



PATIENT PRESENTING CLINICAL SIGNS

Pagola Stoltz-Moore Hematuria, Frank blood present on vulva

SPECIES Current Medications: Librela injections, Denamarin Advanced

Canine Abnormal PE/Chem/CBC/UA Results: Bloodwork done Dec 12/25 Urea- 10.5 mmol/L ALT - 450 U/L ALP 250 U/L rads attached

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Terrier Mix **Urinary System**

SEX The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Ventral urinary bladder wall thickness measured 0.44 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal 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.

Spayed Female
AGE 11 Years
WEIGHT No obvious visualized pathology in the area of the uterine remnant.

29.4 pounds
INTERPRETED BY 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Discrete areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 5.0 cm in length. The right kidney measured 4.5 cm in length.

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 / Feline Practice)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

A mildly expansive nonhomogenous hyperechoic nonmineralized nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.4 cm x 1.1 cm in diameter. The right adrenal gland measured 0.60 cm width at the caudal pole.

HOSPITAL NAME

Gagemount Animal
 Hospital

Spleen

REFERRING VET

Dr. Abousamra

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

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Liver

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The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

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.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

An unspecified nonhomogenous possible peripherally fluid filled nodular lesion was visualized in the subjective mid abdomen and caudal to the right kidney measuring approximately 2.3 cm in diameter. No evidence of additional mesenteric lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal area of the uterine remnant.
- Bilateral chronic renal changes.
- Right adrenal nodule- hyperplasia, functional versus nonfunctional adenoma, possible emerging right adrenal tumor.
- Nonspecific hepatopathy- subjective benign.
- Nonorganized gallbladder debris (non-mucocele).
- Unspecified nodular lesion in mid abdomen/caudal to the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonfunctional adenoma, nonobvious to emerging urinary bladder neoplastic criteria is considered less likely given pattern of mildly thickened urinary bladder wall.

Urine culture and sensitivity +/- screening BRAF assay is recommended. Adrenal work up is warranted if clinical signs are consistent with Cushing's syndrome. Serial monitoring of systemic BP for evidence of hypertension, which may potentially allude to right pheochromocytoma, is recommended.

The unspecified nodular lesion may indicate a partially cystic lymph node, unspecified omental or right pancreatic nodule with possibility or right ovarian remnant not excluded. However, no obvious uterine remnant pathology i.e. granuloma or stump pyometra criteria.

Anti-mullerian hormone assay is suggested if concurrent clinical signs which may suggest estrus. FNA cytology of the nodular lesion could be considered for further clarification versus sonographic monitoring.



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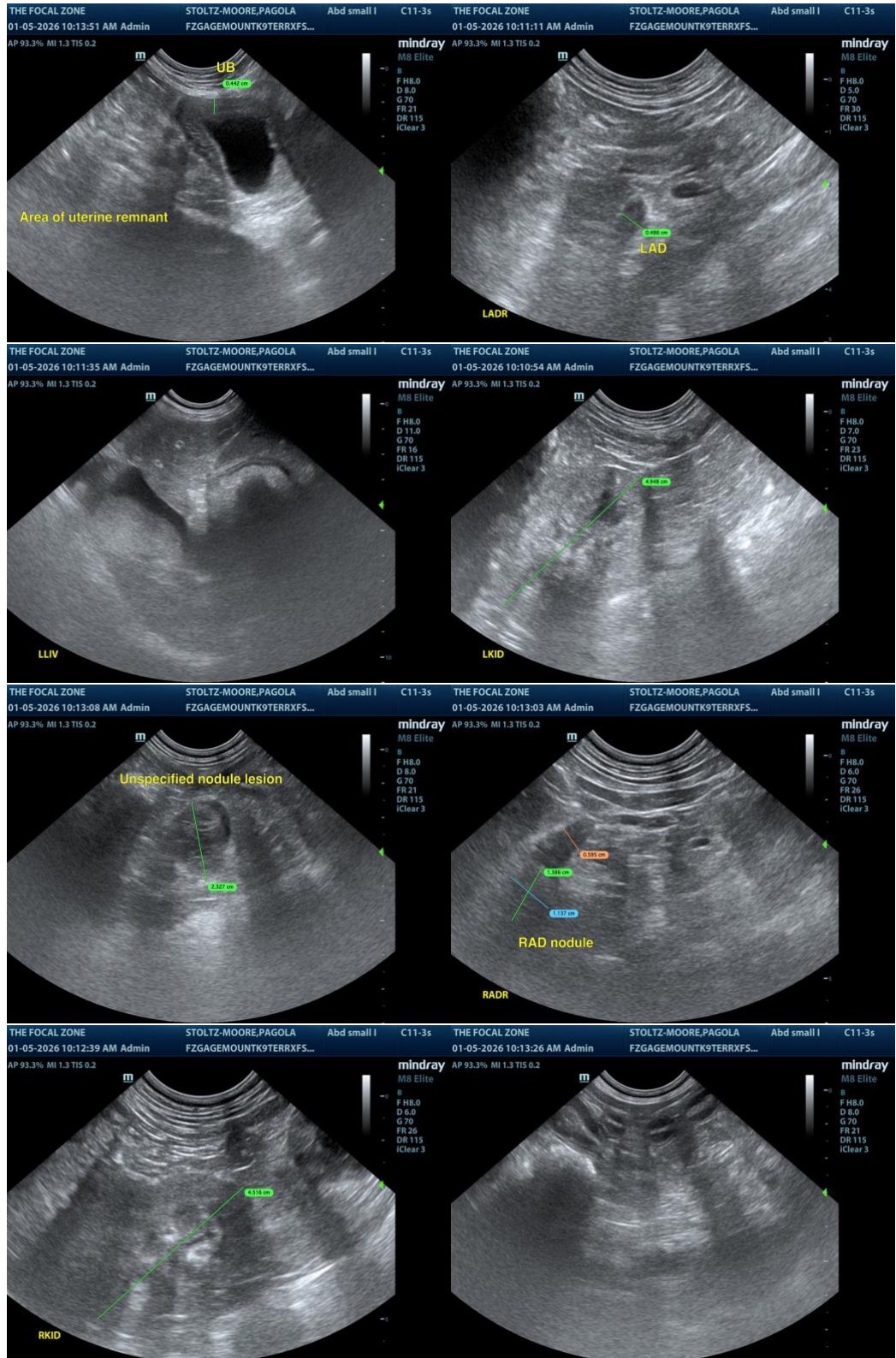
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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