



PATIENT

Gracey Madonia

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

2012

WEIGHT

14

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Hellertown Veterinary
Center

REFERRING VET

Dr. Bauer

INVOICE

13458

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- History of heart disease, significantly elevated liver values
- Medication: Lasix 4mg BID, Pimobendan 1.25mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal tone. The bladder wall with normal in appearance. Small hyperechoic shadowing calculus were present in the dependent lumen. Calculus measured 0.57 cm diameter.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral and variably sized cortical to renal cysts were present. Example of cranial right kidney cyst measured 1.1 cm in diameter. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was borderline enlarged in size with normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was enlarged in size at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.92 cm width in the caudal pole.

Spleen

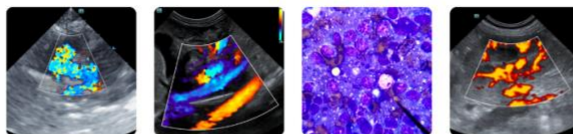
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary visualized cranial medial hyperechoic nodule was present without capsule distortion and measuring 0.82 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with areas of asymmetrical capsule contour and variable heterogeneous remodeled parenchyma exhibited coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent variably echogenic hyperechoic to hypoechoic intraparenchymal nodules were present with an example measuring 0.80 cm to 0.90 cm in diameter.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing to progressively shadowing ingesta without signs of obstruction or foreign material.

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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.

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

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Pancreas

The pancreas was prominent in size and normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Small cystic calculus.
- Chronic renal changes exhibiting medullary mineral and corticomedullary cysts.
- Bilateral adrenomegaly (more prominent in the right adrenal gland).
- Benign splenic nodule- consistent with myelolipoma.
- Enlarged nonhomogenous to variably echogenic nodular liver- chronic vacuolar hepatopathy, nodular hyperplasia, lipogranulomas, inflammatory disease, fibrosis, nonobstructive cholestasis or neoplasia are all potentials.
- Nonorganized gallbladder debris (non-mucocele).
- Prominent remodeled pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient is stable for sedation and assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Right adrenal age-related changes, hyperplasia or adenomatous change are probable with minor potential for emerging right adrenal tumor thought less likely. Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome. Sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or pathology is indicated. Hepatosupportive medications may prove beneficial.

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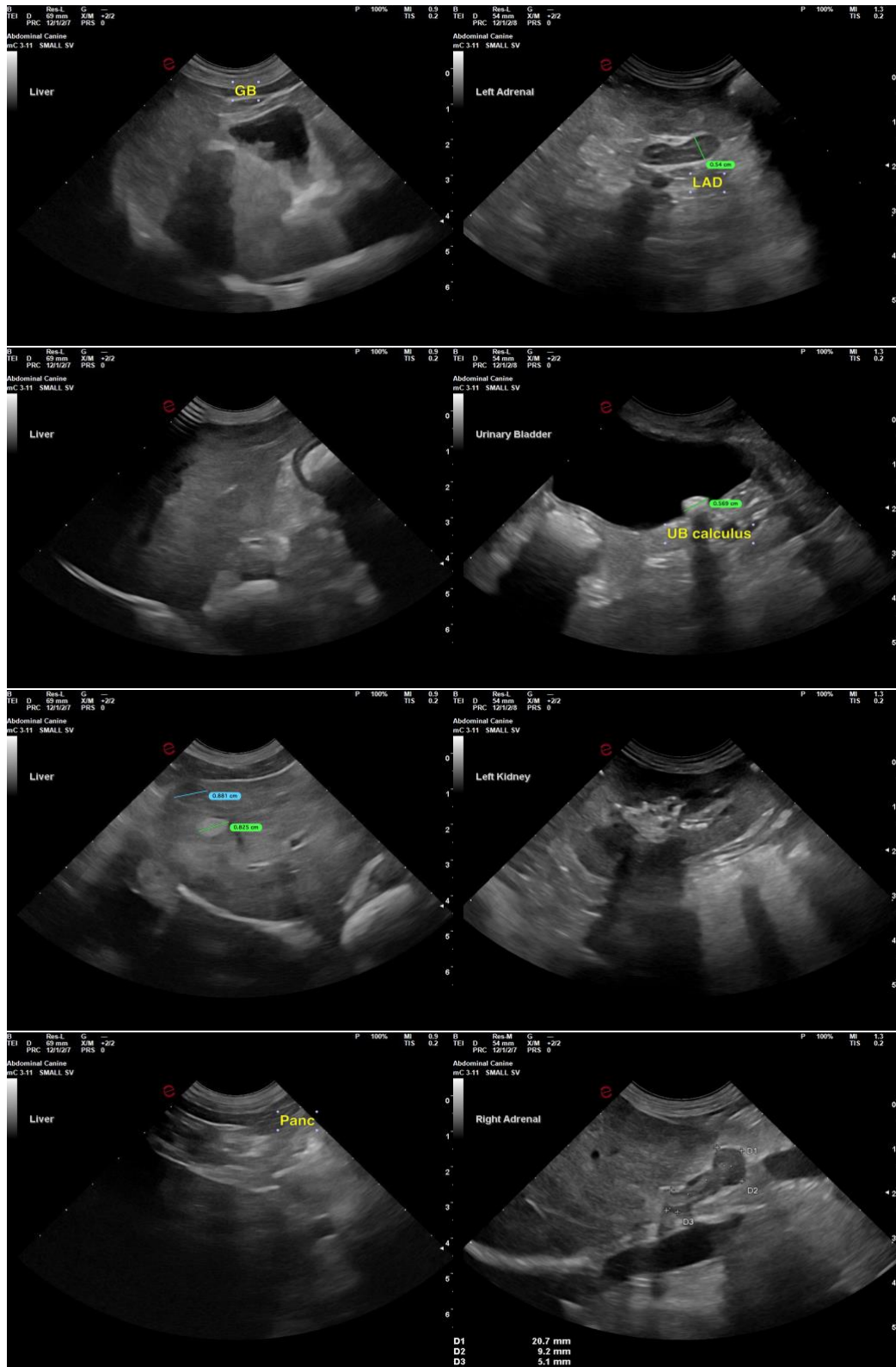
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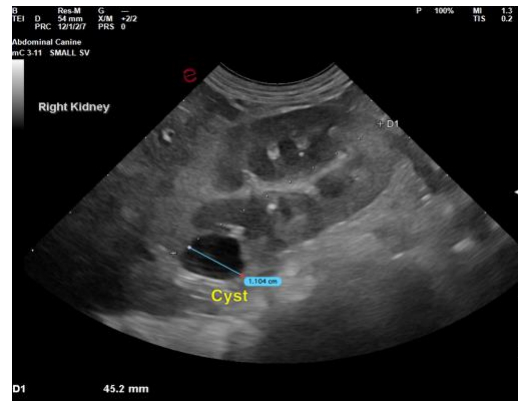
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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