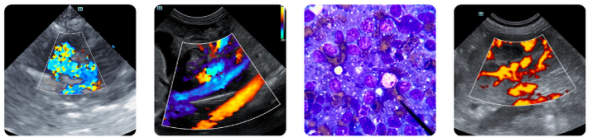


PATIENT

Cacique Colon

SPECIES

Canine

BREED

Welsh Corgi

SEX

Male Neutered

AGE

10y

WEIGHT

18.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Diaz, LVT

HOSPITAL NAME

Centro Veterinario del Norte

REFERRING VET

Gabriela Cidre, DVM

INVOICE

13172

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Cacique presented for evaluation including thoracic radiographs and abdominal ultrasound due to a history of pulmonary cancer and current significant weight loss. A recheck of his arthritis was also requested, as the owner reports worsening clinical signs. In early April 2024, Cacique underwent right caudal lung lobectomy for a pulmonary mass and recovered well postoperatively, with normal physical exams and stable vital signs noted on daily SOAP and discharge reports. Biopsy results dated April 8, 2024, confirmed grade 2 pulmonary adenocarcinoma with vascular invasion, reported as completely excised, and oncology consultation was recommended. Follow-up communications throughout April 2024 documented mild intermittent coughing with excitement, normal incision healing, occasional urinary and penile irritation that resolved, and overall good postoperative recovery. By mid to late April 2024, communications indicated continued stability, with recommendations for monitoring and recheck imaging if respiratory signs progressed.

Today's bloodwork: CBC/ CHEM 17: mild lymphopenia, BUN 55 mildly elevated, Creatinine 2.0 mildly elevated. Anal sacs enlarged on physical exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

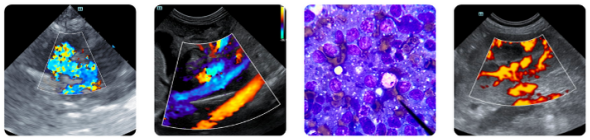
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited a focal to intermittent, small, non-expensive medial cyst measuring 2.6 cm in diameter. The left kidney measured 4.6 cm in length. The right kidney exhibited mild pyelectasia. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size with mild intact asymmetrical capsule contour and heterogeneous indistinctly nodular non-mineralized parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole. The right adrenal gland was indistinctly visualized exhibiting borderline enlargement in size and measuring 0.60 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.



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Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in 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 distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No evidence of pericholecystic inflammation or effusion. 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 was exhibited mild, non-shadowing ingesta and gas.

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 heterogeneous, mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with variable size renal cyst and right kidney pyelectasia
- Enlarged non-homogeneous nodular left adrenal gland with subjective borderline right adrenomegaly – left adrenal hyperplasia, adenomatous change, potential for emerging primary or metastatic adrenal tumor not definitively excluded
- Hepatomegaly – nonspecific yet subjective benign
- Gallbladder mucocele
- Mild pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup including urinalysis, C/S and UPC level if non-inflammatory proteinuria is recommended. Adrenal screening or workup warranted if clinical signs consistent with Cushing's Syndrome are non-reported or arise. Concurrent serial monitoring of systemic BP for evidence of hypertension which may potentially allude to emerging left pheochromocytoma is recommended. Serial sonographic monitoring of the gallbladder and left adrenal gland for evidence of progression indicated with concurrent monitoring of liver parameters.

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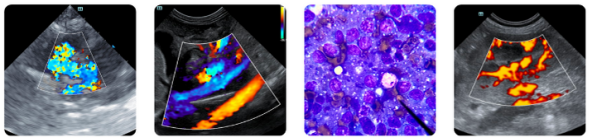

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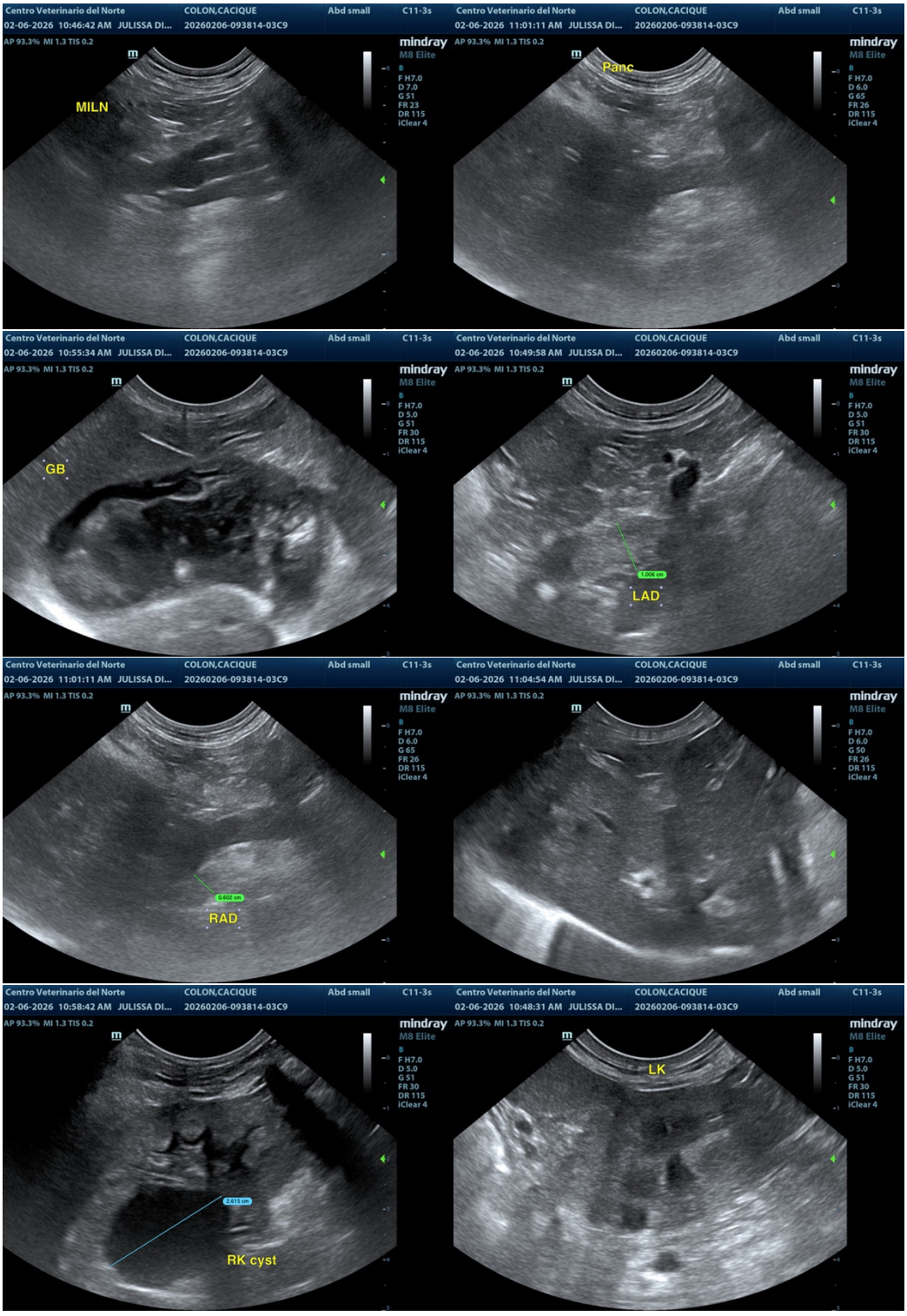

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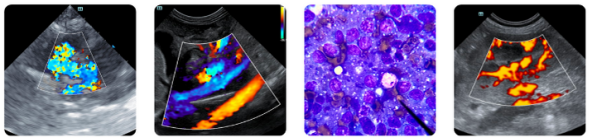

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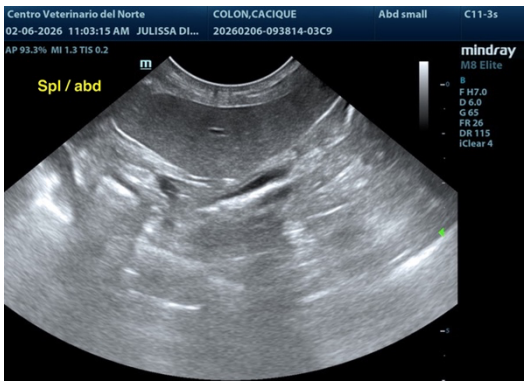

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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