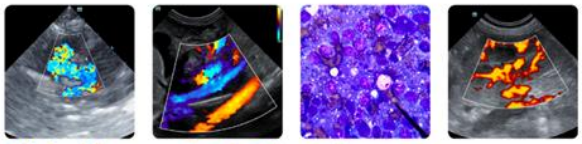


PATIENT

Bromley Weiss

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

10

WEIGHT

34

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Salazar

INVOICE
23200

DATE
12/10/2025

PRESENTING CLINICAL SIGNS

urinary incontinence minimally concentrated monitoring previously enlarged adrenals Current meds Proin 38 mg ER Had a prev u/s 4/15/25

Abnormal PE/Chem/CBC/UA Results: USG 1.020 first morning rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 medullary renoliths present in the lateral diverticuli. The left kidney measured 5.4 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands exhibited asymmetrical cranial pole enlargement, intact asymmetrical adrenal capsule contour and mid to cranial non-homogenous parenchyma to indistinct nodular changes. No evidence of mineralization was present. The left adrenal gland measured 0.73 cm width at the caudal pole and 1.0 cm width at the cranial pole. The right adrenal gland measured 0.84 cm width at the caudal pole and 1.2 cm width at the cranial pole.

Spleen

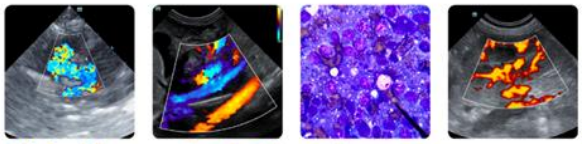
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta sonographically suggestive of food echogenicity with no 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 contained segmental mild ingesta /chyme with no signs of 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

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Immature gallbladder mucocele
- Bilateral mild adrenomegaly exhibiting non-homogenous indistinctly nodular parenchyma-hyperplasia, functional vs non-functional adenomas, emerging unilateral/ bilateral adrenal tumor thought less likely
- Sonographically normal liver
- Gastrointestinal ingesta, consistent with food echogenicity
- Normal urinary bladder and visible proximal urethra
- Chronic renal changes exhibiting renolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup indicated if clinical signs consistent with Cushing's syndrome are non-reported or arise. Monitoring of systemic BP for hypertension, which may potentially allude to left or right pheochromocytoma is recommended. Sonographic monitoring of the adrenal glands as well as the gallbladder, if evidence of progressive clinical signs or cholestasis is indicated.

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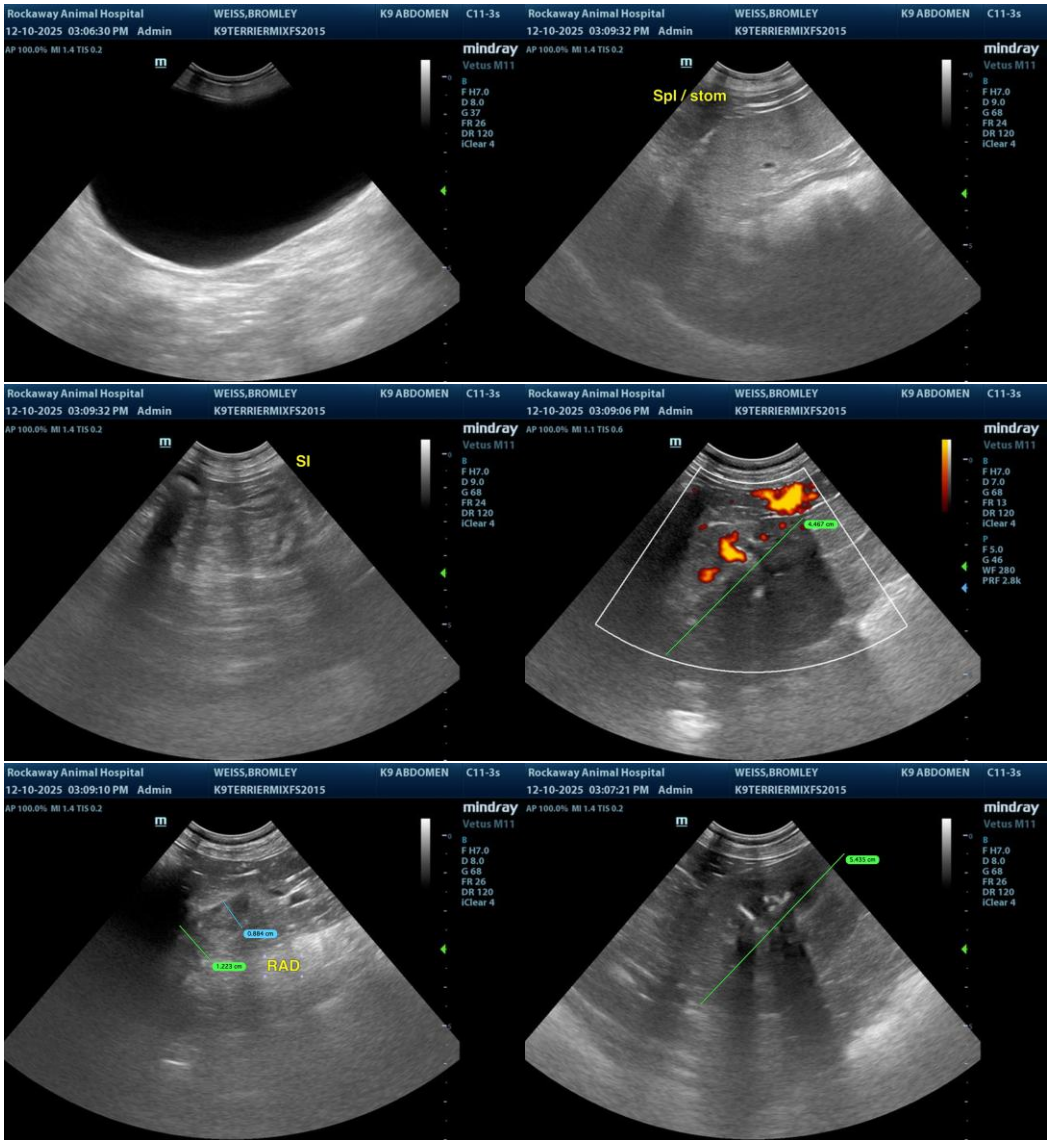

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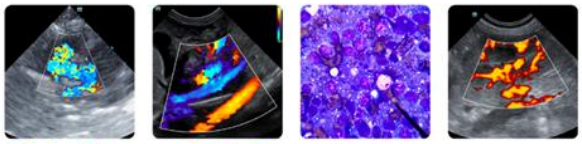

Clinical Sonography & Telecytology
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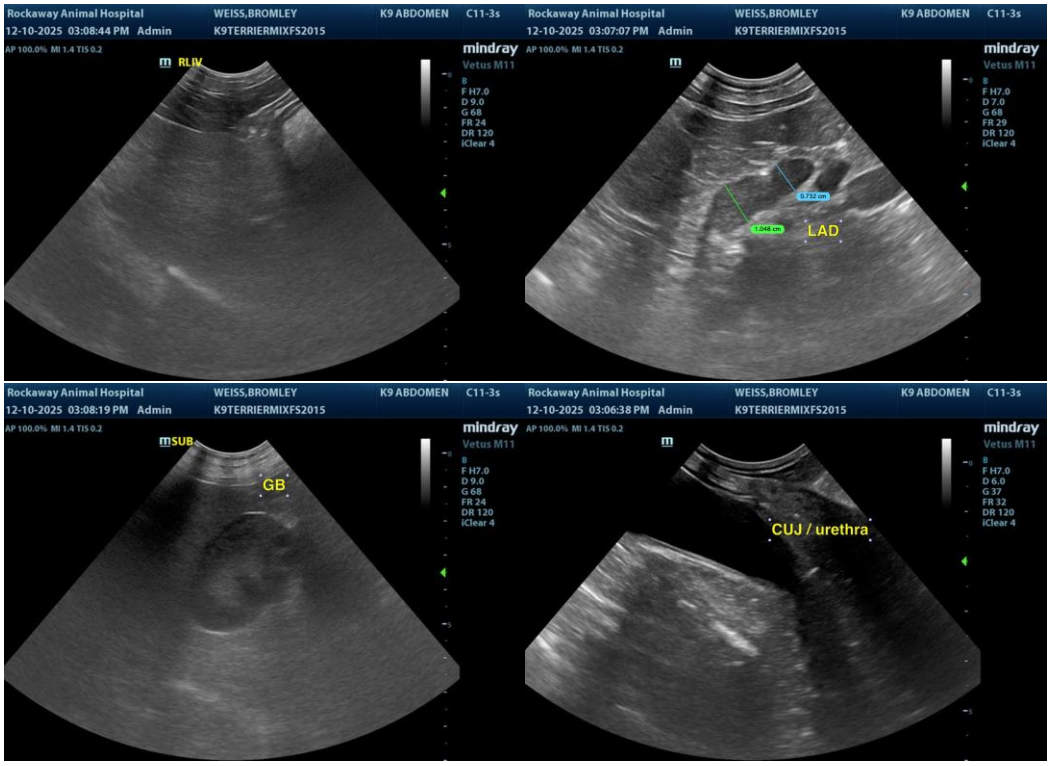

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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