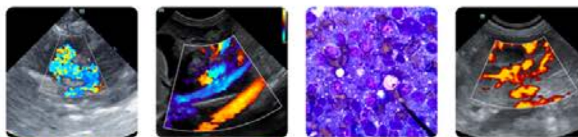


PATIENT

Rocky Gomogda

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

18 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Gihan Zeitoun, DVM

INVOICE

72613

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Investigating distended abdomen. Other - CKD IRIS stage 3. FNA of adrenal mass performed today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes. There is some mineral/sand debris, potentially pinpoint cystoliths, within the intraprostatic urethral lumen. There is no visible evidence of obstruction in these images at this time. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally in the kidneys, as well as moderate pyelectasia measuring 0.46 cm sagittal view in the left kidney and 0.43 cm sagittal view in the right kidney. Left kidney is normal in size at 3.9 cm. Right kidney is normal in size at 4.1 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.70 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is enlarged, measuring 2.2 cm wide x 2.7 cm long with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion. The mass effects primarily the cranial pole.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Additionally, an approximately 0.80 cm x 0.60 cm non-capsule disrupting hypo- to anechoc nodule is noted near the tail of the spleen. Splenic vasculature appears normal.

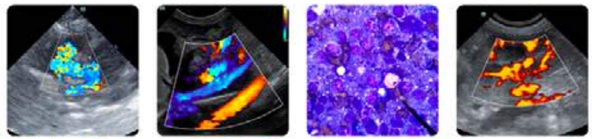
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT
Rocky Gomogda

SPECIES
Canine

BREED
Terrier

SEX
Neutered Male

AGE
12 Years

WEIGHT
18 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Julia Bakker, DVM

HOSPITAL NAME
Orange Blossom Veterinary Imaging

REFERRING VET
Gihan Zeitoun, DVM

INVOICE
72613

DATE
1/29/26

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass with normal right adrenal gland – This finding can be a normal or incidental patient variant, especially given the lack of a contralateral small/flat gland. Other differentials to consider include adenoma (vs adenocarcinoma), pheochromocytoma and/or adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

- Moderate bilateral chronic kidney disease changes with non-obstructive dystrophic mineralization bilaterally and mild bilateral pyelectasia.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

- Intraprostatic urethral mineral/sand debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

PATIENT

Rocky Gomogda

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

18 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Gihan Zeitoun, DVM

INVOICE

72613

DATE

1/29/26

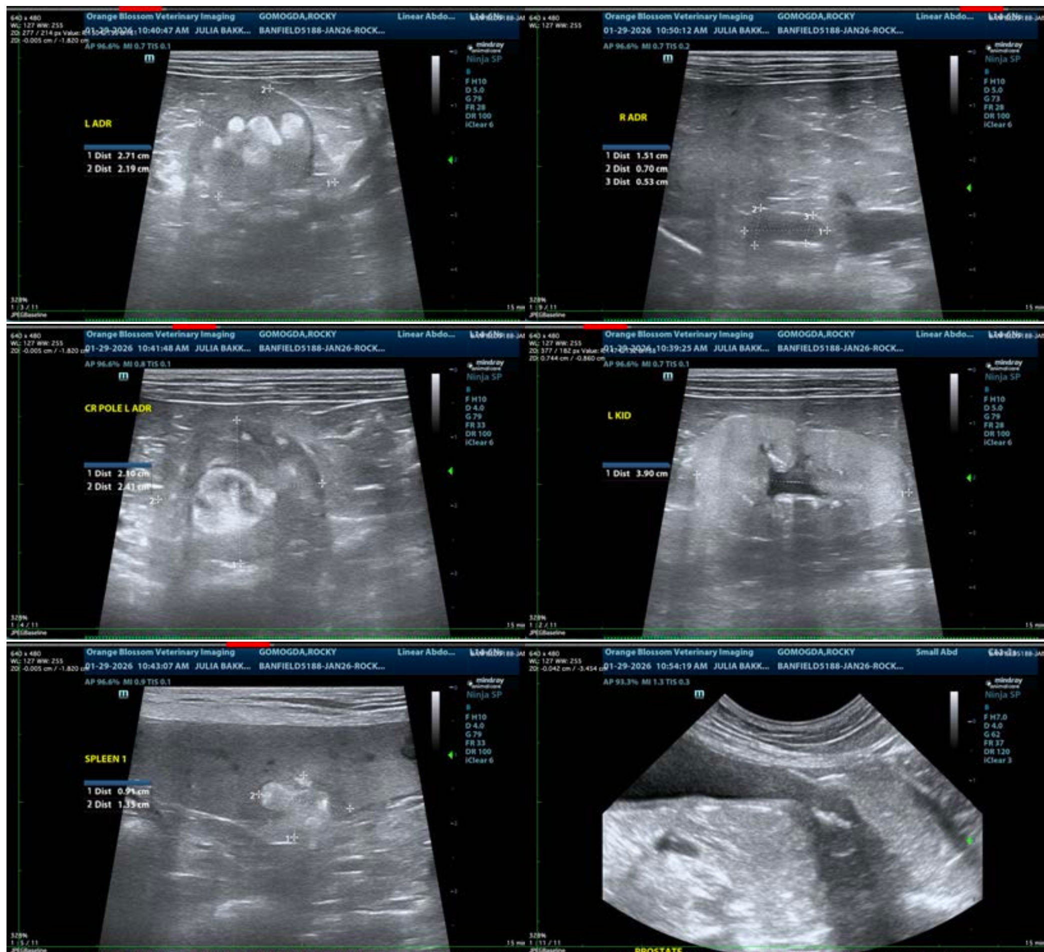
A blood pressure is recommended if not recently evaluated.

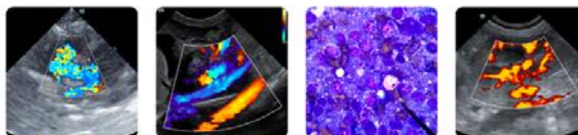
Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Adrenal hormone testing could be considered beginning with a low-dose Dexamethasone suppression test.

A fine needle aspirate of the adrenal mass is reportedly already pending.

Pending results of the above workup, ultimately a left adrenalectomy may be indicated, in which case a pre-surgical planning abdominal CT scan could be considered for further staging, assessment of vessels, etc.





PATIENT

Rocky Gomogda

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

18 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

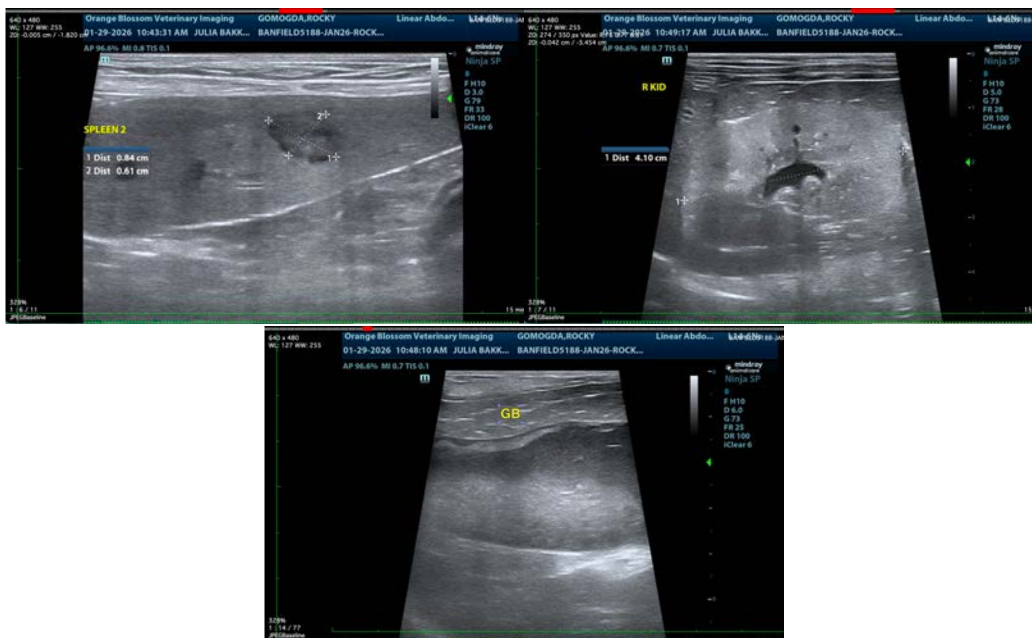
Gihan Zeitoun, DVM

INVOICE

72613

DATE

1/29/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com