



PATIENT

Angel Ball

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

15 Years

WEIGHT

2.9 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Falconridge Animal
Hospital

REFERRING VET

Dr. Jiselle Crittenden

INVOICE

13124

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Abdominal distension nucleated red blood cells, bilirubinemia. No V /D. Recently coughing /gagging. Severe periodontal dz Hx of elevated alkp

Abnormal PE/Chem/CBC/UA Results: Glob 37 Alkp 490 TB 6.6 CBC : hct54 nucleated RBc WBC 20.3 neut 15.3 mono 2.44 Plt 413 T4<6 Urine Protein >2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were asymmetrically enlarged with nonhomogenous mixed echogenic to mineralized parenchyma. Asymmetrically intact left adrenal capsule contour. The left adrenal gland measured 3.0 cm x 2.7 cm. The right adrenal gland measured 3.1 cm x 2.3 cm.

Spleen

The spleen presented normal in size with mild asymmetrical medial capsule contour and nonhomogenous hypoechoic parenchyma with multiple pinpoint to focal hypoechoic parenchyma foci which may indicate pinpoint to focal areas of microinfarction, fibrosis or mineralization.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with normal vascular volume and nonhomogenous to mildly hypoechoic parenchyma exhibiting mixed echogenic noncapsule deforming hepatic nodules with an example measuring 1.3 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented normal intact visible wall. The stomach exhibited moderate strongly shadowing ingesta or content with no obvious definitive obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. These changes are consistent with age-related pancreatic changes and are incidental.

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Free Abdomen

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No visualized significant omental lymphadenopathy or peritoneal effusion was present.

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- Bilateral mineralized adrenal masses.
- Enlarged nonhomogenous liver exhibiting mixed echogenic intraparenchymal nodules.
- Mild nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild left kidney pyelectasia.
- Strongly shadowing gastric ingesta.
- Hyperechoic splenic parenchyma foci.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal masses are almost certainly consistent with unilateral/bilateral neoplastic criteria given evidence of mineralization. The liver nodules may indicate benign etiologies i.e. hyperplasia, lipogranulomas, vacuolar changes, inflammation although hepatic metastatic nodules are of concern. Adrenal testing and monitoring of systemic BP for evidence of hypertension may be considered. The strongly shadowing gastric ingesta, although not specific, is concerning for gastric foreign material assuming documented NPO. Correlation with most recent meal ingestion is recommended. 12 to 15 hour fast and sonographic reassessment of the stomach would be ideal.

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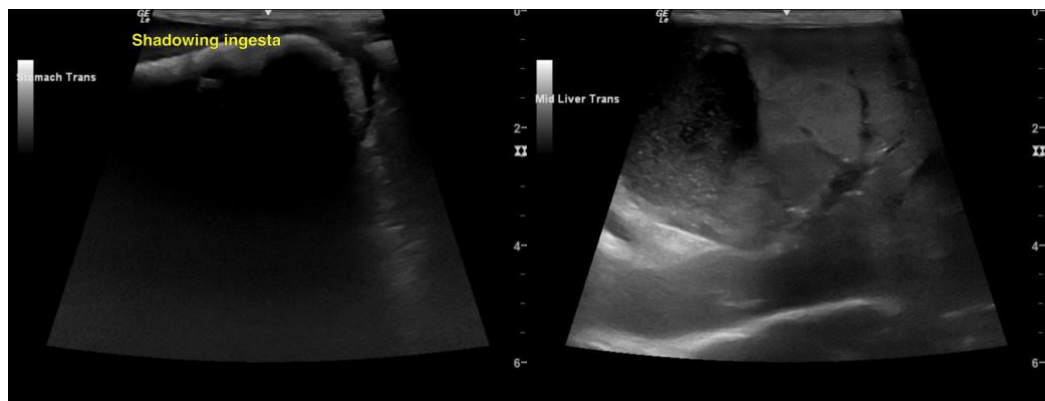
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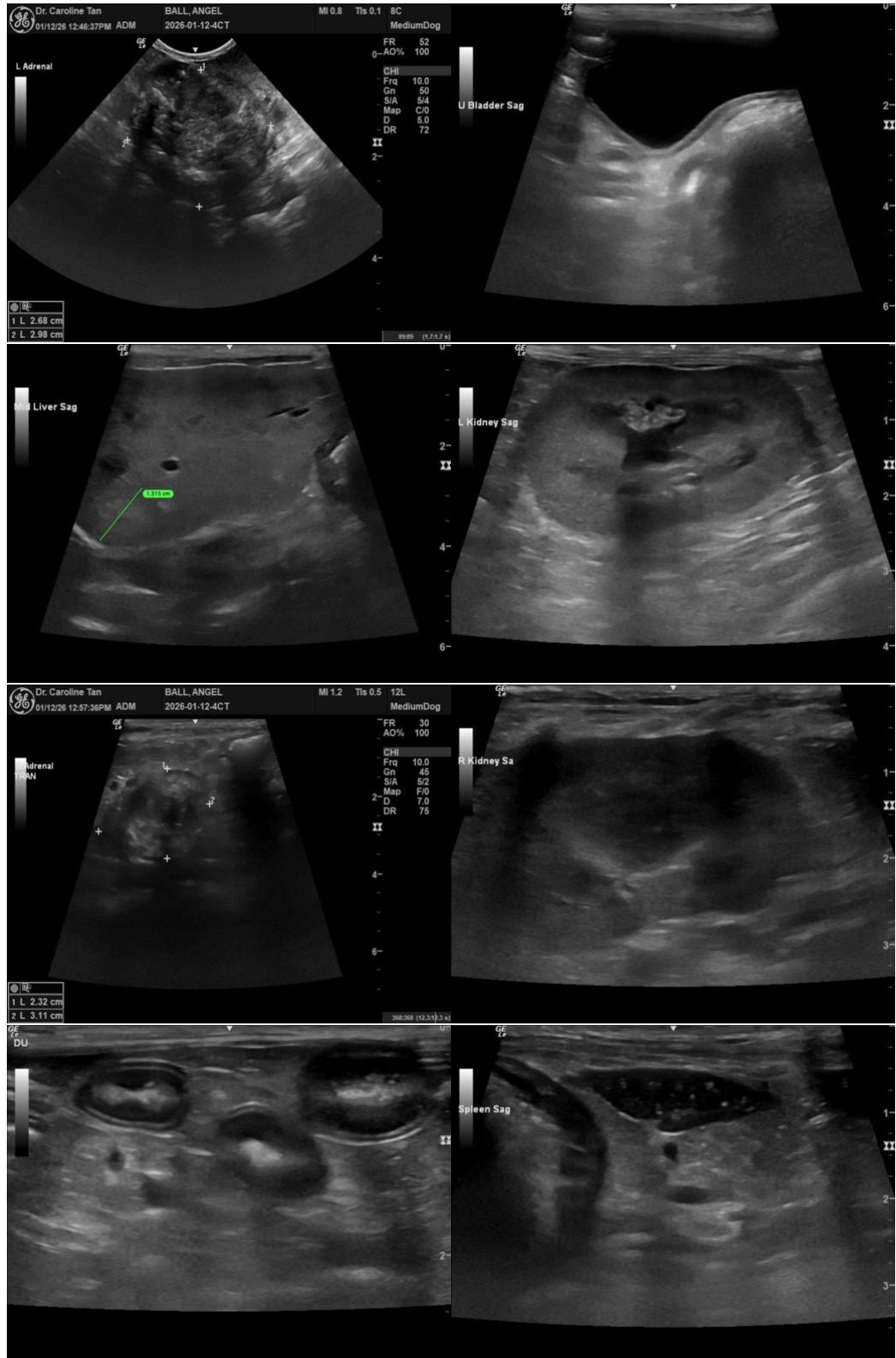
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com