



PATIENT

Dog Izquirdo

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

18 Years

WEIGHT

19 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

12130

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Seen at the family veterinarian for diarrhea and anorexia. Had a grand mal seizure today.

Abnormal PE/Chem/CBC/UA Results: High BP (multiple readings >200/100) High ALT (470), high ALP (>993), high GGT (54). High Glucose (543). High globulin (4.3). High phosphorus (6.3) Urine dip stick - negative glucose, ketones

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Small, multiple dependent lumen mineral to calculi were present.

The prostate gland was indistinctly visualized owing to overlaying pelvic shadowing with no obvious pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Small medullary renoliths, mild pyelectasia and intermittent cortical cysts were visualized bilaterally. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrical enlarged most notable in the mid to cranial left adrenal gland with indistinctly margined adrenal nodule. The left adrenal gland measured 1.3 cm x 1.3 cm width at the cranial pole and 0.67 cm width at the caudal pole.

The right adrenal gland revealed generalized enlargement, overall maintained symmetrical intact capsule contour and nonhomogenous hyperechoic nonmineralized right adrenal parenchyma. The right adrenal gland measured 3.2 cm x 2.6 cm.

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

The liver revealed significant hepatomegaly, primarily symmetrical to rounded hepatic capsule contour and marked nonhomogenous parenchyma exhibiting coarse echotexture and diffuse subtle parenchyma nodular changes. Normal vascular volume was maintained.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary



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sludge was present. Possible minor pericholecystic inflammation without evidence of effusion was present.

Gastrointestinal

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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 semi formed to soft fecal matter in lumen.

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Pancreas

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

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Free Abdomen

No peritoneal effusion, significant mid abdomen lymphadenopathy or masses was evident.

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A solitary thinly walled caudal hepatic or right pancreatic cyst versus impinging cystic hepatic lymph node was visualized.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous subtle nodular liver.
- Gallbladder mucocele.
- Chronic renal changes exhibiting renolithiasis, pyelectasia and cortical cysts.
- Bilateral adrenomegaly exhibiting nonhomogenous to nodular parenchyma.
- Urinary bladder mineral/calculi.
- Prominent nonhomogenous remodeled right pancreas.
- Normal gastrointestinal tract/colon with semi formed/soft fecal matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both adrenal glands are enlarged and abnormal, revealing potential for bilateral adrenal masses, hyperplasia, adenomatous change or mixed pathology. Adrenal work up with LDDST and serial monitoring of systemic BP for evidence of hypertension which may allude to pheochromocytoma +/- urine catecholamine level is recommended. Assuming normal clotting status, hepatic FNA cytology for further assessment in conjunction with spec cPL could be considered. Assuming surgery is not an option in this patient, hepatosupportive medications and serial monitoring for progressive cholestasis, cranial abdomen/subxiphoid discomfort on palpation, progressive gastrointestinal signs (which may be related to progressive gallbladder mucocele) is recommended. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder.

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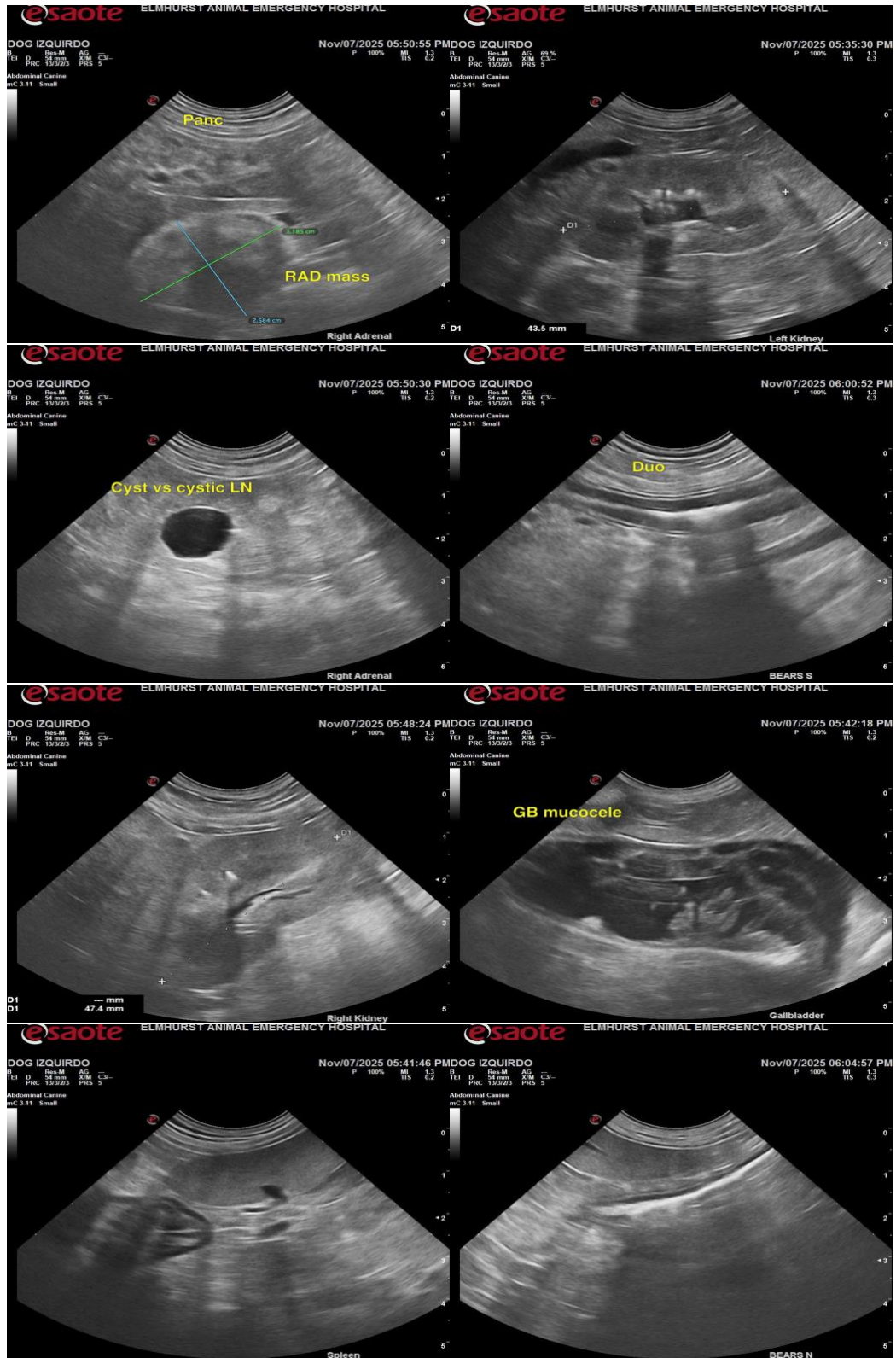
Dr. Thomas

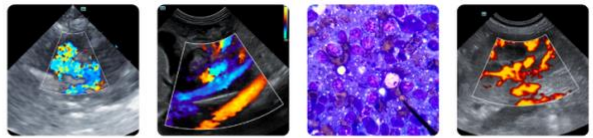
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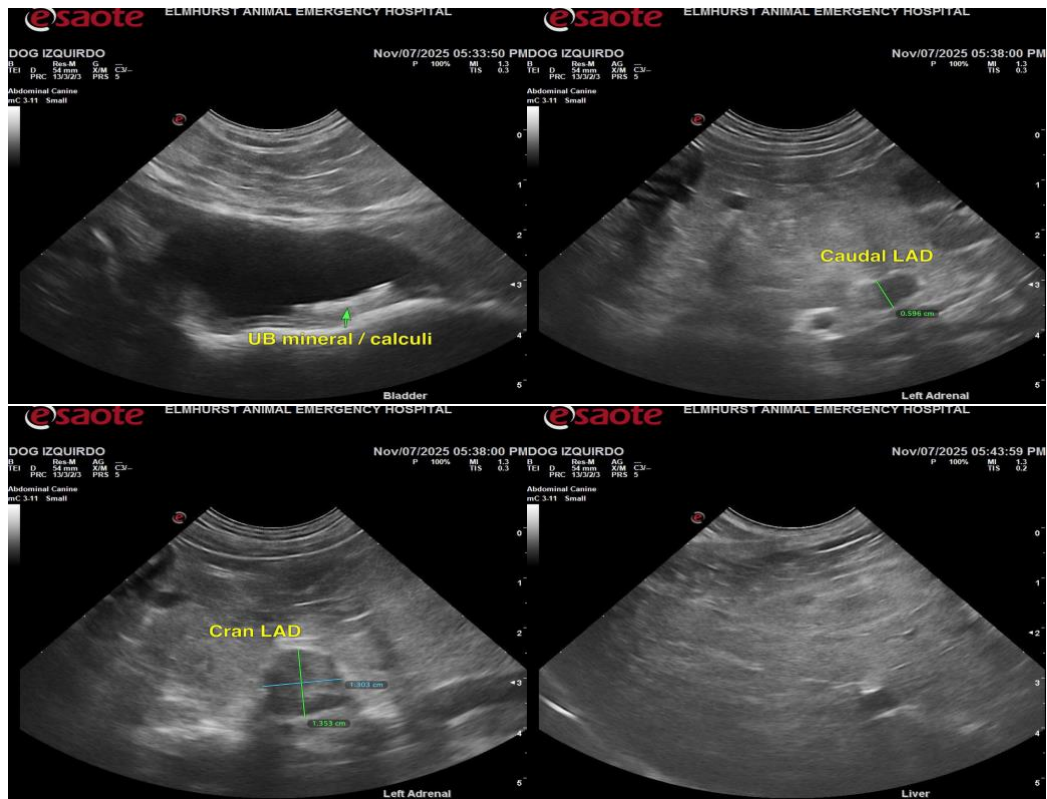
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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