



## PATIENT

Izzy Snyder

## SPECIES

Canine

## BREED

Maltese

## SEX

Spayed Female

## AGE

10.5 Years

## WEIGHT

7 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

12525

## DATE

12/02/25

## PRESENTING CLINICAL SIGNS

Presented Monday 12/1 at 3p for straining to urinate. less urinary output last weekend and today noted slower to urinate a moderate amount of straining PE:EENT/oral: pink tacky mm, crt 3s Abd: Slightly tense but pliable on palpation

Abnormal PE/Chem/CBC/UA Results: UA: USG 1.038, pH 6.5, blood 4+, WBC 3/hpf, RBC 4/hpf, >1/lpf non-hyaline casts Focal bladder ultrasound (with Dr. Myers): focal thickening of tissue at trigone, distended proximal urethra with tissue, no shadowing, no bladder stones EPOC: Unremarkable Chem15: ALP 1712 H, ALT 212 H CBC: Unremarkable Radiographs: Diffuse thin gas, increased opacity of intestines, bright area in pylorus, feces in colon Witness Leptospira Antibody Test: negative Urine culture to Antech, pending Traumatic u-cath cytology, pending Braff test

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and tone with mildly thickened cystourethral junction wall and subjective visible proximal urethra with empty urethral lumen to a depth of 3.0 cm. Mildly thickened ventral cystourethral junction wall measured 0.39 cm. Urethral width measured 0.50 cm. A catheter was present in the proximal urethra and caudal urinary bladder lumen.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

### *Adrenal Glands*

A mild irregular nondisruptive hyperechoic nonmineralized nodule was present in the mid to cranial left adrenal gland measuring 1.3 cm x 0.63 cm. Mild overall left adrenomegaly. Subjective intact left adrenal capsule without overt vascular invasion. The left adrenal gland measured 0.71 cm width at the caudal pole.

The right adrenal gland was borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.59 cm width in 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*

The liver presented subjective mild enlarged in size with mild nonhomogenous to mild increased parenchyma echogenicity compared to the spleen exhibiting mild to moderate to coarse echotexture.



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The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized mass or nodules.

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 sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.

### *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.

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 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

- Mild thickened cystourethral junction and visible proximal urethra.
- Bilateral chronic renal changes.
- Left adrenal nodule with borderline to mild bilateral adrenomegaly- hyperplasia, functional versus nonfunctional adenoma, emerging left adrenal tumor i.e. carcinoma, pheochromocytoma possible.
- Hepatopathy exhibiting mild parenchyma hyperechogenicity.
- Immature gallbladder mucocele.
- Pancreatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending traumatic catheterization cytology and BRAF assay is recommended. Adrenal work up with LDDST 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 left pheochromocytoma +/- urine metanephrine level if hypertension is present is recommended. Assuming clotting status, hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory criteria or less likely occult neoplasia. Hepatosupportive medications with sonographic monitoring of the gallbladder if progressive cholestasis as well as left adrenal gland for progressive nodular changes or enlargement is recommended.



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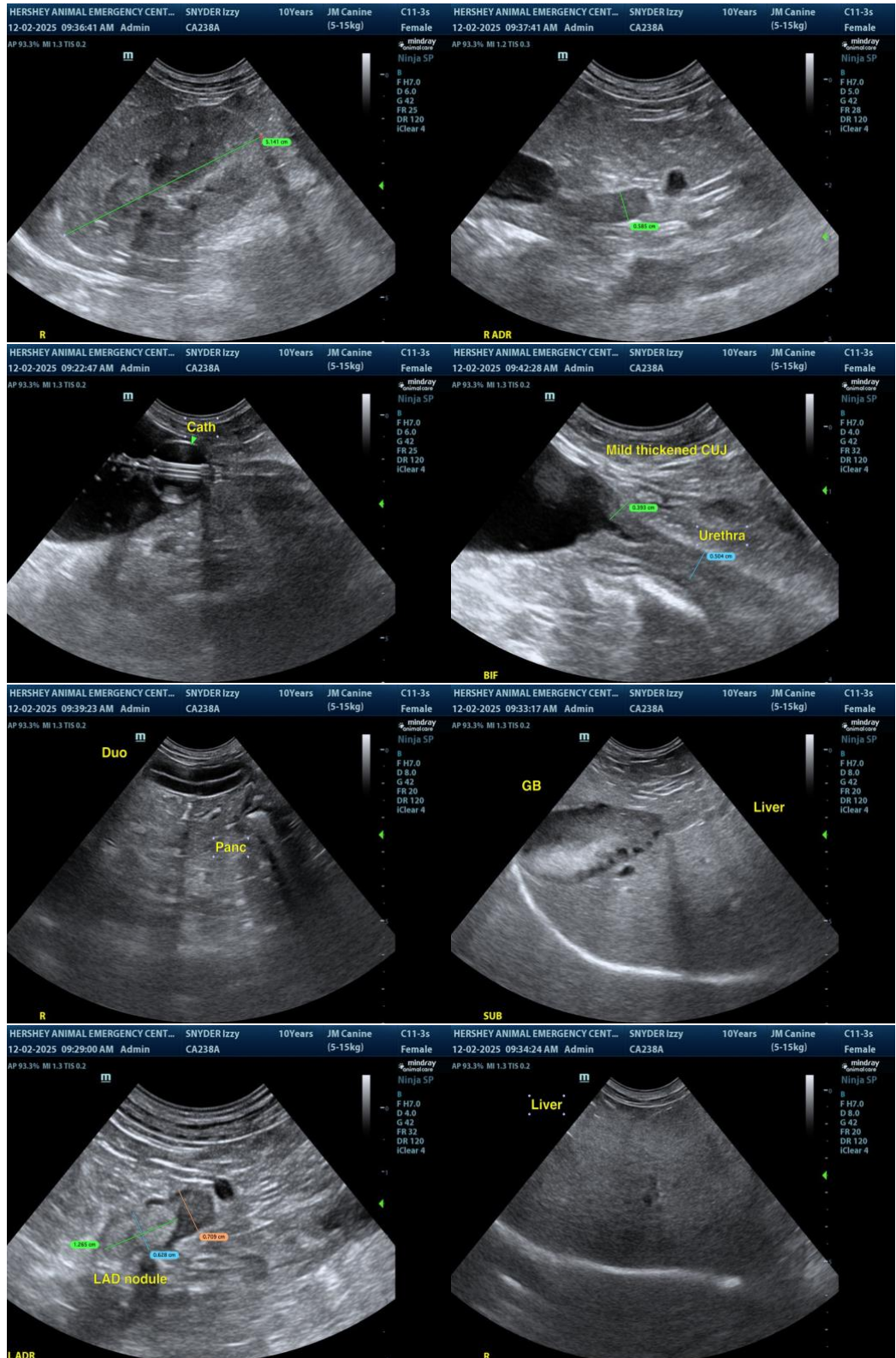
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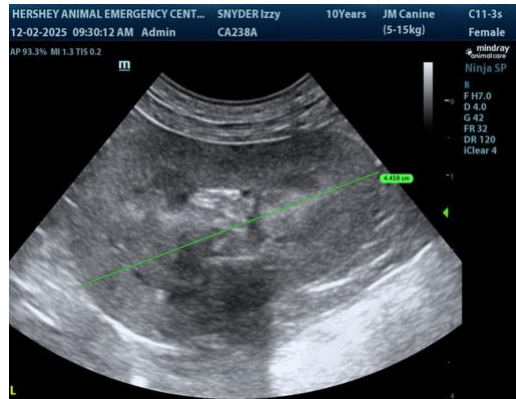
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)