PATIENT

Suki Daviau

SPECIES

Canine

BREED

Yorkshire terrier

SEX

Female, spayed

AGE

7/26/2016

WEIGHT

11.6 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr. Devin Soileau

INVOICE

13359

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Pt presented with abdominal distention. No other clinical signs. Hepatomegaly on abdominal radiographs. Bloodwork reveals a BUN of 37, creatinine normal at 0.7, liver values normal, T4 3.4, CBC shows thrombocytosis, 4DX negative, negative fecal, SDMA 10.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. 1-2 small cortical cysts are seen. Trace pyelectasia is present (0.18 cm in the transverse plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland enlarged (0.65 cm at cranial pole) (0.82 cm at caudal pole) with swollen peripheral contours. A 1.47 x 0.75 cm hyperechoic to heterogeneous nodule is occupying the majority of the gland. In addition, at the cranial pole, a 0.60 x 0.39 cm hyperechoic nodule is seen. Surrounding vasculature appears normal with no obvious evidence of invasion.

The right adrenal gland is mildly enlarged (0.95 cm at cranial pole) (0.51 cm at caudal pole) with a relatively normal shape. A 0.72 x 0.47 cm hyperechoic nodule is observed at the cranial to mid-aspect. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.00 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A 0.96 x 0.40 cm medial iliac lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mild hepatomegaly
- Bilateral adrenomegaly with bilateral nodules (left>right). Differentials for the nodules include focal nodular hyperplasia, adenomas, emerging adenocarcinomas or pheochromocytomas, other.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization and mild left pyelectasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the bilateral adrenal nodules, consider the following:
  1. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) if patient develops appropriate clinical signs.
  2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  3. Baseline blood pressure measurement to assess for systemic hypertension
  4. Recheck ultrasound in 2-3 months to assess for growth.

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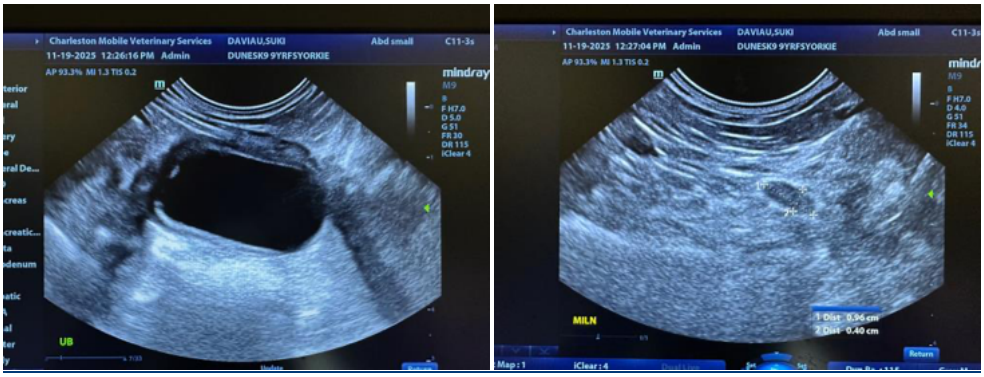
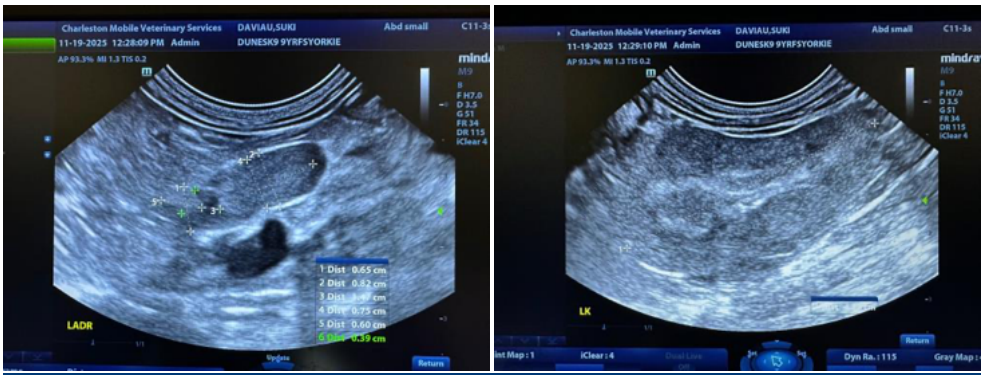
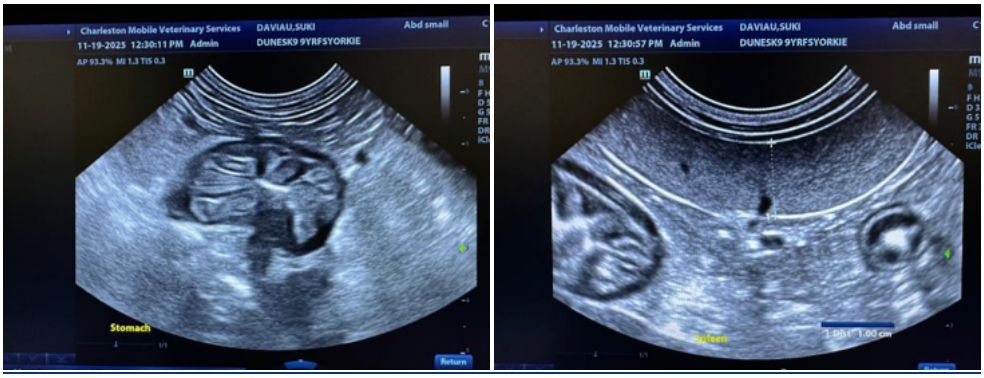
- Regarding the hepatomegaly, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If the liver values increase (they are currently normal), a recheck ultrasound +/- further workup may be indicated.







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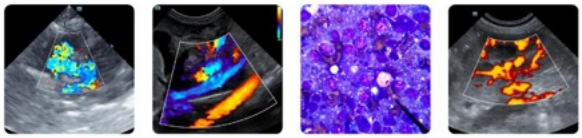

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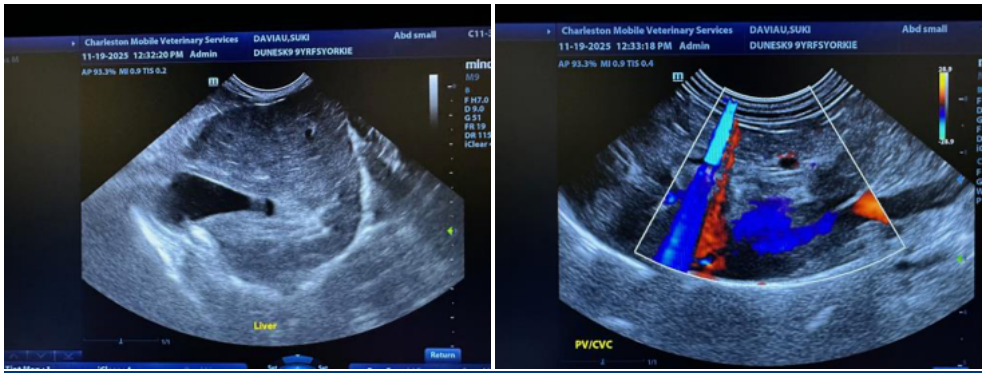

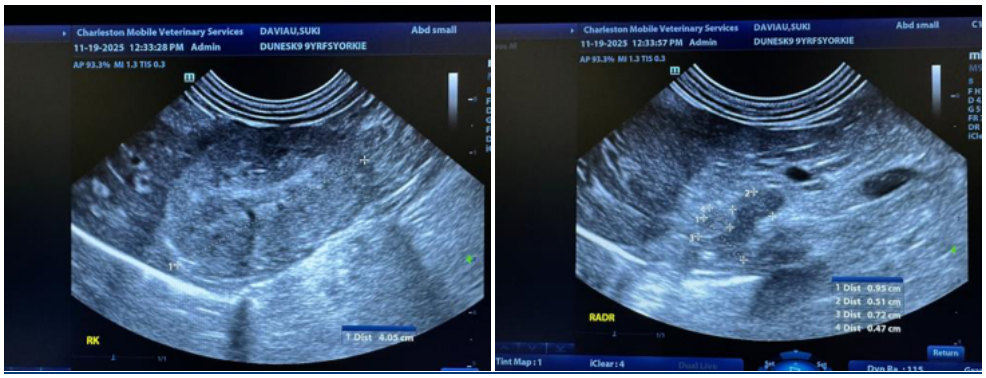

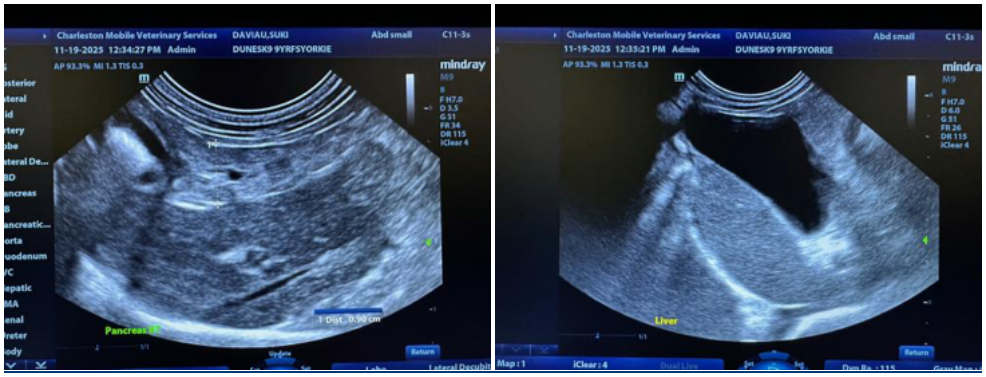

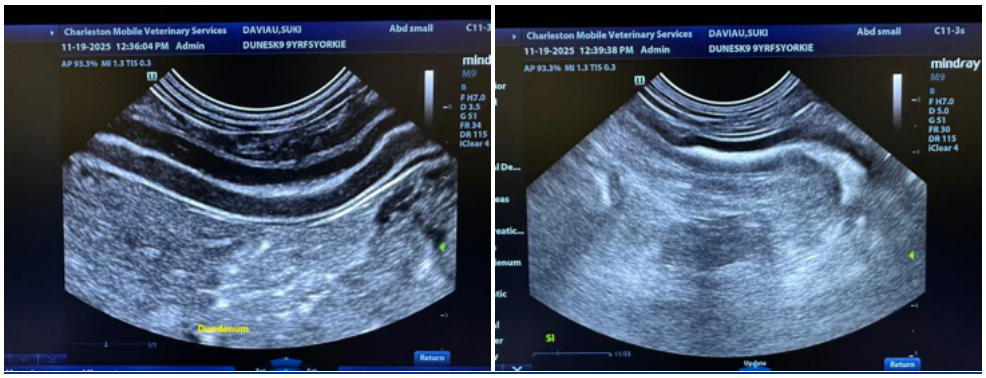

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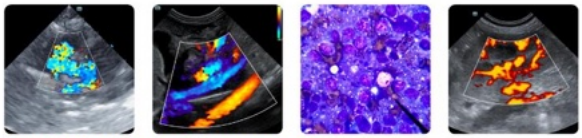

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com