



## PATIENT

Katara Guerra

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

20 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Striano Kaplan

## HOSPITAL NAME

Ramsey VH

## REFERRING VET

Dr. Kaplan

## INVOICE

75346

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

History: P bleeding from mouth since Saturday, amount of blood has decreased but O still noticing blood coming from the mouth. P still eating fine.

Abnormal PE/Chem/CBC/UA Results: Severe periodontal disease BP 190 RBC 4.32, HCT 31.7, Hemoglobin 10.9, PLT 576, Crea 1.6 (previously 0.8 11/2025) BUN 49 Cystatin B 154, ALT 181, ALP 228, UPC 0.9 Rad report shows hepatomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.83×2.34 cm, with a cortical thickness of 0.67 cm in the sagittal plane. The renal cortex is mildly hyperechoic. Multiple small cortical cysts are present, the largest measuring 2.85×3.33 mm. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.10×2.76 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The renal cortex is mildly hyperechoic. Multiple small cortical cysts are present, the largest measuring 3.65×3.82 mm. The corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands are enlarged and abnormal in appearance. The left adrenal gland measures 0.42 cm at the cranial pole and 0.82 cm at the caudal pole. A small hyperechoic nodule measuring 4.8×5.03 mm is present within the left adrenal gland.

The right adrenal gland measures 1.22 cm at the cranial pole and 1.61 cm at the caudal pole. Although a partially bilobed morphology is still somewhat preserved, the gland is markedly enlarged, heterogeneous, and predominantly hyperechoic, with the appearance of separate mass-like lesions involving both poles/lobes. Clear vascular invasion/thrombus of the caudal vena cava is not identified on the available videos.

### *Spleen*

Splenic thickness is 1.05 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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## Liver

The liver is enlarged, with sharp margins and a regular contour. The hepatic parenchyma is diffusely hyperechoic relative to the falciform fat and demonstrates a mildly coarse echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall demonstrates small polypoid structures and changes compatible with mucosal gland hyperplasia. The contents include a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

## Gastrointestinal Tract

The stomach contains a small amount of ingesta producing marked distal acoustic shadowing. Gastric mural thickness measures 2.67 mm with preserved wall layering. The pylorus measures 5.52 mm. The duodenum measures 3.15 mm. The jejunum measures 3.84 mm in thickness, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon measures 0.95 mm in thickness and contains formed fecal material within the descending segment.

## Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

## Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Marked right adrenal enlargement with heterogeneous bilateral-pole mass-like change
- Mild nodular change/enlargement of the left adrenal gland
- Hepatomegaly with diffuse hyperechogenicity and coarse echotexture

## SECONDARY FINDINGS

- Gallbladder mucosal hyperplasia/polypoid change with mild biliary sludge
- Mild bilateral renal cortical hyperechogenicity with multiple small cortical cysts

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates severe asymmetric right adrenal enlargement with marked heterogeneous mass-like change involving the right adrenal gland. Differential considerations include adrenal cortical neoplasia and pheochromocytoma, both of which are considered highly plausible based on the current ultrasonographic appearance and the presence of marked systemic hypertension.



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Although the concurrent hepatomegaly, diffuse hyperechoic hepatic parenchyma, gallbladder mucosal hyperplasia, and proteinuria may support concurrent hyperadrenocorticism/steroid hepatopathy, these findings are not specific and do not definitively distinguish functional adrenocortical disease from pheochromocytoma or mixed adrenal pathology.

No definitive vascular invasion of the caudal vena cava is identified on the current study, although assessment is limited and early invasion cannot be excluded sonographically.

The hepatic enlargement and diffuse hyperechoic coarse parenchymal appearance are most compatible with steroid/vacuolar hepatopathy secondary to hypercortisolism, although chronic hepatocellular change may also contribute.

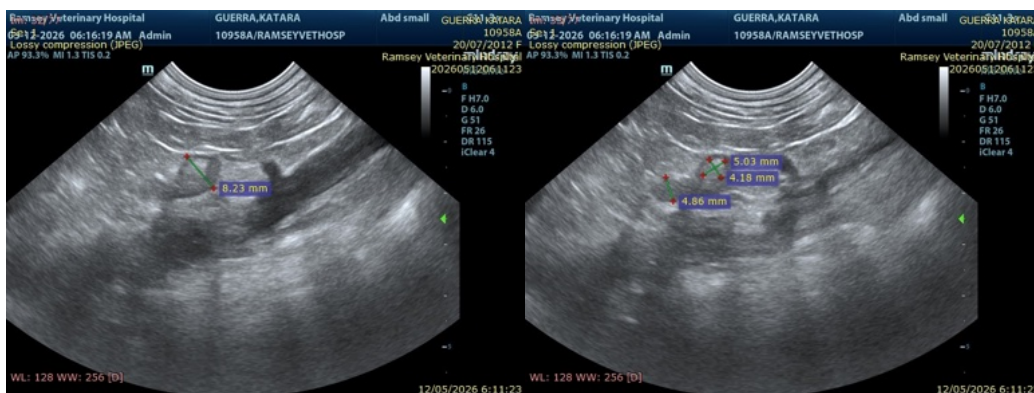
The gallbladder changes are compatible with chronic mucosal hyperplasia/chronic cholecystic change and mild biliary stasis, findings commonly associated with chronic endocrinopathic disease, particularly hyperadrenocorticism. No evidence of gallbladder mucocele formation or biliary obstruction is identified at this time.

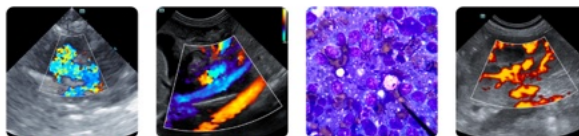
The kidneys demonstrate mild chronic cortical change and multiple small cortical cysts. These findings are nonspecific and may represent age-related or chronic degenerative change.

## Recommendations

- Endocrine testing for hyperadrenocorticism (LDDS and/or ACTH stimulation testing) is strongly recommended.
- Given the marked unilateral adrenal enlargement and systemic hypertension, pheochromocytoma should also remain a differential consideration, particularly if episodic hypertension, tachycardia, anxiety, weakness, or collapse are present clinically.
- Advanced imaging (CT) may be beneficial for further adrenal characterization and assessment for vascular invasion if surgical intervention is considered.
- Blood pressure monitoring and management are recommended given the marked systemic hypertension and risk of target organ damage.
- Monitoring of renal values, UPC ratio, and urine sediment is recommended, as concurrent renal injury/proteinuric nephropathy may be present.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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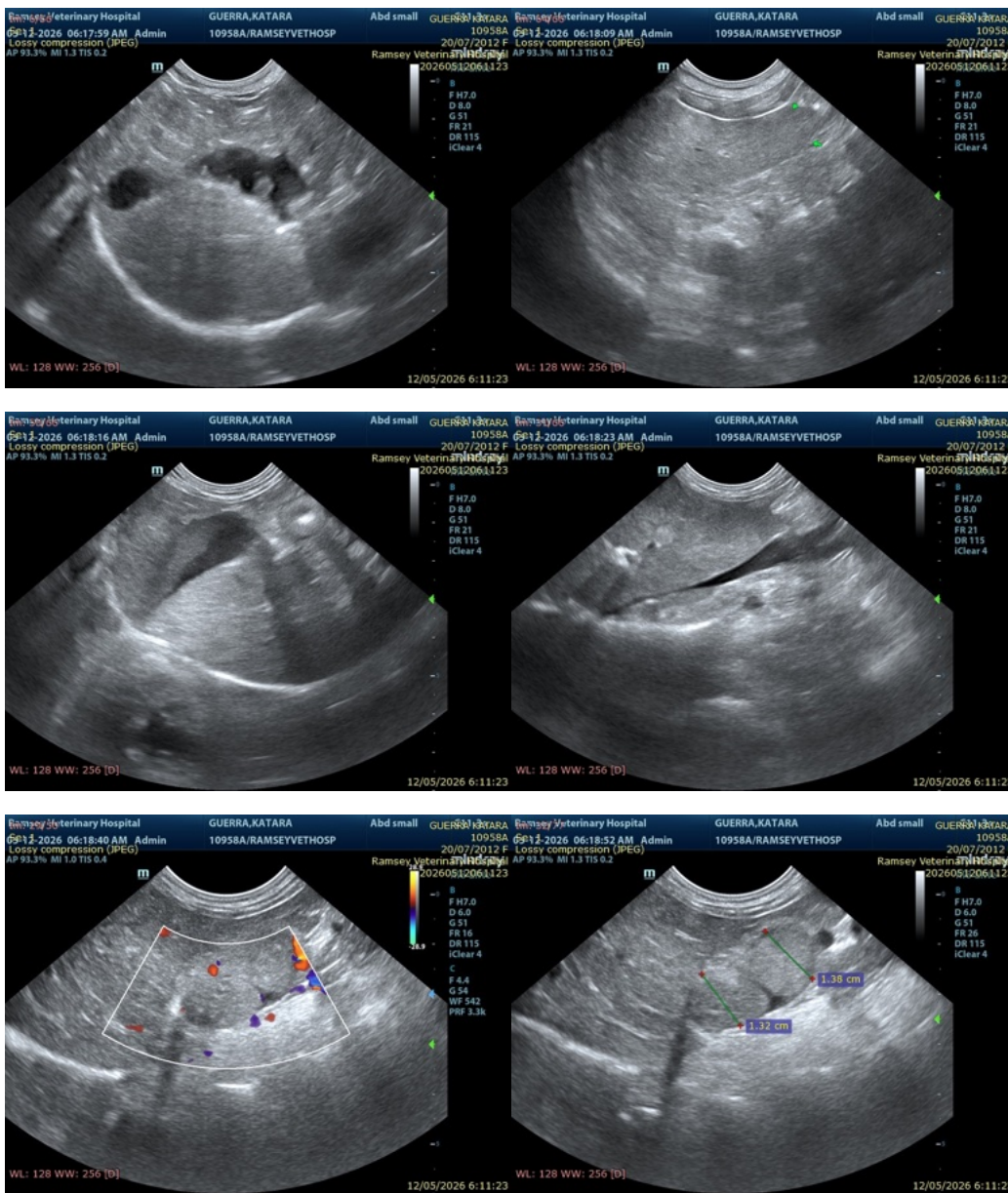
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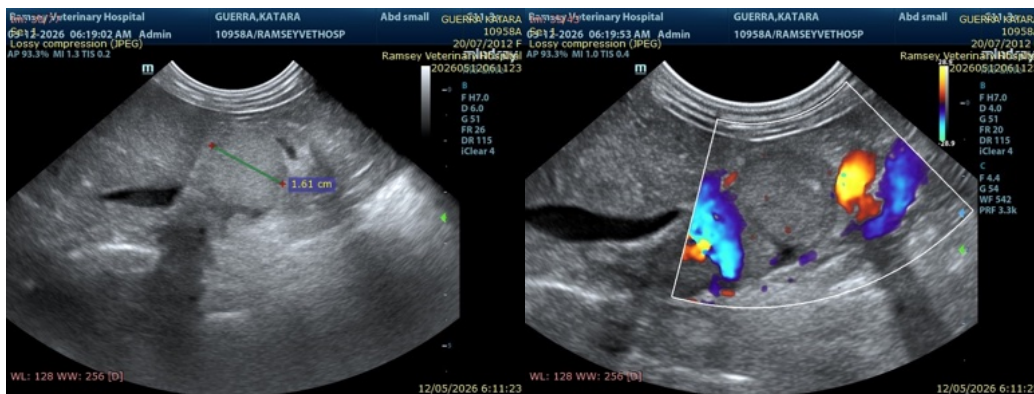
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

[info@SonoPath.com](mailto:info@SonoPath.com)