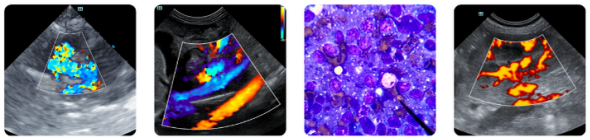


PATIENT

Kahlua Gonzalez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

15 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ulrasound Services

REFERRING VET

Dr. Mario Roman

INVOICE

11434

DATE

3/9/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to Hx of elevated liver enzymes.
- Px is BAR, is eating and drinking normally, and urinates/defecates normally, per owner.
- Px went to rDVM for a dental cleaning on 3/6/26 and the procedure had to be cancelled due to elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, or abnormal thickening visualized. A gravity dependent cystolith present measuring 0.84 cm.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted bilaterally. Spherical anechoic fluid accumulation consistent with cortical cysts are noted bilaterally. No evidence of pelvic dilation was present. Left kidney measures 3.58 cm in length, and the right kidney measures 4.11 cm in length.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal gland measures 1.72 cm in length, 0.60 cm at the caudal pole and 0.55 cm at the cranial pole.

Right adrenal gland is prominent and hypoechoic with a hyperechoic to slightly heterogenous nodule noted mid gland. The nodule measures 0.71 cm x 0.67 cm. The right adrenal gland measures 1.74 cm in length, 0.69 cm at the caudal pole and 0.69 cm at the cranial pole. Left adrenal gland measures

Spleen

Near the splenic hilus there is a small, slightly capsular distending, hypoechoic to partially cavitated nodule measuring 0.46 cm x 0.54 cm.

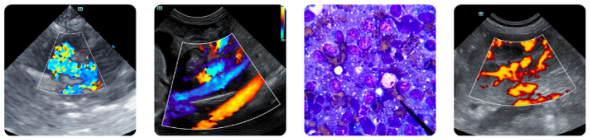
Liver

The liver is diffusely enlarged with slightly rounded borders. It is nearly isoechoic to the spleen. In the caudate lobe there is a spherical anechoic fluid filled structure, most consistent with a benign hepatic cyst, which measures approximately 1.0 cm x 0.89 cm.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Right adrenomegaly with a nodule.
- Hyperechoic hepatomegaly with solitary hepatic cysts.
- Urinary bladder cystolith.
- Degenerative renal changes with nephrocalcinosis.
- Small splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right adrenal gland nodule is most consistent with an early adrenal mass which may be malignant or benign. It appears subjectively resectable with capsular expansion without obvious capsular escape or vascular invasion. Pre-surgical abdominal CT for surgical planning and thoracic CT for metastasis screen is recommended. Differentials owing to sonographic architecture and clinical history include carcinoma, pheochromocytoma, adenoma, hyperplasia, cortisol secreting tumor, myelolipoma less likely. Adrenal gland function testing (ACTH stimulation test and/or LDDST and urine metanephrine screen) should be considered to further evaluate functionality. I recommend urine catecholamine screen for pheochromocytoma detection if surgical removal is pursued as pre-surgical treatment of pheochromocytoma is essential. It is possible to have both cortisol and catecholamine secretion from the same adrenal tumor so presence of hypercortisolemia does not obviate the need for presurgical urine metanephrine screening. Serial ultrasound in evaluations (every 2-3 months) for progression could alternatively be considered.

Liver changes may be secondary to hypercortisolemia from the right adrenal gland nodule. Liver FNA should be considered to further define.

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite stones are suspected with serial imaging used to monitor progress. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful. Cystoscopic removal of stones, with or without lithotripsy may be considered if locally available. A flexible cystoscope is required for male dogs. Calcium oxalate, struvite, urate, and cystine stones are all susceptible to laser lithotripsy. Some dogs are not considered good candidates for laser lithotripsy including:

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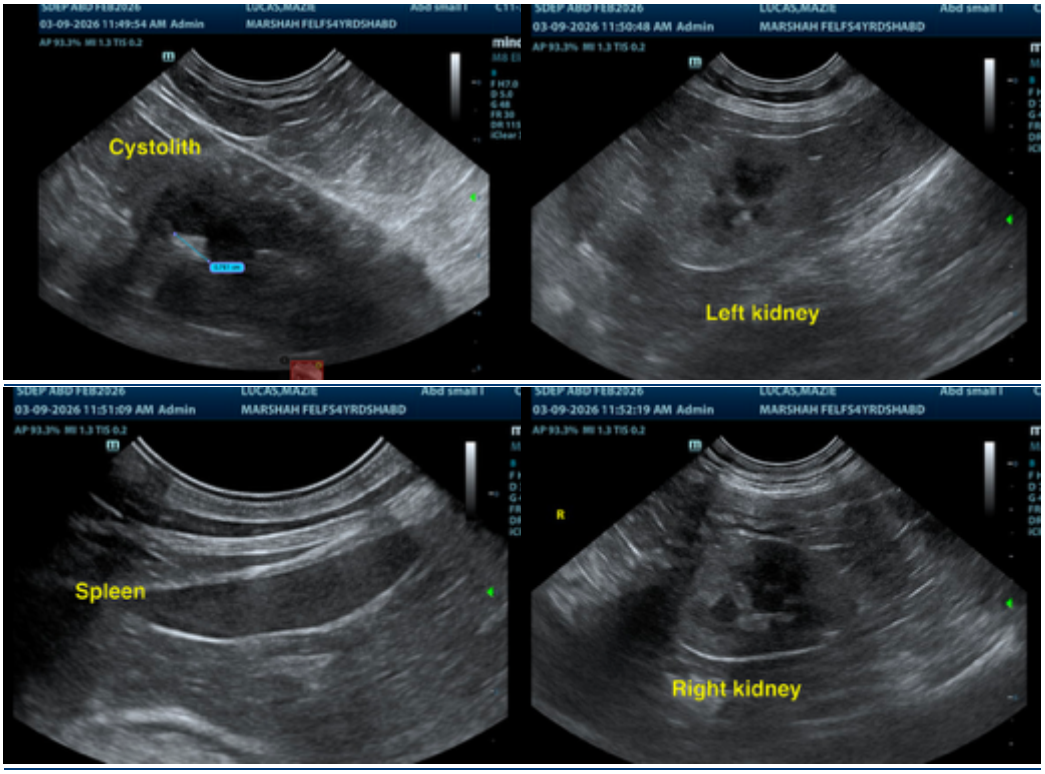
1. Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
2. Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
3. Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
4. Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.



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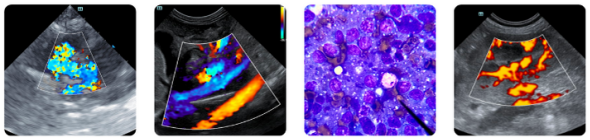

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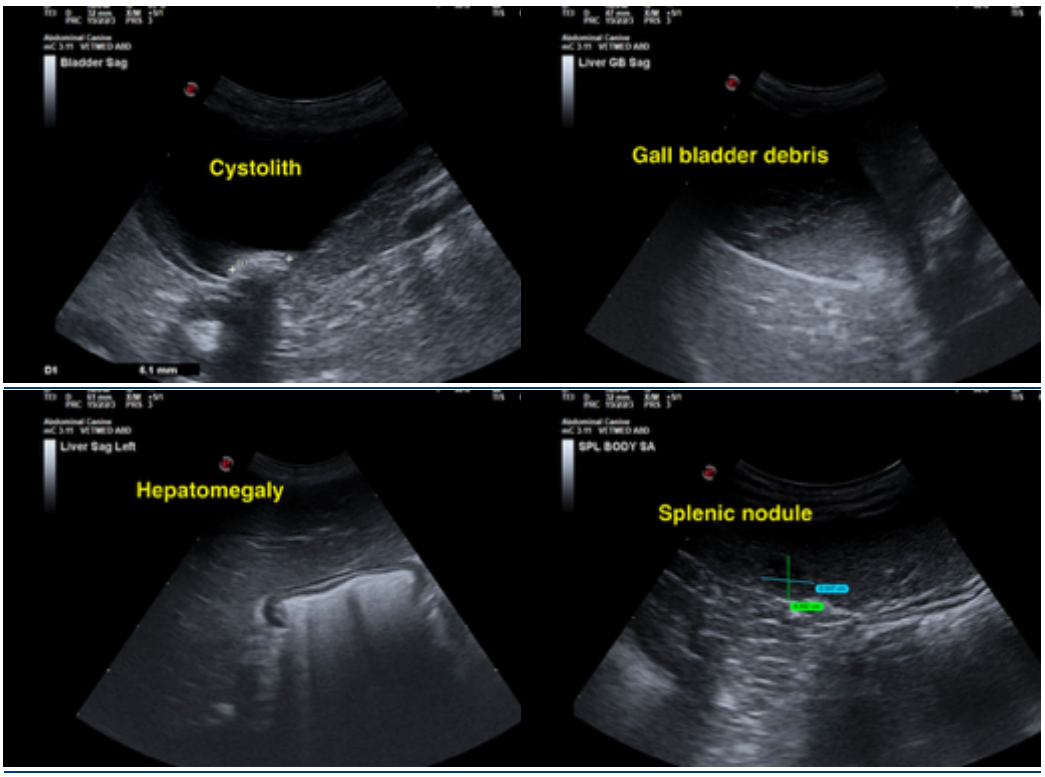

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com