



## PATIENT

Princess Velez

## SPECIES

Canine

## BREED

Mixed

## SEX

FS

## AGE

15yr

## WEIGHT

16lb

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Julissa Díaz, LVT

## HOSPITAL NAME

Centro Veterinario del  
Norte

## REFERRING VET

Ileana Rivera, DVM

## INVOICE

22988

## DATE

11/19/2025

## PRESENTING CLINICAL SIGNS

Princess presented for evaluation of vomiting and diarrhea with abdominal pain on November 12. At the time, no significant findings noted in abdominal radiographs and bloodwork. She was treated for gastroenteritis and sent home with medications. She presented today for re-evaluation because pet improved over the weekend but then on Monday started with the sporadic episodes of vomiting; diarrhea resolved she evacuated once and stool was normal. She is still not eating, owner are giving Pedialyte instead of water and nutritional. On PE, she is tense on abdominal palpation. Bloodwork and repeated today and results are within normal limits. Concerned about neoplasia, obstruction, open.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral and mild pyelectasia were present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

Mild asymmetrically enlarged, non-homogenous non-mineralized left adrenal gland with evidence of left adrenal parenchymal expansion into the area of the phrenic vein and adjacent caudal vena cava was visualized. The left adrenal gland measured 2.4 cm x 2.4 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

### Spleen

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.

### Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily empty small intestine lumen with minor segmental non-obstructive ileus and segmental lumen gas to the level of the colon.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Left adrenal mass with evidence of vascular invasion
- Normal right adrenal gland
- Chronic renal changes exhibiting mild medullary mineral and pyelectasia
- Non-specific gastroenteritis, exhibiting mild non-obstructive gastric and segmental intestinal ileus
- Normal area of pancreas
- Mild gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical gastrointestinal obstruction or foreign material. Gastrointestinal support is indicated. A spec CPL could be considered to assess for mild or chronic pancreatitis which may present sonographically normal.

The left adrenal mass is almost certainly consistent with neoplastic criteria given evidence of vascular invasion. Serial monitoring of systemic BP for evidence of hypertension which may allude to a left pheochromocytoma +/- urine metanephrine level is recommended. An abdominal CT would be ideal for further clarification if surgical options are a potential. Serial sonographic monitoring of the left adrenal gland for evidence of progressive enlargement or vascular invasion would be a more conservative approach.



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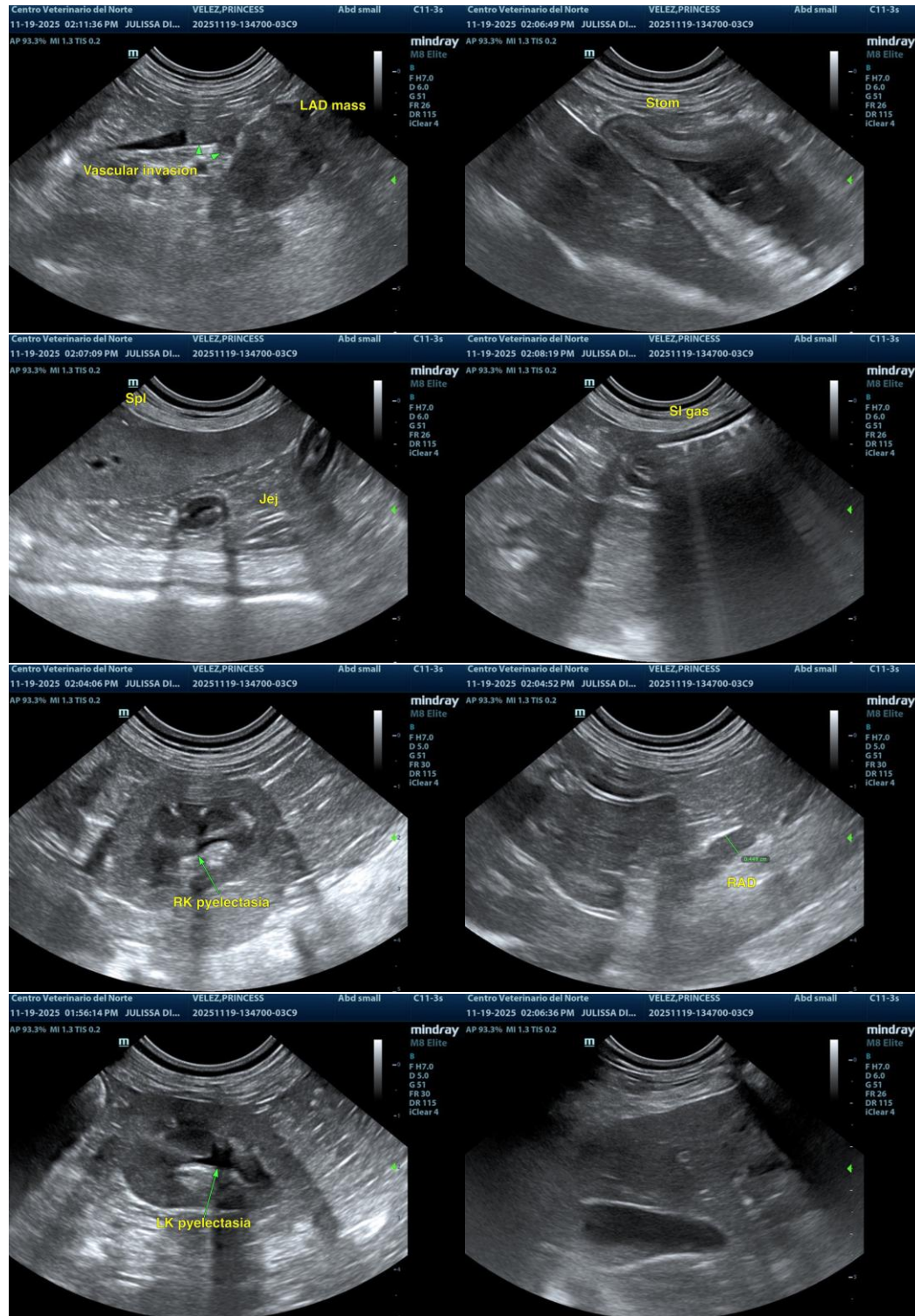
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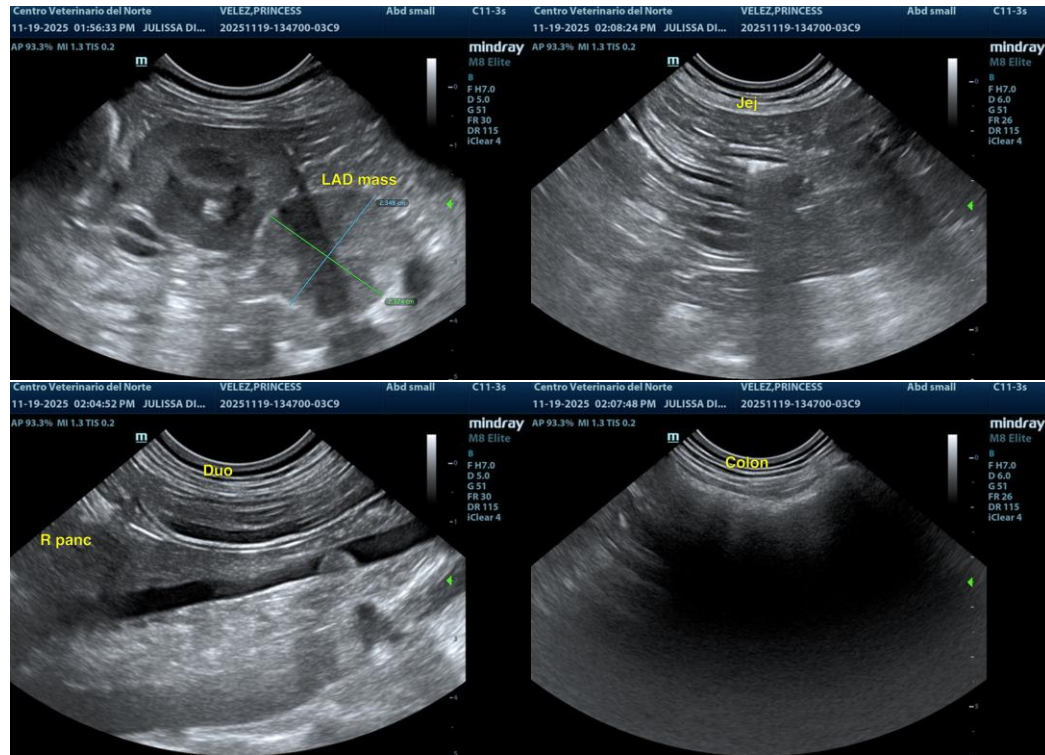
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)