

**PATIENT**

Charlie Zero

SPECIES

Canine

BREEDTreeing walker
coonhound**SEX**

MN

AGE

12 years

WEIGHT

71 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

14837

DATE

9/7/22

PRESENTING CLINICAL SIGNS

routine screen after abnormalities noted on radiographs, pot belly appearance noted during a chiro appt. patient is on carprofen long term for arthritis.

Abnormal PE/Chem/CBC/UA Results: arthritic, mild abdominal distension, dental disease was Lyme positive 2021. mild alkp elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone containing anechoic urine with mild nondependent particulate sediment, along with mild dependent hyperechoic to shadowing mineral. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size with asymmetrical margination exhibiting nonhomogeneous focally mineralized parenchyma. The left adrenal gland measured 3.7 cm length x 2.0 cm width at the cranial pole and 1.2 cm width at the caudal pole.

The right adrenal gland was prominent in size with maintained capsule integrity and mild nonhomogeneous to hypoechoic parenchyma without evidence of mineralization. Potential but not definitive parenchymal expansion in the area of the right phrenicoabdominal vein is possible. The right adrenal gland measured 2.3 cm length x 0.99 cm width at the cranial pole and 0.53 at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting mild generalized parenchyma heterogeneity. Focal to several, indistinct yet non-disruptive, hyperechoic nodules were present throughout the medial parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented enlarged in size. 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 non-distended in size containing primarily anechoic content with

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mild, non-dependent to mildly congealed, mildly hyperechoic gallbladder debris extending mildly into the gallbladder neck and cystic biliary duct. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

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Gastrointestinal

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.

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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.

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

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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 were evident.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Left adrenomegaly exhibiting nonhomogeneous to focally mineralized parenchyma
- Concurrent prominent right adrenal gland with possible, although not definitive, early phrenicoabdominal vein invasion
- Hepatomegaly
- Mildly congealed gallbladder debris (non-mucocele)
- Benign splenic nodules - consistent with probable myelolipomas
- Mild chronic renal changes
- Mild urinary bladder mineral and non-dependent particulate sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

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Both adrenal glands in this patient were abnormal with more significant enlargement and parenchymal abnormalities present in the left adrenal gland. The left adrenal gland presentation is suggestive of likely neoplasia, although no overt evidence of vascular invasion. Some concern for early phrenicoabdominal vein invasion associated with the right adrenal gland is indicated although not definitive. Potential for bilateral adrenal neoplastic criteria cannot be excluded. Full adrenal workup including LDDST is recommended along with an assessment of systemic BP for evidence of hypertension which may allude to a pheochromocytoma, is warranted.

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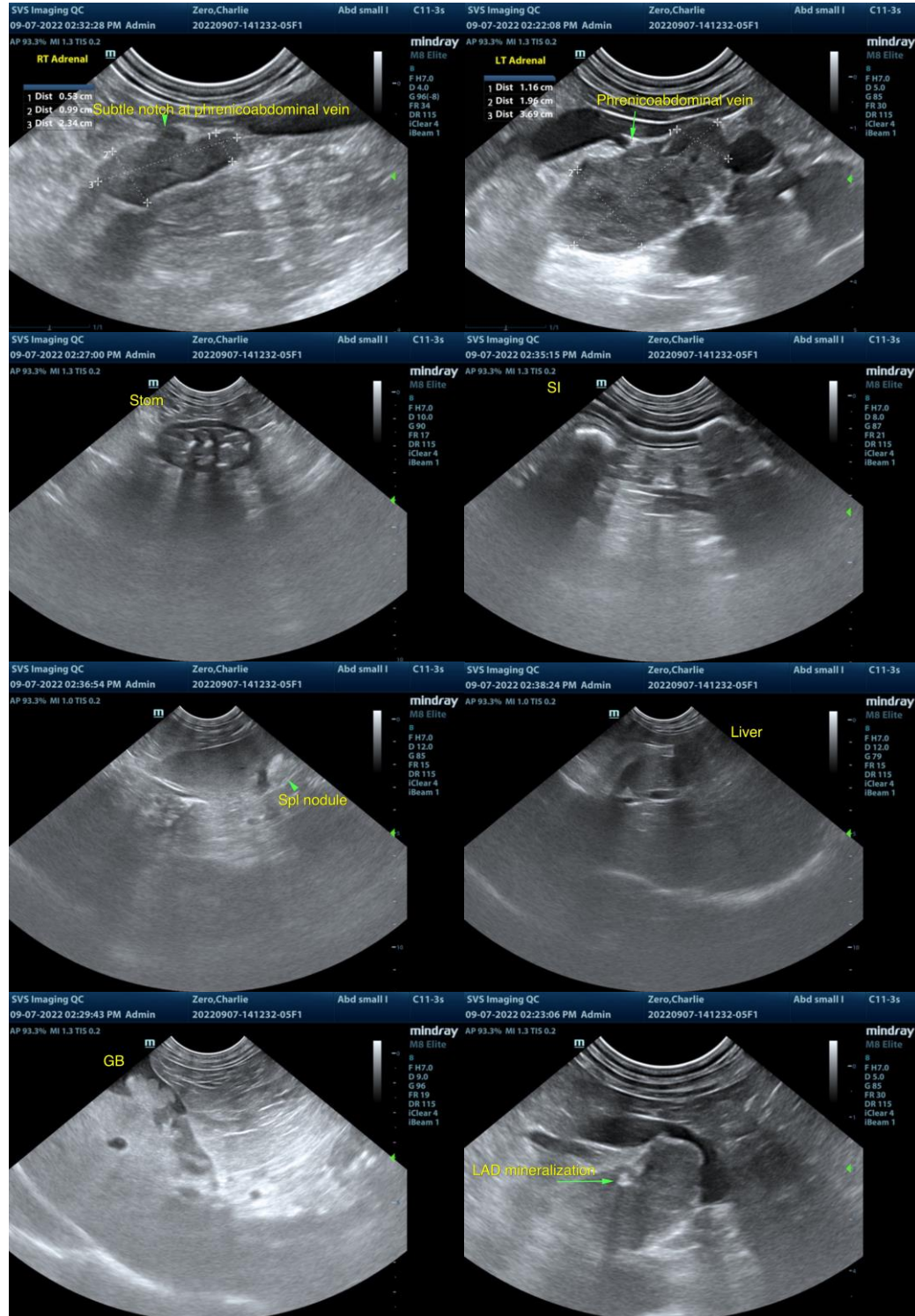
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If not done, thoracic radiographs are recommended. Abdominal CT is likely ideal given this presentation for further assessment of the bilateral adrenal glands. Urine culture and sensitivity on a sterile urine sample is recommended.



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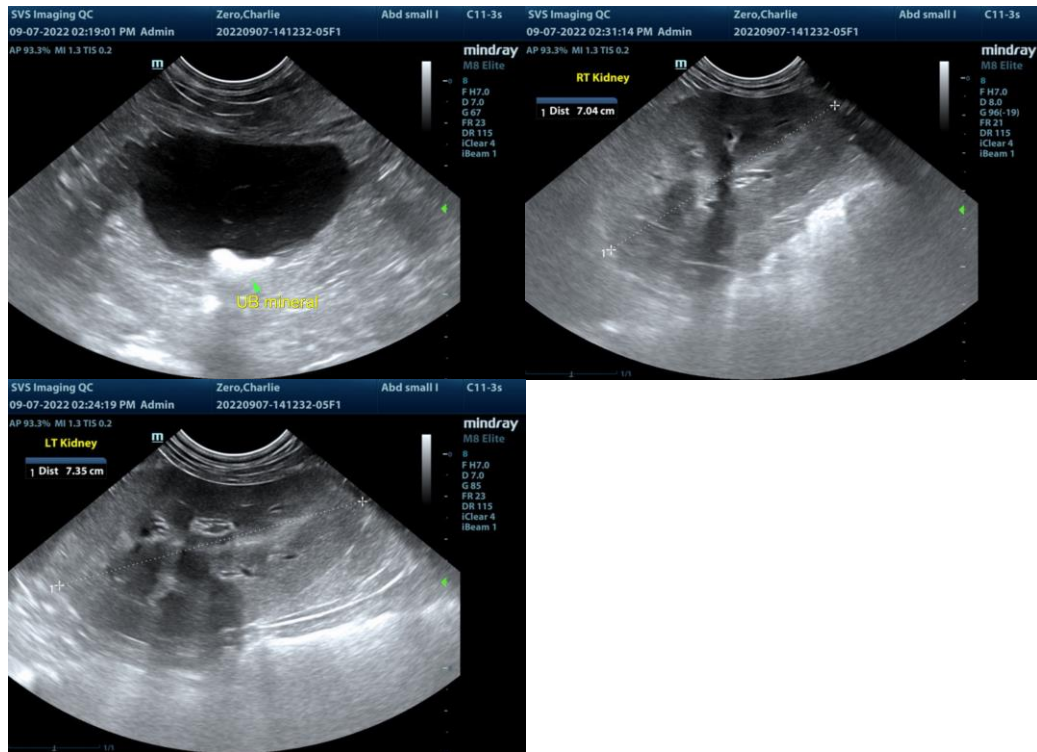
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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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