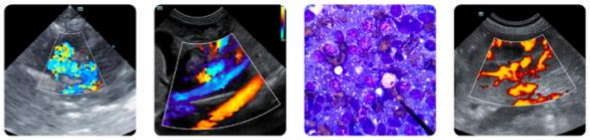

PATIENT

Bella Iatrou

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14

WEIGHT

8.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12976

DATE

01/06/2026

PRESENTING CLINICAL SIGNS

V/D Had a prev abd u/s 9/16/25

Abnormal PE/Chem/CBC/UA Results: Lipase 445

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 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.

No evidence of pathology in the area of the uterine remnant.

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. Areas of medullary mineral to small renoliths and left kidney pyelectasia were present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were asymmetrically enlarged exhibiting nonhomogenous nonmineralized parenchyma. The right adrenal gland measured 2.7 cm length x 1.2 cm width at the cranial pole and 1.6 cm width at the caudal pole. The left adrenal gland measured 2.6 cm length x 1.1 cm width at the cranial pole and 1.5 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver presented wit subjective mild enlargement with areas of asymmetrical capsule contour and mild nonhomogenous parenchyma with variable coarse echotexture. Possible area of caudal mid to right hepatic parenchymal expansion to isoechoic nodule present measuring approximately 2.3 cm in diameter. The area of the parenchymal expansion to isoechoic caudal nodule appeared to efface the cranial aspect of the stomach.

The gallbladder was mildly distended in size with mild to moderate nonorganized nondependent biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 soft fecal matter in lumen.

Pancreas

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

Free Abdomen

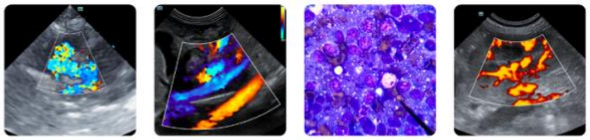
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting mild renolithiasis and pyelectasia.
- Bilateral enlarged nonhomogenous adrenal glands- hyperplasia, adenomatous change, unilateral/bilateral adrenal tumors.
- Asymmetrical hepatomegaly with indistinct caudal hepatic parenchymal expansion versus nodule.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Pancreatic remodeling.
- Age-related spleen- subjective benign.
- Normal gastrointestinal tract with soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work up is recommended if not recently done. Concurrent adrenal work up if clinical signs are consistent with Cushing's syndrome as well as serial monitoring of systemic BP for evidence of hypertension given bilateral adrenomegaly is recommended. A GI panel to include PLI, TLI, cobalamin and folate given gastrointestinal signs and to assess for evidence of chronic pancreatitis is recommended. Hepatogastrointestinal support is indicated. Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma cytology in the area of the caudal liver and caudal parenchymal expansion may be considered.



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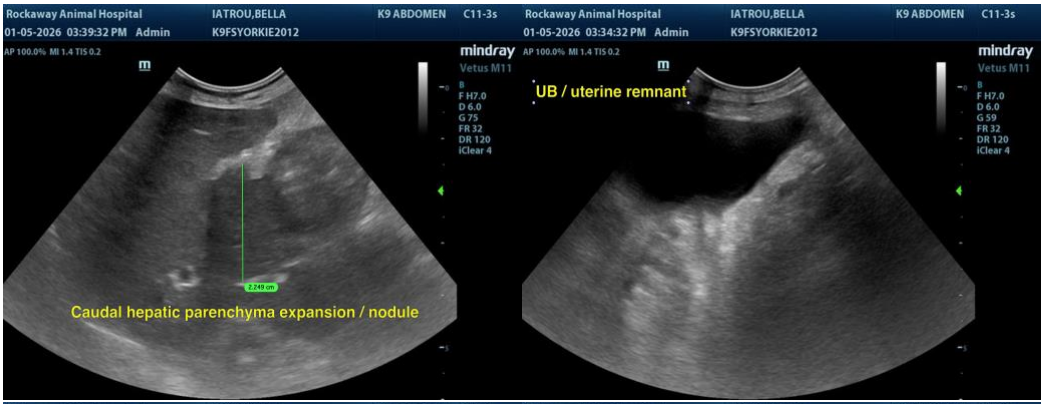

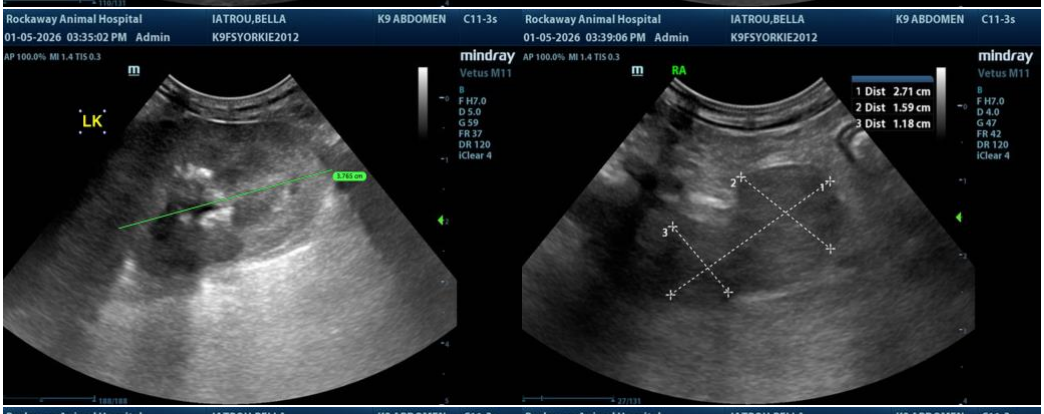

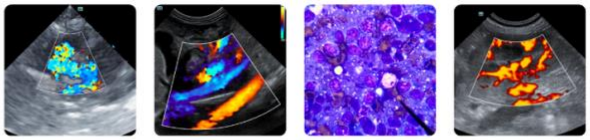

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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