



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lola Zusman	Patient presents for general ADR, hyporexia to anorexia, lethargy, and weakness. Current med: metronidazole 500mgs BID. Abnormal PE/Chem/CBC/UA Results: Mild monocytosis, cPL snap - abnormal.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.
Greater Swiss Mtn. Dog	
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
FS	Normal size and margination was 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 6.5 cm in length. The right kidney measured 6.0 cm in length.
<b>AGE</b>	<i>Adrenal Glands</i>
10.5 Years	The left adrenal gland exhibited mild asymmetrical generalized enlargement primarily owing to variably sized nonhomogeneous nodules present in both the mid to cranial pole and caudal pole. Overall, left adrenal gland measured 5.0 cm length x 2.9 cm cranial pole width and 1.5 cm width caudal pole width. Mid to cranial nodule measured 3.4 x 2.5 cm while the caudal nodule in the left adrenal gland measured 1.6 x 1.1 cm. No evidence of parenchymal escape or overt vascular invasion. Focal hyperechoic areas noted within the nodular changes were present yet not overtly indicative of mineralization.
<b>WEIGHT</b>	The right adrenal gland was not definitively visualized owing to patient size.
96	<i>Spleen</i>
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Liver/ Gallbladder</i>
<b>IMAGING PERFORMED BY</b>	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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Kelly Vazquez	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
Bergen County VC	
<b>REFERRING VET</b>	
Dr. Megan Moore	
<b>INVOICE</b>	
47400	
<b>DATE</b>	
9-17-21	



**PATIENT**

Lola Zusman

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 gastric body wall measured 0.36 cm width.

**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. The jejunum wall measured 0.48 cm width.

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

**BREED**

***Pancreas***

Greater Swiss Mtn.  
Dog

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.

**SEX**

FS

***Free Abdomen***

A focal, mildly prominent to enlarged mesenteric lymph node was present in the right mid to cranial abdomen. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm width. No other evidence of intraabdominal lymphadenopathy.

**AGE**  
10.5 Years

No overt peritoneal effusion was present.

**WEIGHT**

96

**ULTRASONOGRAPHIC FINDINGS**

- Nodular left adrenal gland.
- Mild age related kidneys.
- Focal subjectively benign / reactive mesenteric lymph node.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nodular left adrenal gland may indicate adenomatous change, hyperplasia, or potential emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other. Screening blood pressure is recommended. If evidence of hypertension or clinical concern for pheochromocytoma, urine catecholamine levels may be considered. Sonographic monitoring of the left adrenal gland for evidence of progression with initial recheck in 4 weeks is recommended.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Bergen County VC

No evidence of active pancreatitis yet potential for low grade or chronic pancreatitis, which may present sonographically normal, may be possible. Likewise, mild inflammatory gastroenteropathy, without evidence of mural changes, which may potentially result in elevated cPL levels, cannot be excluded. Continued gastrointestinal support is recommended. Three view chest radiographs, if not done, to rule out occult thoracic pathology as a possible cause of the patient's signs as well as thorough musculoskeletal and neurological examination may be considered.

**REFERRING VET**

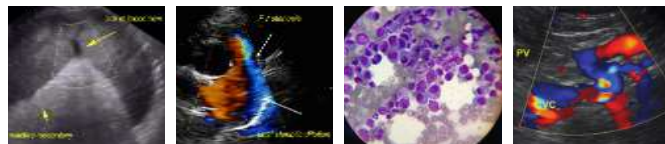
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**PATIENT**

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**SPECIES**

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**BREED**

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**SEX**

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**AGE**

10.5 Years

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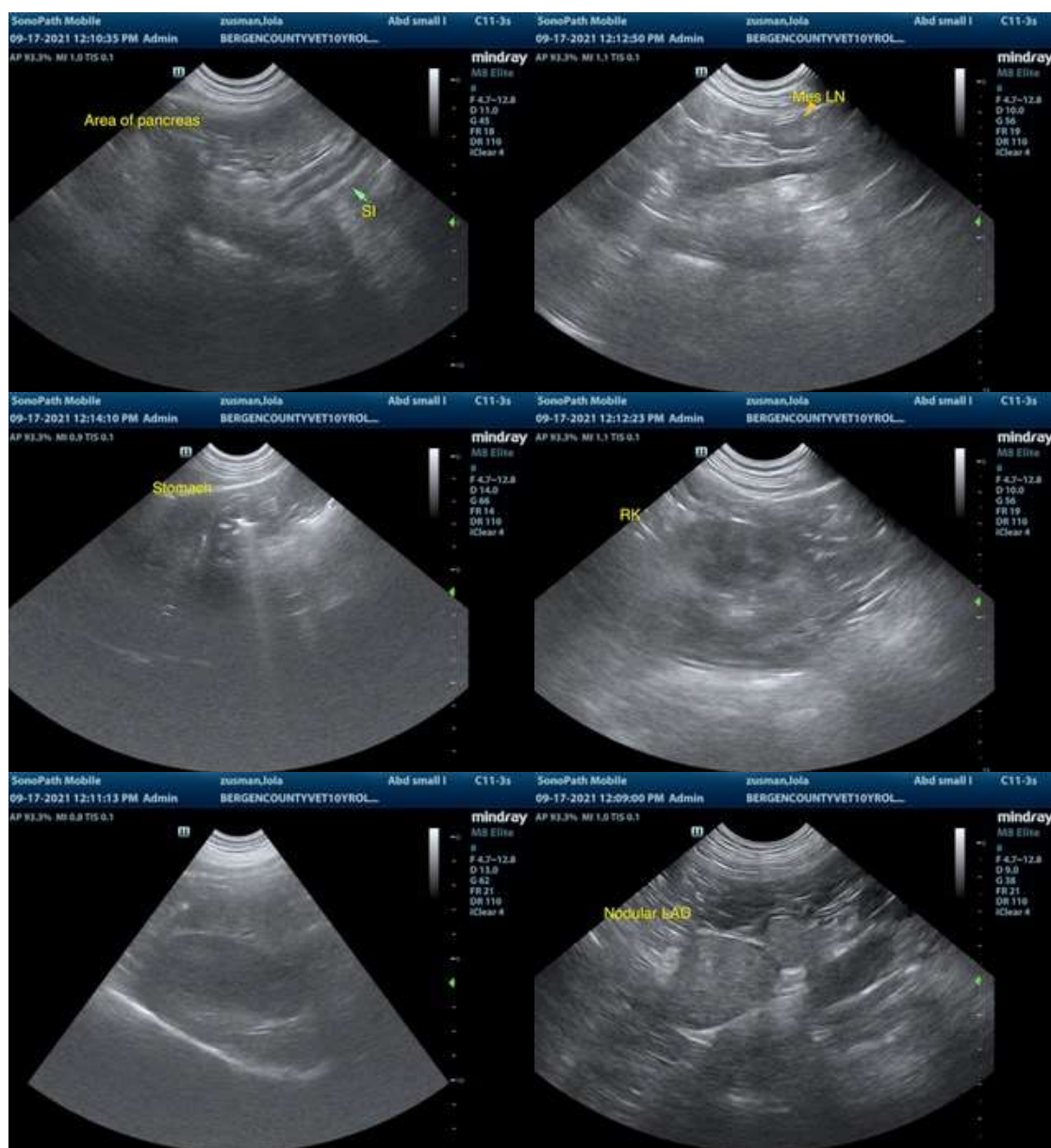
Dr. Megan Moore

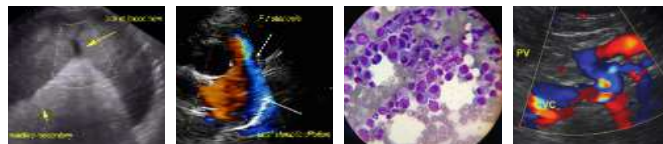
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**SPECIES**

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**BREED**

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**AGE**

10.5 Years

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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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