



## PATIENT

Stella Camden

## SPECIES

Canine

## BREED

Pug

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

17 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Griffin

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Dr. Griffin

## INVOICE

14366

## DATE

03/16/26

## PRESENTING CLINICAL SIGNS

- Patient has lost 2 lbs, muscle wasting over spine, patient has hx of DM and chronic posterior paresis and chronic uti's
- Patient on Denamarin, aminavast, ellevet, sq fluids 3x weekly

CBC: WNL CPL 943 SDMA 17 ALT 293, ALP 213 Lipase 3,609 UA: USG 1.006, urine protein 1+ , rods present-culture present

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present with left kidney pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.9 cm in length.

### *Adrenal Glands*

The left adrenal gland revealed an irregular nonhomogenous focally mineralized mass measuring approximately 2.0 cm x 1.5 cm.

The right adrenal gland was indistinctly visualized with subjective subnormal size. The right adrenal gland measured 0.33 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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and variable lobar parenchymal remodeling with indistinctly nodular parenchymal changes. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta and fluid without 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 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 mild 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

- Enlarged nonhomogenous subtle nodular liver.
- Immature gallbladder mucocele.
- Normal spleen.
- Chronic renal changes exhibiting mild medullary mineral and left kidney pyelectasia.
- Focally mineralized mass in the area of the left adrenal gland with subjective subnormal right adrenal gland.
- Normal gastrointestinal tract with mild hypomotile stomach.
- Mild urine sediment.
- Mild heterogeneous remodeled pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The mineralized mass in the area of the left adrenal gland is consistent with adrenal origin and strongly suggestive of neoplastic criteria given evidence of mineralization. Adrenal workup with LDDST as well as monitoring of systemic blood pressure for evidence of hypertension +/- urine metanephrine level if hypertension is present is recommended.

Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Hepatosupportive medications may prove beneficial.



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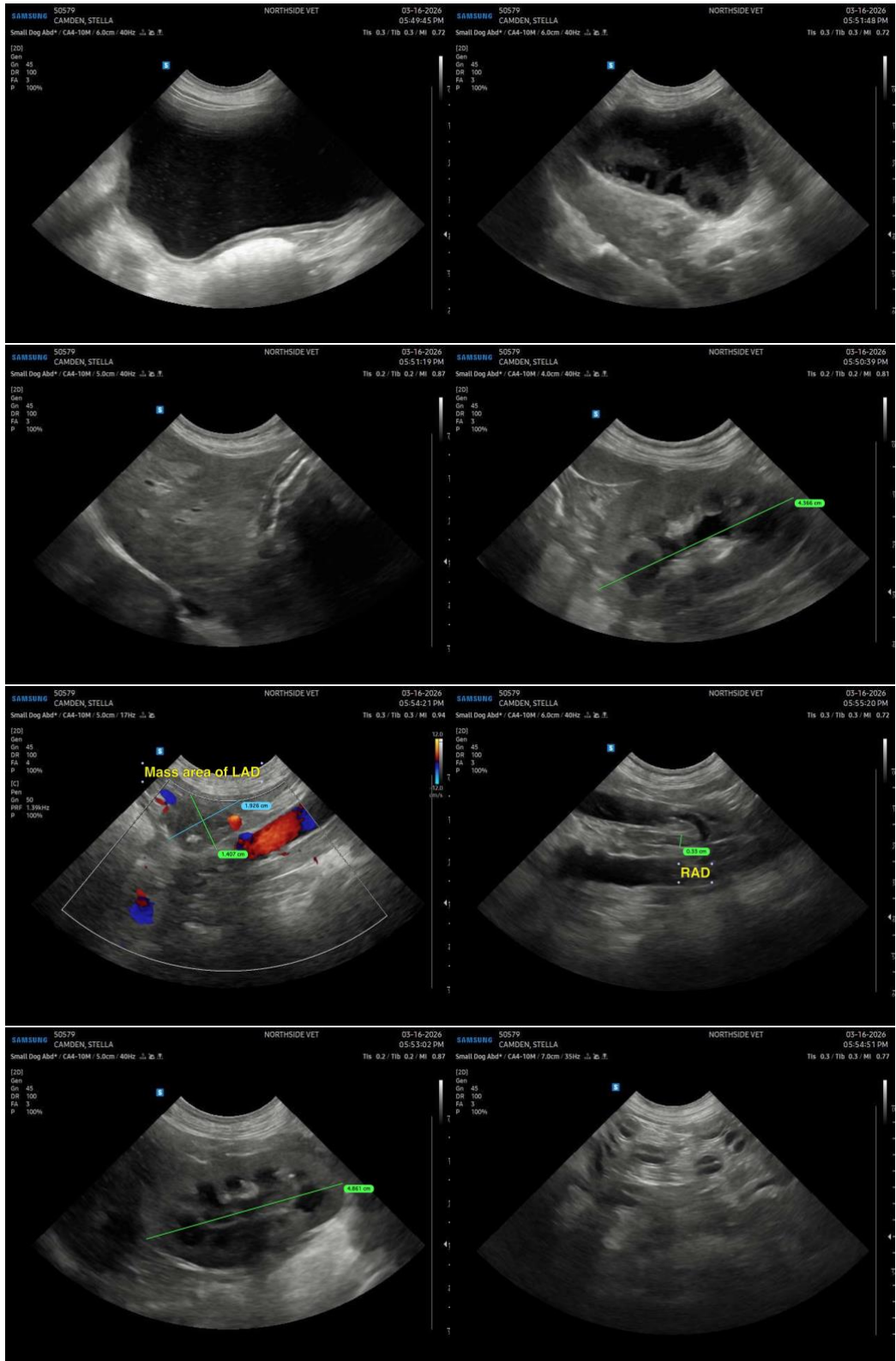
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)