



## PATIENT

Harley Castro

## SPECIES

Canine

## BREED

Yorkshire Terrier Mix

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson Veterinary  
Clinic

## REFERRING VET

Dr. Omar Elsayed

## INVOICE

13798

## DATE

02/14/26

## PRESENTING CLINICAL SIGNS

- Hx of progressive kidney disease (stage 2). Decreased appetite.
- AUS recommended for investigation of uroliths, nephroliths, neoplasia, other

Abnormal PE/Chem/CBC/UA Results: Azotemia; Proteinuria Acute Hematuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was a normal size and shape for level of filling. The apical bladder wall was mildly uniformly thickened without mineralization. The mucosal surface was mildly irregular. The visible pelvic urethra was normal in appearance. The urine contained echogenic to particulate sediment, without visible discrete urolith formation.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys are normal to mildly subnormal in size with an overall smooth capsule contour. The corticomedullary junction is indistinct and the cortex is moderately hyperechoic. There is pelvic dilation bilaterally with a mild amount of sediment within the pelvis. The left kidney renal pelvis may contain a small urolith. There were multifocal, variably sized cortical renal cysts present. There was no visible inflammation around the cysts. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

### *Adrenal Glands*

Both adrenals were increased in size with an irregular shape. The left adrenal displayed a hypoechoic caudal pole nodule that measured 0.70 by 0.84 cm. There was no visible vascular invasion. The remainder of the parenchyma of both adrenal glands was hypoechoic with a rounded capsule contour. The right adrenal gland measured 0.86 cm width at the cranial pole and 0.82 cm width at the caudal pole. The left adrenal gland measured 0.41 cm at the cranial pole.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous.

### *Liver*

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure.

The gallbladder was moderately increased in size and elongated in shape. The gallbladder walls were normal in thickness. There was no visible pericystic inflammation or free fluid. There was a moderate amount of echogenic non-obstructive sludge within the gallbladder. The common bile duct was visualized to the level of the duodenal papilla and was free of any overt inflammation. The CBD measured 0.2 cm.

### *Gastrointestinal*



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The visible gastric walls were of normal thickness and layering. The stomach contained shadowing ingesta without overt evidence of obstruction to pyloric outflow. Shadowing ingesta obscured view of some portions of the cranial abdomen.

The small intestine had mild, diffusely thickened walls, with maintained layering throughout. The mucosal layer was primarily thickened, with diffuse echogenic speckling and striations. The colon was normal.

### *Pancreas*

The pancreas was increased in size with an irregular capsule contour. The pancreas was asymmetric with heterogeneous parenchyma. The surrounding mesentery was strongly hyperechoic.

### *Free Abdomen*

There was bright mesentery in the mid abdomen that partly obscured portions of the small intestine. It appeared to be adjacent to the pancreas and likely represents inflammation.

## ULTRASONOGRAPHIC FINDINGS

- Renal changes consistent with CKD bilaterally
- Polycystic renal disease
- Bilateral pyelectasia
- Left intra-pelvic renolith, small
- Mild urinary bladder sediment
- Pancreatitis, active, moderate
- Enteritis, mild
- Adrenomegaly, bilateral, asymmetric (R > L) with L adrenal cd pole nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care and hydration support for the CKD and pancreatitis is recommended. The hematuria is likely due to renolith passage.

BP measurement is recommended if not already done.

Adrenal nodules and masses can be non-functional or functional (i.e. secreting cortisol, sex hormones, catecholamines etc.), as well as benign or malignant (adenoma, adenocarcinoma, metastatic neoplasia etc.).

If clinical signs and presentation are consistent with Cushing's disease, a LDDST could be considered.



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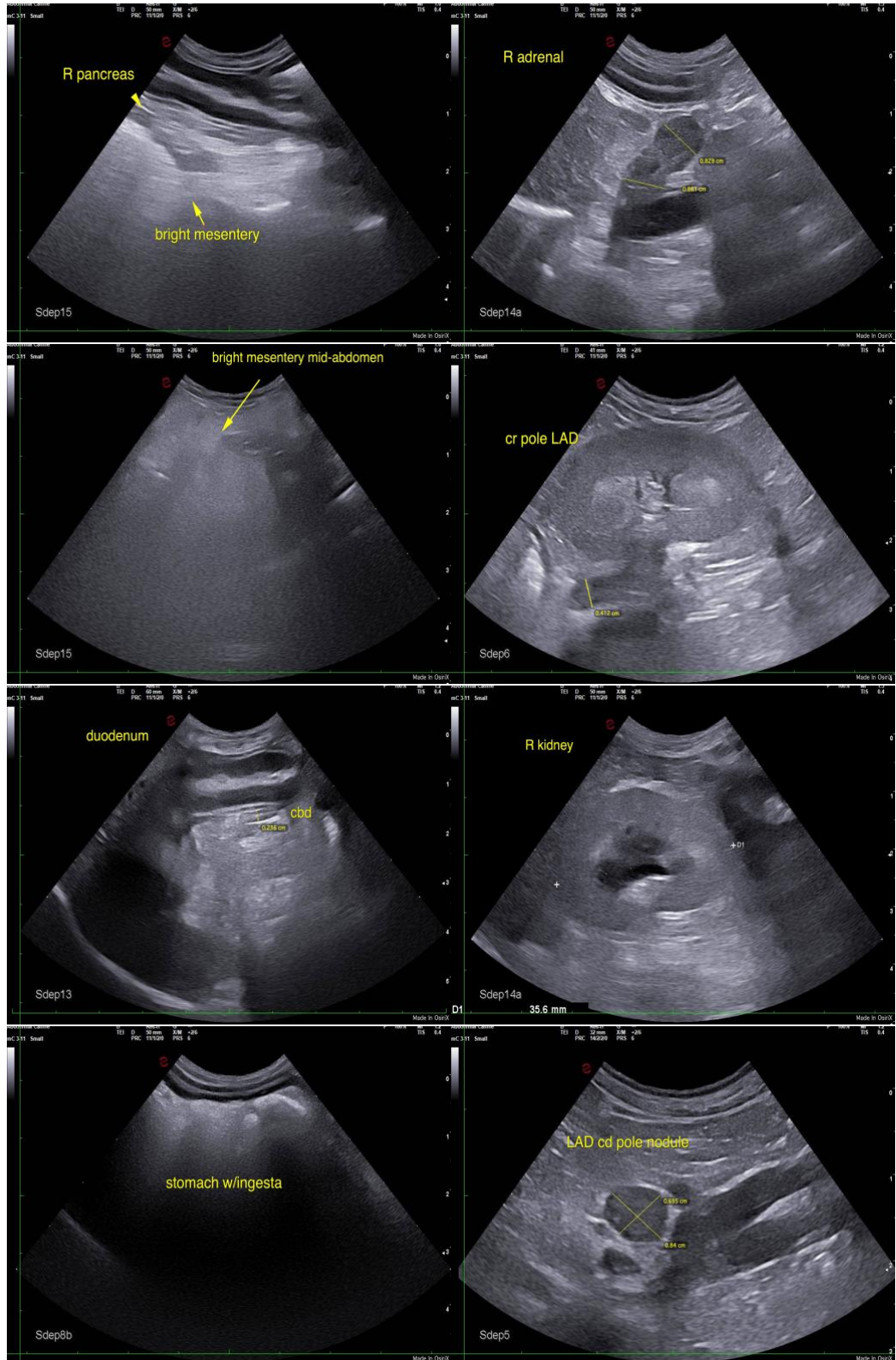
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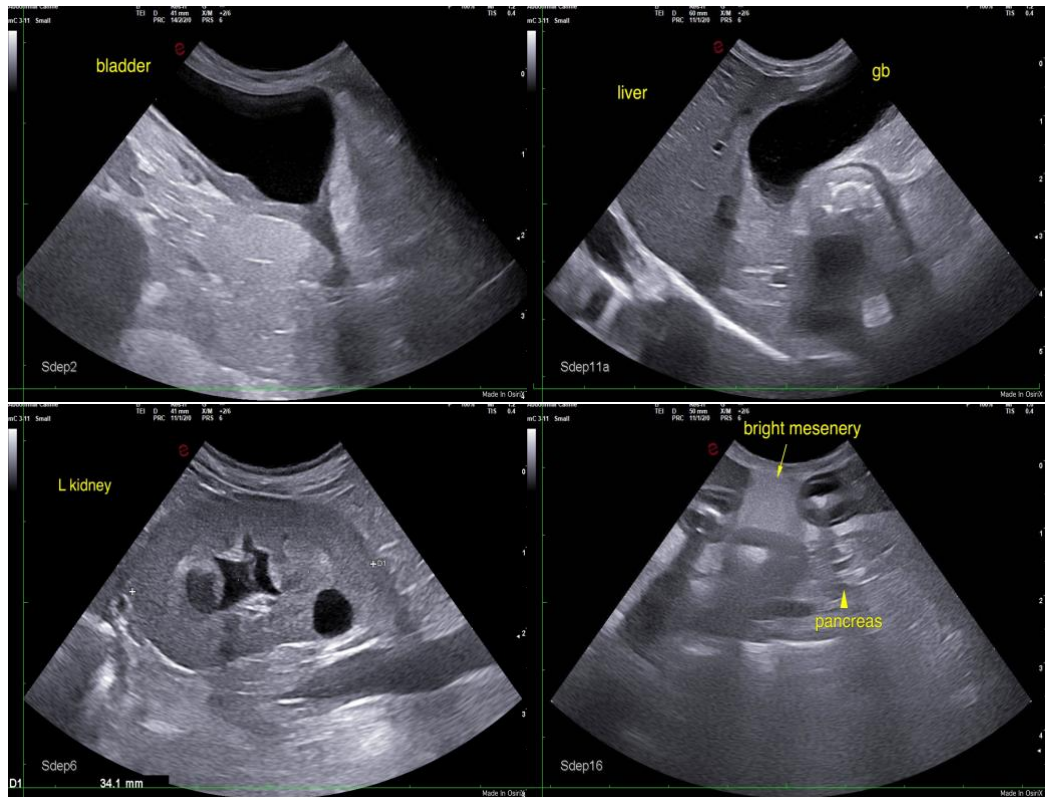
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com