



PATIENT

Bella Moriaty

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed female

AGE

12 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

73436

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Diarrhea, not eating
- Abdomen distended - painful, possible gas filled abd on rads
- Left enlarged kidney, right kidney irregular shape
- Current medications - Cerenia 60 mng 1 SID, Metronidazole 1 BID
- BUN 51, Cre 2.1, GLU 111, Lym 0.81

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Sand accumulation and mineralization of the apical wall was noted. There was also suspended debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm with pelvic and corticomedullary calculi measuring 1.4 cm each. The right kidney measured 6.0 cm with nephrolithiasis and slight cortical cysts. The pelvic calculi in the right kidney extended to 2.3 cm.

Adrenal Glands

An invasive, irregular, **left adrenal mass** was noted in this patient. The mass expanded to 4.2 cm and invaded into the phrenic vein. The mass deviated the left kidney.

A 2.3 x 3.1 cm, enlarged, irregular **right adrenal mass** was noted in this patient. Nodular changes were noted in the right adrenal gland measuring 2.3 cm and appeared to have early phrenic vein invasion/occupation. The vena cava at the level of the right adrenal gland appeared to have a thrombus measuring 1.4 cm. This may either be related to the right adrenal or left adrenal gland.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal tumors with phrenic vein invasion on the left, phrenic vein and early caval invasion on the right. I cannot rule out caval invasion completely on the left adrenal.

Bladder sand and nephrolithiasis, non-obstructive at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either adrenal differentials include pheochromocytoma, or adenocarcinoma. CT evaluation is recommended for surgical assessment. The prognosis is guarded.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.



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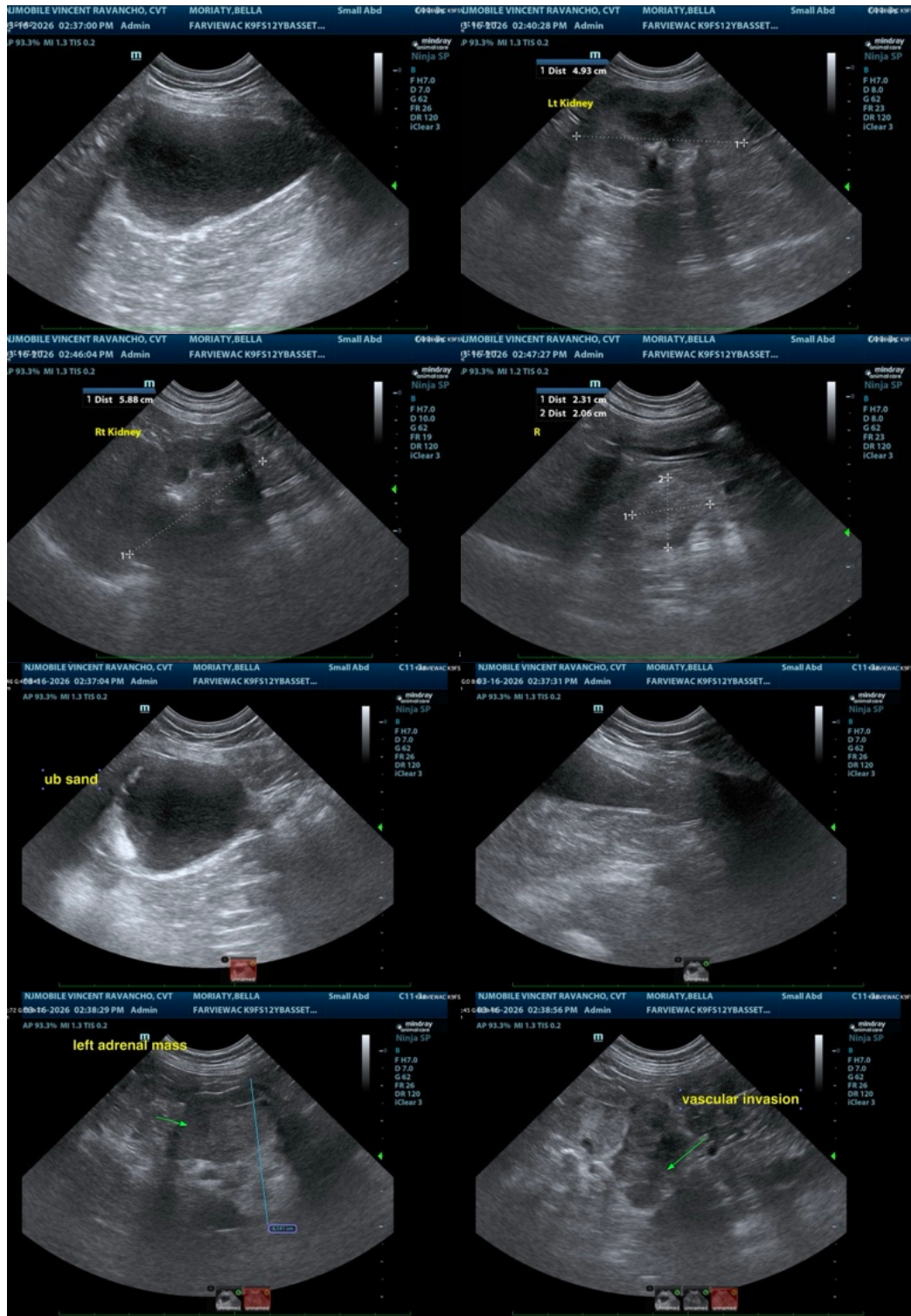
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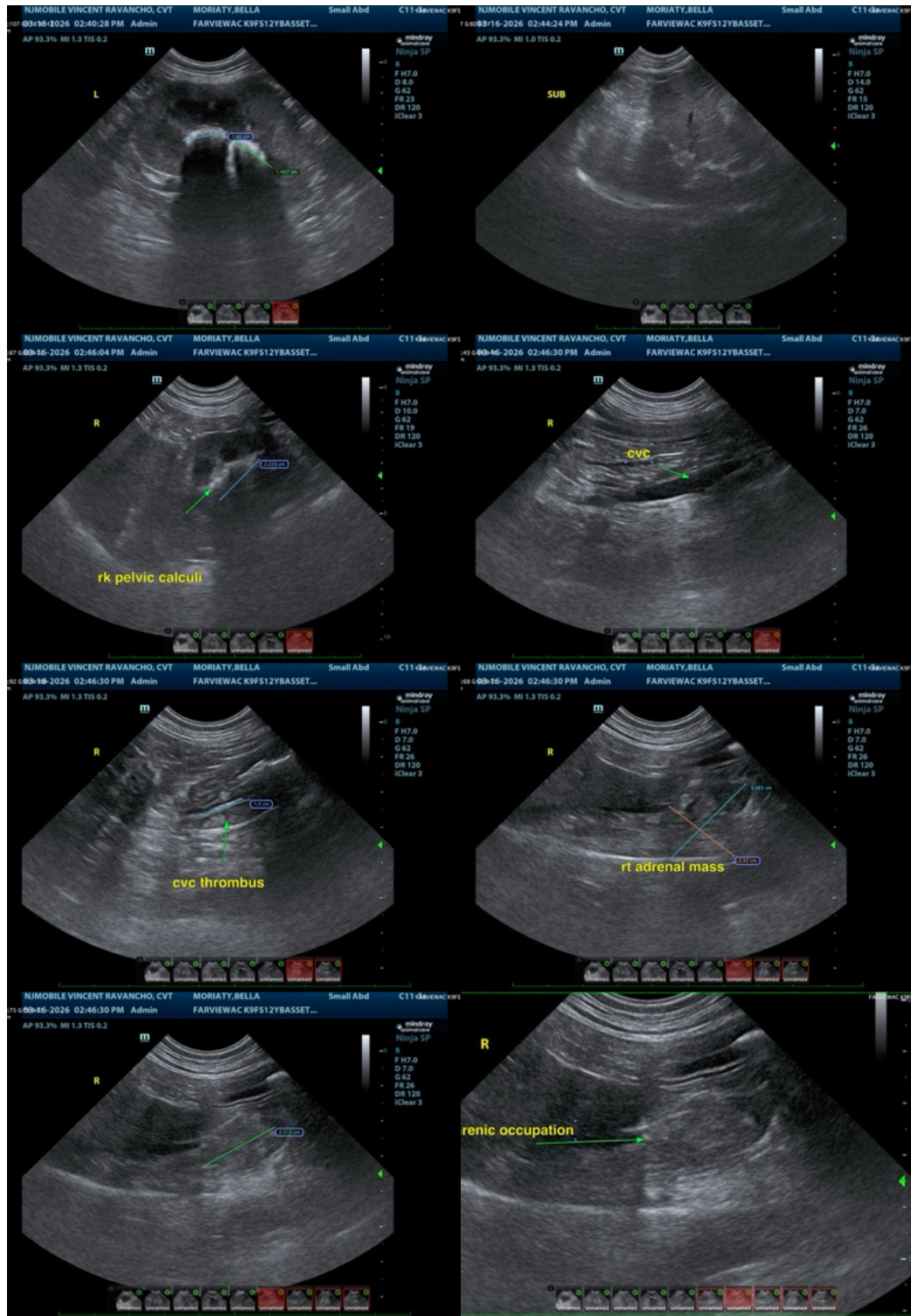
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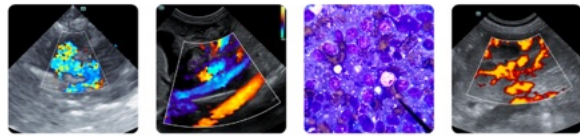
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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