



PATIENT

Remi Sosa

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

14 yrs

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

10709

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Hx of R adrenal mass, R body wall sarcoma removed. Renal cysts. Met check today. Prev u/s read by sonopath 7/2025

Abnormal PE/Chem/CBC/UA Results: No recent bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly prominent ventroapical and dorsal wall with mild asymmetrical luminal surface. The urinary bladder was nondistended, which prohibited full evaluation of the bladder wall. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small to variably sized cortical cysts were present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged at the cauda pole. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the caudal pole. The right adrenal gland was asymmetrically enlarged, exhibiting nonhomogeneous nonmineralized parenchyma. The right adrenal gland measured 1.9 cm x 1.4 cm.

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 presented subjectively 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.



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The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild echogenic gastric fluid was present without evidence of obstruction to pyloric outflow.

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 formed feces in lumen.

Pancreas

The parenchyma of the right pancreas was mildly hyperechoic and nonhomogeneous to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static chronic renal changes with cortical cysts
- Mild hepatomegaly – subjective benign
- Mild nonorganized gallbladder debris (non mucocele)
- Bilateral adrenomegaly with right adrenal mass
- Mild chronic pancreatitis / fibrosis pattern
- Sonographically normal spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the right adrenal mass, there is no evidence of intrabdominal metastasis from body wall sarcoma. Adrenal hyperplasia, functional vs. nonfunctional adenomatous change, right adrenal neoplasia, i.e., carcinoma, pheochromocytoma, or a combination possible. Correlation with recheck lab work and urinalysis is recommended. Adrenal workup may be considered if clinical signs consistent with Cushing's Syndrome are noted. Serial monitoring of systemic BP for evidence of hypertension +/- urine metanephrine level is recommended. Hepatosupportive medications may prove beneficial if there is evidence of cholestasis.



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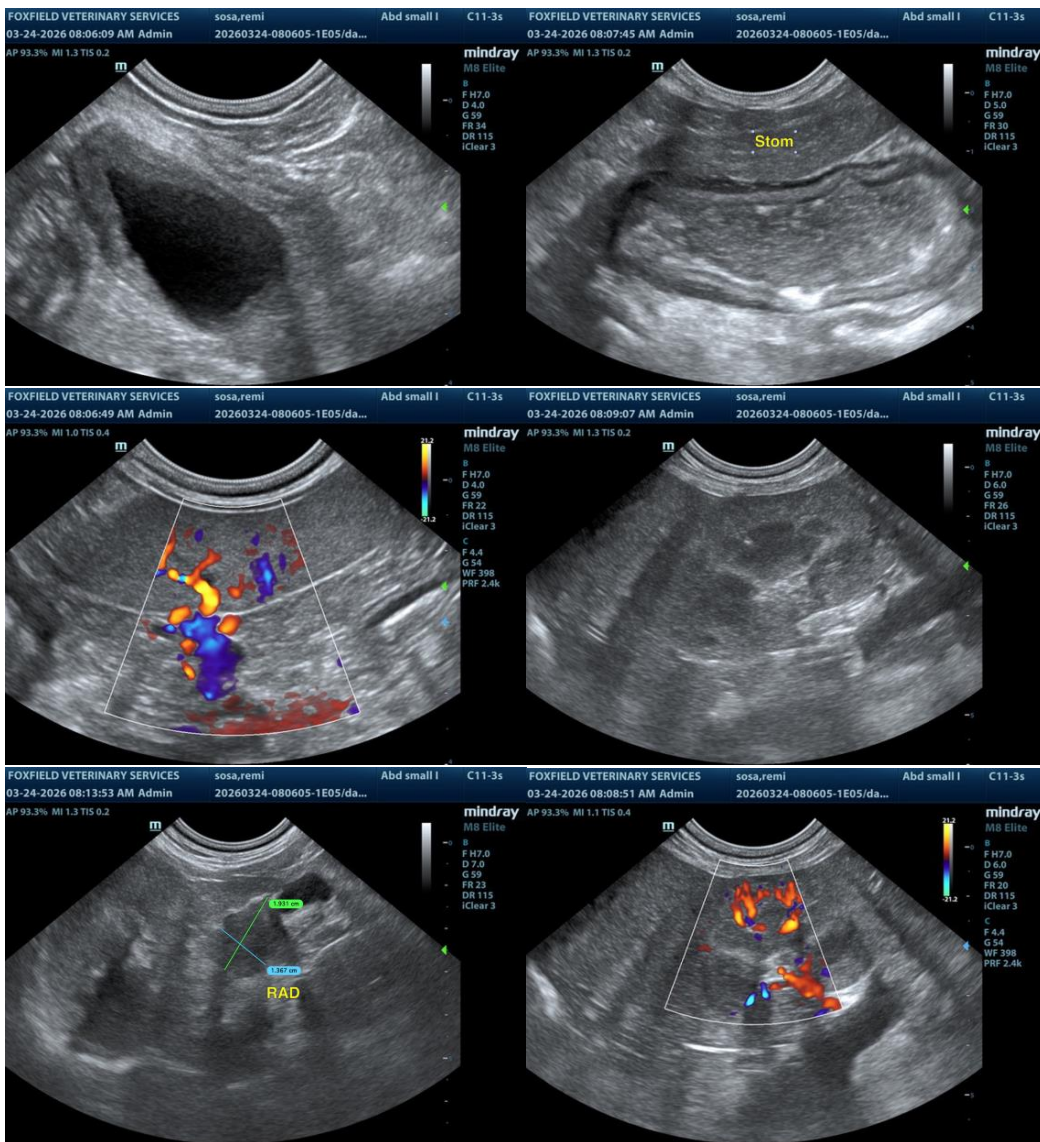
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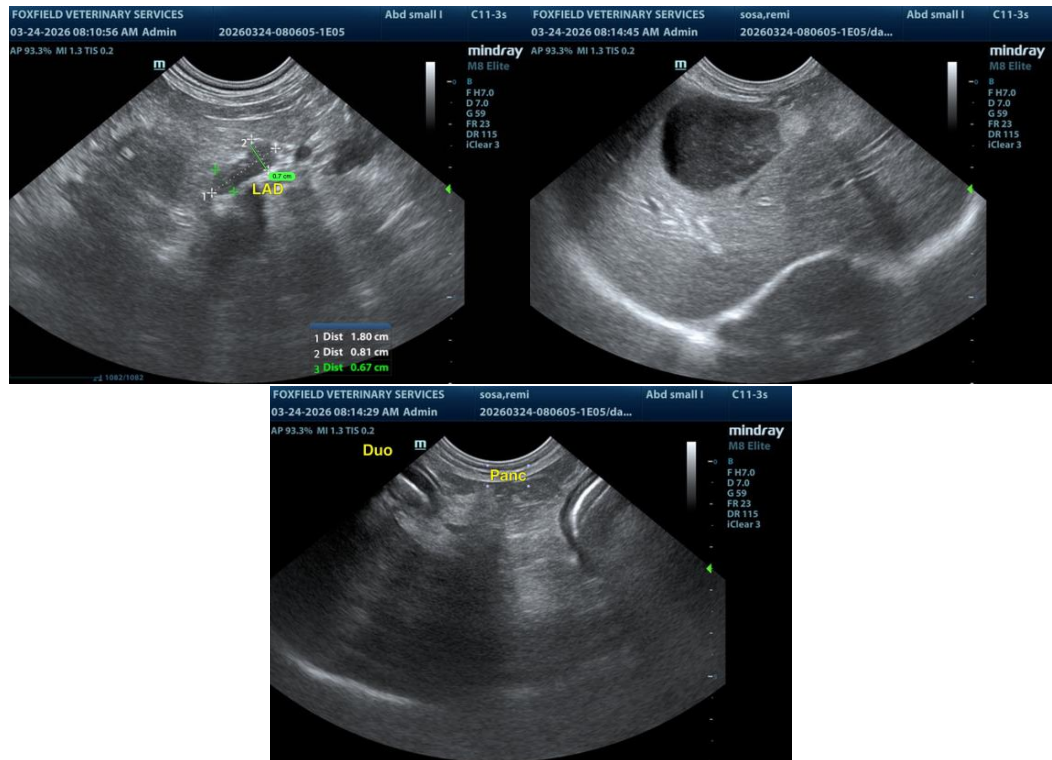
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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