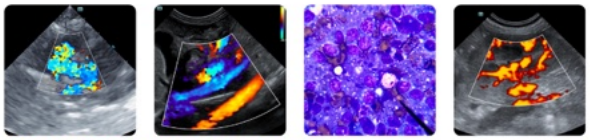


PATIENT

Edi Boothe

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

10 years

WEIGHT

8.97 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan, DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

69241

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Presented November 14th for "not feeling well" fr about a week. Diarrhea 3 days prior to presentation and increased drinking. No vomiting. Patient on Pepcid. PE: 3/6 heart murmur (historic), mild erythema of vulva, otherwise normal. CBC/chem UA revealed a mild elevation of ALP.
CBC-WNL Chem-Inc ALP (261) U/A- usg 1.041 w trace protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.23 × 2.33 cm, with a cortical thickness of 0.48 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.60 × 2.50 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 1.12×1.36 cm and contains a heterogeneous nodule at the cranial pole; the caudal pole measures 0.56 cm. The right adrenal gland measures 0.57 cm at the cranial pole and 0.47 cm at the caudal pole.

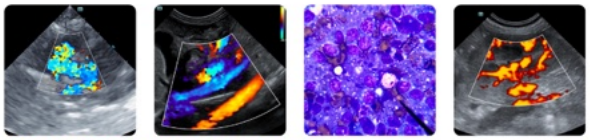
Spleen

Splenic thickness is 1.11 cm.. The splenic capsule is smooth and regular. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with multiple small hyperechoic nodules measuring less than 1 cm, most consistent with splenic myelolipomas or siderotic nodules (Bates bodies).

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering; mural thickness is not available. The pylorus measures 4.26 mm. The duodenum measures 3.07 mm. The jejunum measures 4.33 mm, and the ileum measures 2.97 mm. No signs of inflammation, ileus, or foreign material are identified.

The colon wall thickness measures 1.79 mm, with a small amount of semi-formed feces in the descending segment.

Pancreas

The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous nodular lesion at the cranial pole of the left adrenal gland.
- Multiple small (<1 cm) hyperechoic splenic nodules consistent with myelolipomas or siderotic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a heterogeneous nodular lesion involving the cranial pole of the left adrenal gland is most consistent with adrenal adenoma or adrenal nodular hyperplasia. Given the the absence of contralateral adrenal atrophy, and the lack of hepatic changes suggestive of steroid-induced hepatopathy, a functionally significant adrenal neoplasm is considered less likely. However, functional adrenal disease cannot be assessed by imaging, and correlation with endocrine testing is required if clinically indicated.

The kidneys, gastrointestinal tract, pancreas, urinary bladder, spleen, and peritoneal cavity do not demonstrate ultrasonographic abnormalities that would explain the reported clinical signs. There is no sonographic evidence of gastrointestinal inflammation, obstruction, or pancreatitis.

Recommendations

- Correlation with endocrine testing, including adrenal function, should be considered to further characterize the left adrenal lesion.
- Continued monitoring of hepatic enzymes and clinical signs is recommended.
- If clinical signs persist or progress, follow-up imaging may be warranted to assess for interval changes.

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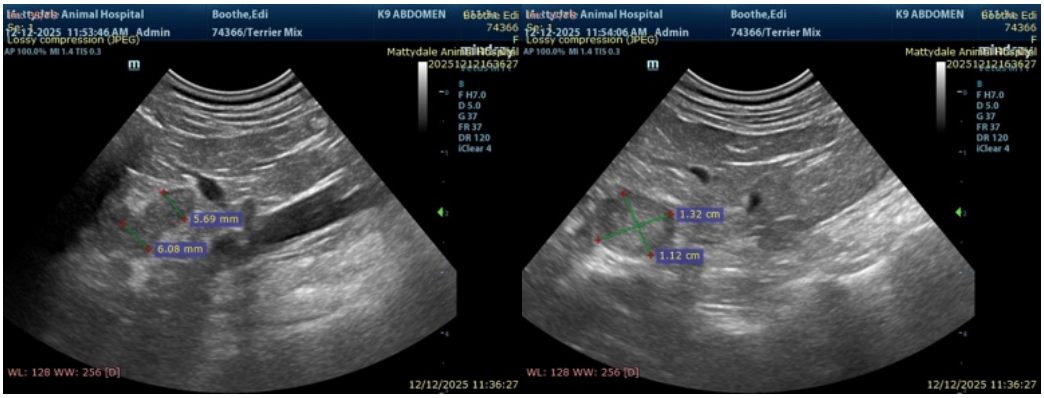

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com