

**PATIENT PRESENTING CLINICAL SIGNS**

Rogue Cook QAR, shaking, muscle loss last 4 weeks. Vomiting EOD (Addisonian-diagnosed and treated over a year ago-levels stable) Current Medications cerenia and sub q fluids until US

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine *Urinary System*

**BREED** 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.

Lab

**SEX** No evidence of pathology in the area of the aortic trifurcation.

FS

**AGE** 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.

10 Years

**WEIGHT** *Adrenal Glands*

56 lbs

Both adrenal glands exhibited subjective mild prominent size, asymmetrical contour with hypoechoic to mildly nonhomogeneous nonmineralized parenchyma. A focal notch or area of parenchymal expansion in the area of the phrenicoabdominal vein was present in the left adrenal gland. The left adrenal gland measured 3.1 cm length x 0.97 cm width at the cranial pole and 0.89 cm width at the caudal pole. The right adrenal gland measured 2.8 cm length x 1.4 cm width at the cranial pole and 0.60 cm width at the caudal pole.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY** *Spleen*

Jenna Walsh

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.

**HOSPITAL NAME**

Pawsitive Wellness  
Veterinary Care

*Liver*

**REFERRING VET**

Dr. Hardy

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.

**INVOICE**

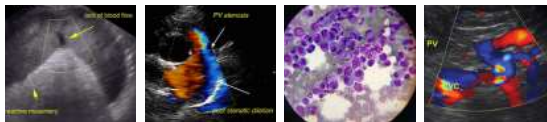
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The gallbladder was non distended in size with mild non-dependent gallbladder debris. The gallbladder debris was organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The common bile duct was normal.

**DATE**

9-4-21

*Gastrointestinal*



**PATIENT**  
Rogue Cook  
The stomach exhibited intact yet subjective mild prominent wall layering. The lumen of the stomach was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material. The gastric body wall measured 0.5 - 0.7 cm width.

**SPECIES**  
Canine  
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle upper duodenum retained fluid was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.51 cm width.

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

**SEX**  
FS  
*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.

**AGE**  
10 Years  
*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral subjective prominent adrenal glands with possible emerging parenchymal expansion into area of the phrenicoabdominal vein associated with the left adrenal gland.
- Mild hepatic parenchymal remodeling - subjectively benign.
- Mild nondependent to emerging organized gallbladder debris - possible very early mucocele formation.
- Subjective mild gastroduodenitis.

**INTERPRETED BY**

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DVM, DABVP  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The clinical significance of the bilateral subjective prominent adrenal glands with potential early parenchymal expansion into the area of the left phrenicoabdominal vein is unclear. These changes may indicate age related adrenal glands, adenomatous change, hyperplasia, while the possibility of emerging neoplasia although considered unlikely at this time, cannot be definitively excluded. Sonographic monitoring of the bilateral adrenal glands, specifically the left adrenal gland, is recommended with initial recheck in 4 weeks. Recheck ACTH stimulation test may be considered if not recently done.

**IMAGING PERFORMED BY**

Jenna Walsh

Gastroprotectant protocol +/- bland or limited antigen diet may prove beneficial.

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Thorough musculoskeletal and neurological examination suggested if not done.

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**SPECIES**

Canine

**BREED**

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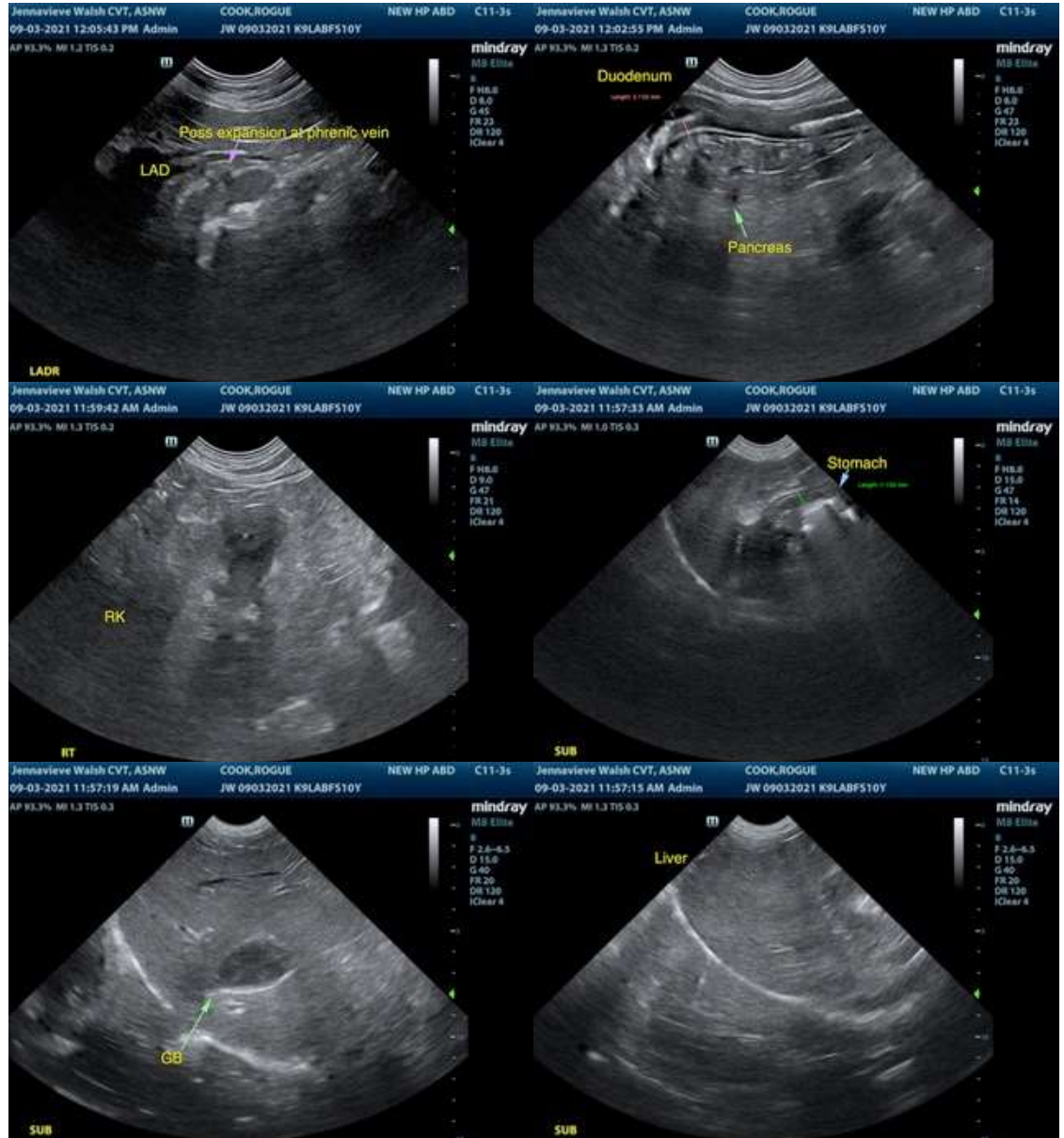
Dr. Hardy

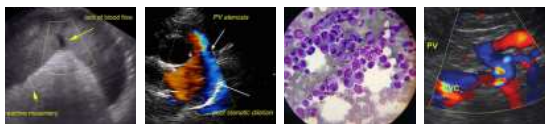
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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