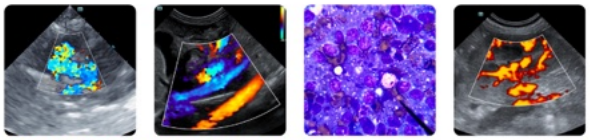


PATIENT

Monster Atteberry

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

12 years

WEIGHT

22.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jocelyn Smith, CVT

HOSPITAL NAME

Annville Cleona Veterinary Associates

REFERRING VET

Dr. Bardsley

INVOICE

71540

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Distended abdomen per owner, seems larger. PU/PD about 1 month. Normal but voracious appetite, stable weight.
- Concern for Cushing's previously - per owner tests have been negative but no ACTH or LDDST tests performed per records
- Last panel performed 10/23/2025: ALP 3270 WBC 16.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The cranial bladder wall measures 4.75 mm and appears smooth. Due to underdistension, this measurement may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi or mural abnormalities are identified.

The left kidney measures 5.26×2.93 cm in the sagittal plane, with a cortical thickness of 0.53 cm. The cortex is isoechoic relative to the liver. A small cortical cyst measuring 2.43×2.85 mm is identified. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures 5.32×3.18 cm in the sagittal plane, with a cortical thickness of 0.46 cm. The cortex is isoechoic relative to the liver. The corticomedullary ratio is normal, and corticomedullary differentiation is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

The left adrenal gland is replaced by a heterogeneous mass measuring approximately 3.11×3.56 cm (maximal dimensions obtained). Normal adrenal architecture is not preserved.

The right adrenal gland is partially visualized and measures 0.60 cm in dorsoventral diameter.

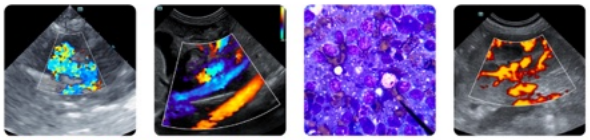
Spleen

Splenic thickness measures 1.20 cm. The parenchyma is homogeneous with normal echogenicity. No focal lesions are identified.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. Contents are anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 2.72 mm with preserved layering. The pylorus measures 4.24 mm.

The duodenum measures 3.55 mm. The jejunum measures 3.40 mm. The ileum measures 1.59 mm. Wall layering is preserved throughout evaluated segments. No ultrasonographic evidence of obstruction, ileus, mural mass, or inflammatory thickening is identified.

The colon measures 0.72 mm with formed feces present.

Pancreas

The right pancreatic lobe measures 1.03 cm in thickness. The pancreatic parenchyma is isoechoic relative to adjacent omental fat. No ultrasonographic evidence of active pancreatitis is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized. The iliac trifurcation region is unremarkable.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large heterogeneous left adrenal mass (3.11×3.56 cm).

SECONDARY FINDINGS

- Small incidental left renal cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study identifies a large heterogeneous mass replacing the left adrenal gland, measuring approximately 3.1–3.6 cm in maximal dimensions. The right adrenal gland is within normal limits in size and partially visualized. In a dog with PU/PD, polyphagia, abdominal distension, and a markedly elevated ALP, these findings are most consistent with an adrenal-dependent hyperadrenocorticism (functional adrenal tumor). The size of the adrenal mass and loss of normal adrenal architecture strongly favor neoplasia.

No ultrasonographic evidence of hepatic metastasis, vascular invasion, or regional lymphadenopathy is identified at this time. However, given the size of the adrenal mass, adrenal carcinoma must be considered.

The remainder of abdominal study is unremarkable and does not explain the abdominal distension. The clinical abdominal enlargement is most likely secondary to endocrine-related hepatopathy and body fat redistribution.

Recommendations

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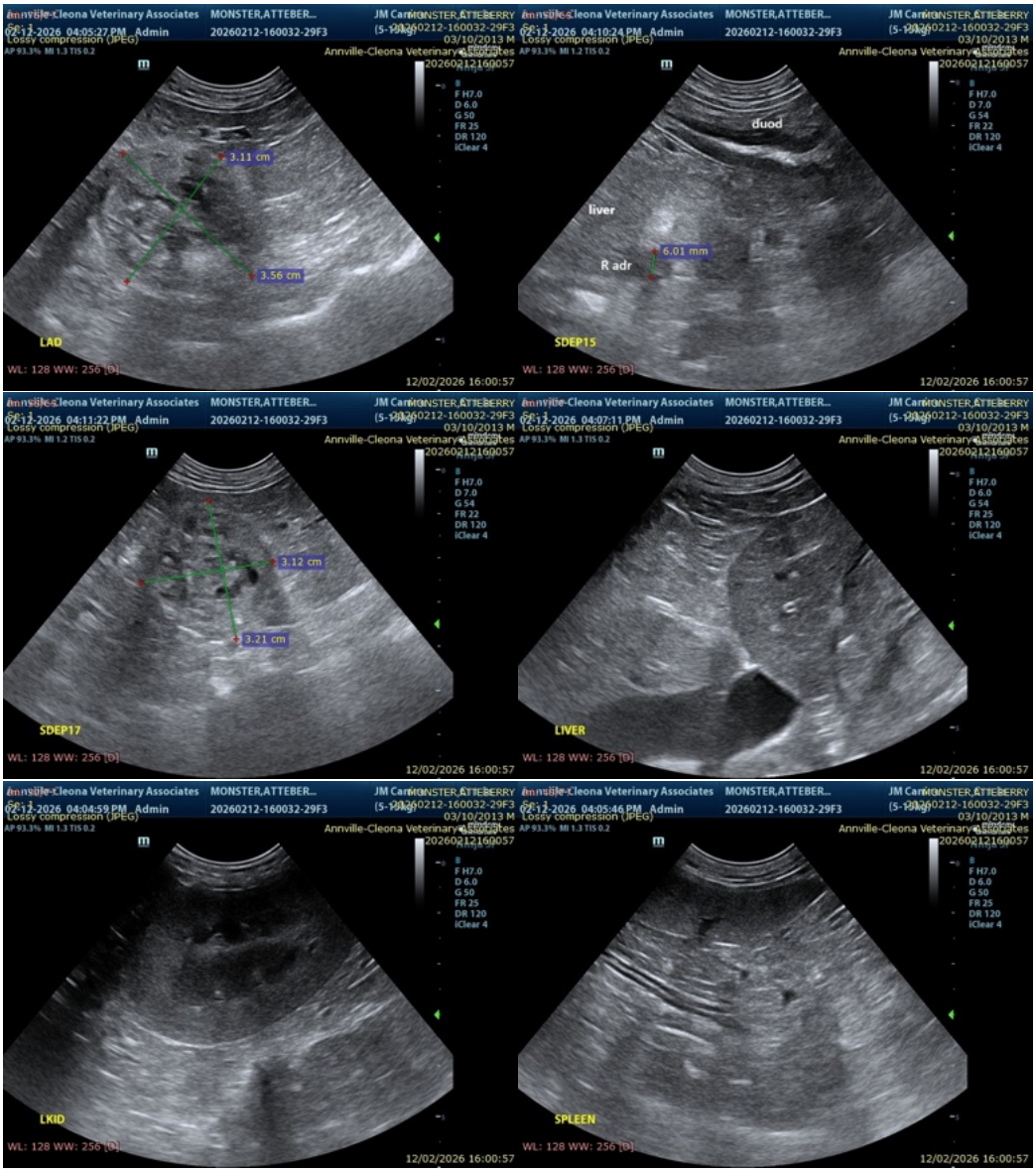
- Endocrine testing is recommended to confirm functional hyperadrenocorticism.
- Further management decisions, including advanced imaging for surgical planning or medical therapy, should be guided by endocrine test results, overall clinical status, and owner preference.
- Blood pressure measurement and urine protein assessment are advised given the suspicion of hyperadrenocorticism.



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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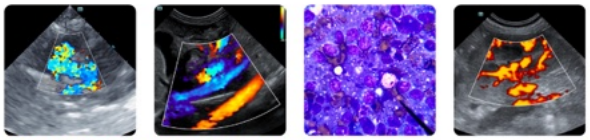

Clinical Sonography & Telecytology
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com