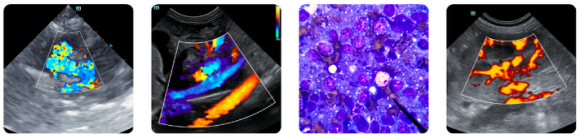



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**PATIENT**

Mini Me Kirtley

**SPECIES**

Canine

**BREED**

Japanese Chin

**SEX**

Male Neutered

**AGE**

8 yrs

**WEIGHT**

26.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Banfield Pet Hospital – North Eugene

**REFERRING VET**

Dr. Coker

**INVOICE**

12900

**DATE**

12/9/25

## PRESENTING CLINICAL SIGNS

History: Alk phos 1569 ALT 129 creat 2.5

## 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. Minor, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

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 pelvic dilation was present. Areas of medullary mineral to small renoliths. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 cm in length.

### *Adrenal Glands*

Asymmetrically enlarged, non-homogeneous, possibly focally cystic left adrenal gland with no evidence of parenchymal mineralization measuring 3.4 cm x 2.3 cm. The right adrenal gland was subnormal in size to flattened in appearance with maintained homogeneous parenchyma and primarily symmetrical capsule contour. The right adrenal gland measured 0.41 cm width in the caudal pole.

### *Spleen*

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary, non-capsule deforming, non-homogeneous, possible cystic mid to caudal splenic nodule was present measuring 0.87 cm in diameter.

### *Liver*

The liver presented generalized hepatomegaly with symmetrical, rounded contour and normal vascular volume. Mild, non-homogeneous increased hepatic parenchyma echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta consistent with food echogenicity and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, mild, non-shadowing ingesta and lumen gas.

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

### *Pancreas*

The pancreas was mildly prominent in size and mild capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

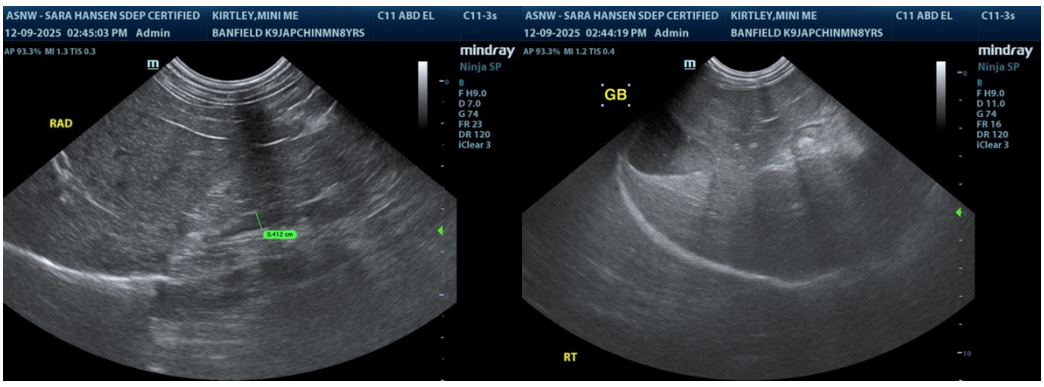
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder lumen mineral
- Chronic renal changes with mild medullary mineral/small renoliths
- Left adrenal mass with concurrent subnormal right adrenal gland – left adrenal tumor, i.e. carcinoma, pheochromocytoma, cortisol secreting tumor favored, potential for hyperplasia or functional vs non-functional adenoma
- Benign hepatopathy pattern
- Non-organized gallbladder debris (non-mucocele)
- Non-capsule deforming splenic nodule – hyperplasia, hematopoiesis, small hematoma, focal inflammation, emerging primary or metastatic nodule possible

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup if clinical signs consistent with Cushing's Syndrome as well as serial monitoring of systemic BP for evidence of hypertension. +/- metanephrine level if hypertension is present or if concern for pheochromocytoma is recommended. Pending additional diagnostics, sonographic monitoring of the left adrenal gland and splenic nodule for evidence of progression would be reasonable. Alternatively, abdominal CT for further assessment of he left adrenal mass if surgical considerations are a potential and clean thoracic radiograph may be considered. Urinalysis is recommended, if not done.



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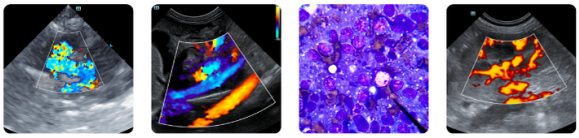

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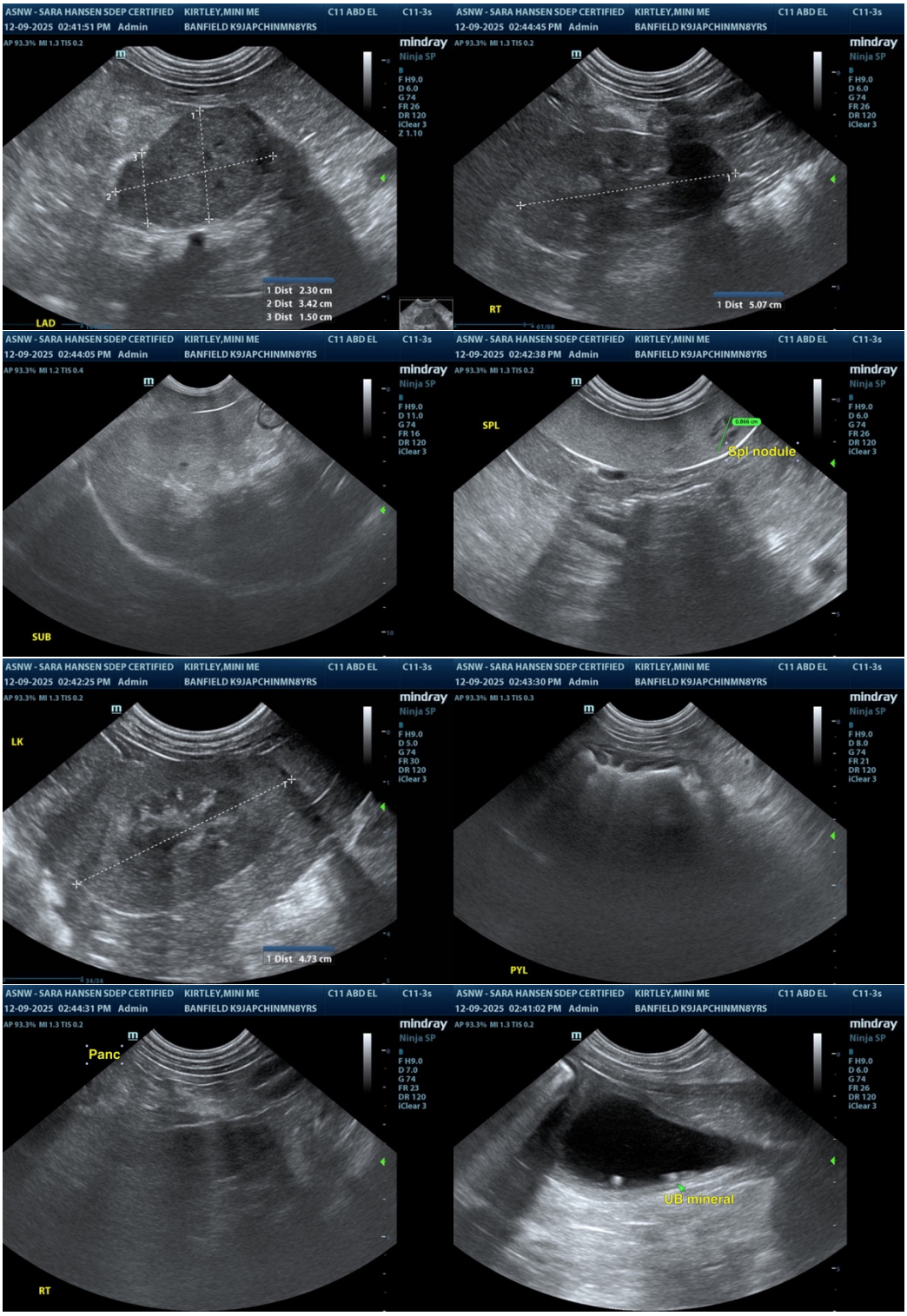

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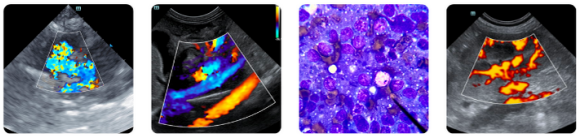

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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