet the possibility of phrenicoabdominal vein invasion cannot be excluded.

## HOSPITAL NAME

Mountainview AH

### Spleen

## REFERRING VET

Dr. Sarah Kalivoda

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.

## INVOICE

25678

## DATE

9/16/21



## PATIENT

Snoop Kowta **Liver**

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## SEX

Neutered Male

## AGE

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## WEIGHT

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The liver exhibited potential for mild generalized enlargement. 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 revealed mild dependent to non-dependent, subjectively mobile gallbladder debris. The common bile duct was normal.

### ***Gastrointestinal***

The stomach presented intact yet subjectively mildly prominent wall layering with intermittent mildly hyperechoic foci present in the muscularis. These hyperechoic foci are non-specific and may be a patient variant or indicate potential chronic inflammatory gastric mural changes or gastritis if history of vomiting or similar clinical signs. 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. Jejunum wall measured 0.39 cm.

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

### ***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.

### ***Free Abdomen***

No overt lymphadenopathy or effusion.

## ULTRASONOGRAPHIC FINDINGS

- Right adrenal mass – neoplasia likely, pheochromocytoma, adenocarcinoma, metastatic disease, or other. Potential for non-neoplastic etiology such as adenomatous change or benign hyperplasia less likely.
- Bilateral mild chronic renal changes
- Mild vacuolar hepatopathy pattern
- Moderate gallbladder debris (non-mucocele)

## SECONDARY FINDINGS

- Possible mild chronic gastritis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment/monitoring of systemic blood pressure recommended. Ideally, CT assessment of the right adrenal gland for further clarification and assessment of potential surgical resectability is



**PATIENT**

Snoop Kowta recommended. No overt evidence of hepatosplenic or lymphatic metastasis from cutaneous mast cell tumor. Screening hepatosplenic FNA (assuming normal clotting status) may be considered. 3-view chest radiographs recommended.

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**SEX**

Neutered Male

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**HOSPITAL NAME**

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**REFERRING VET**

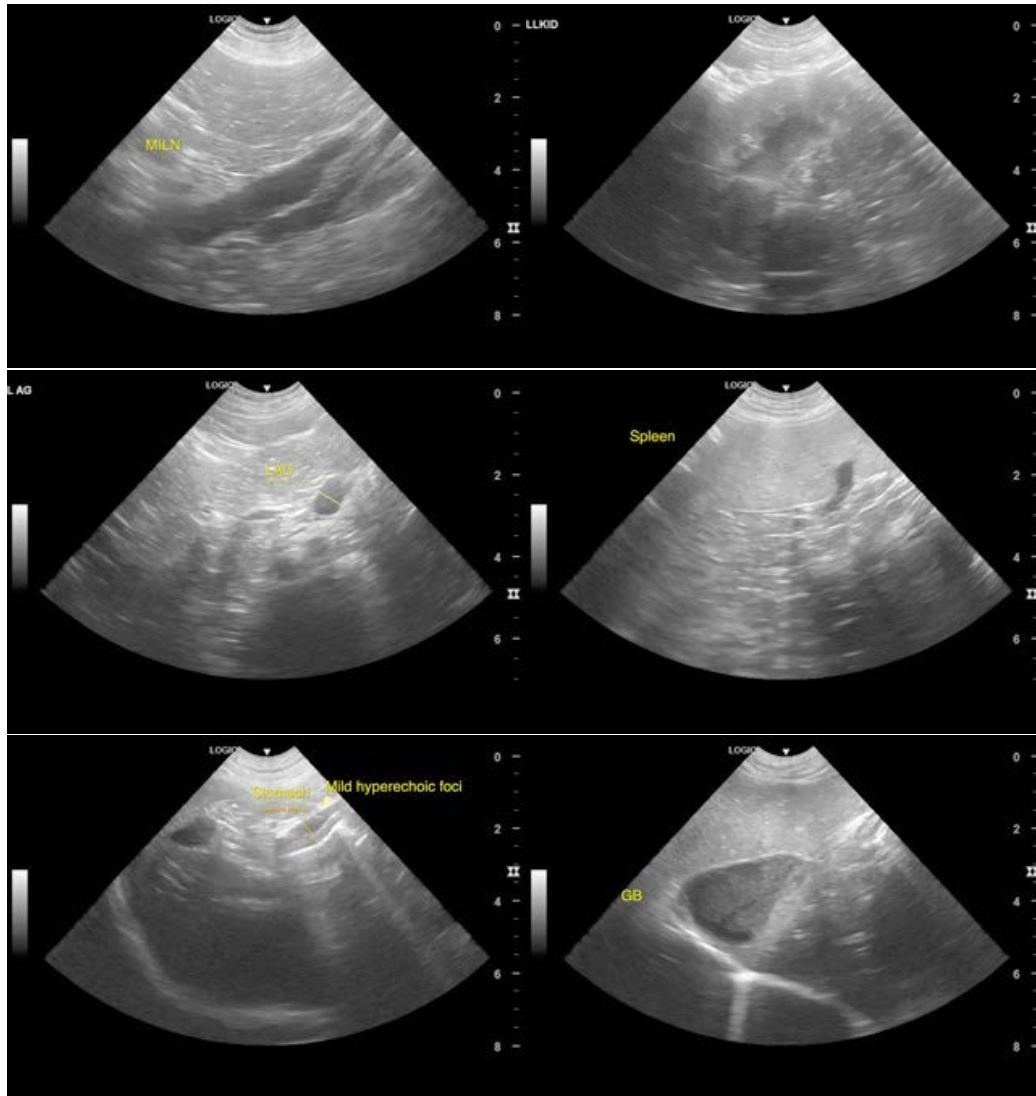
Dr. Sarah Kalivoda

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**SEX**

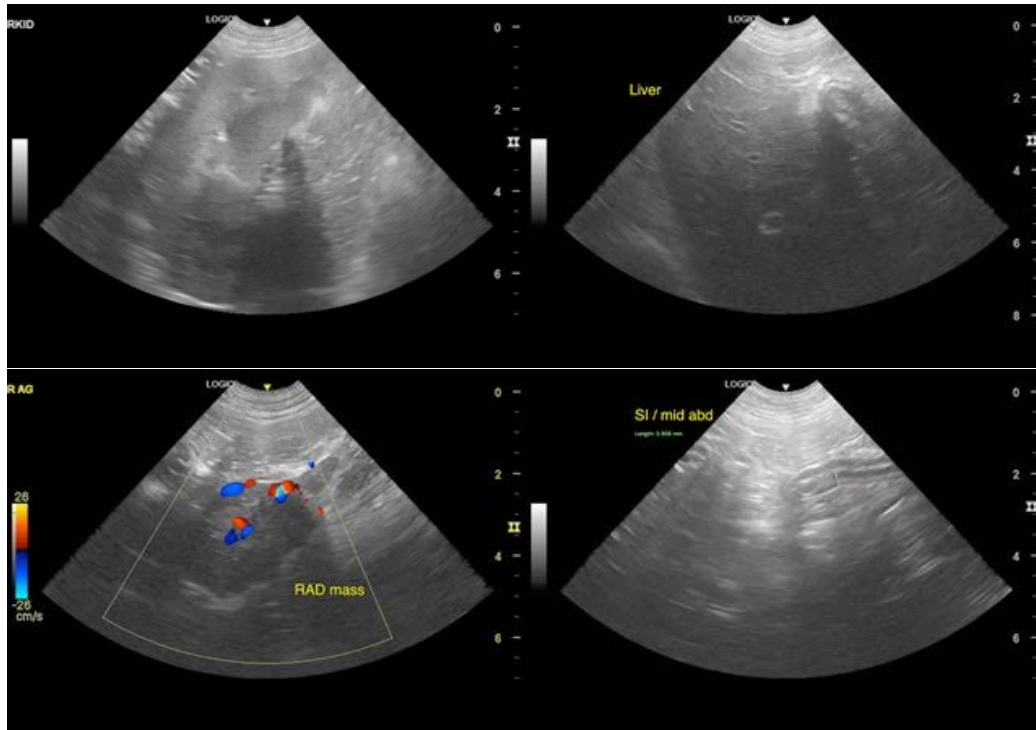
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com