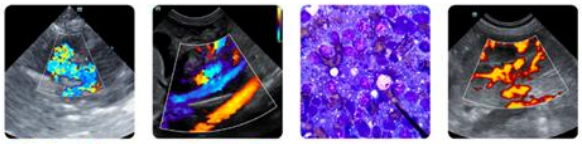


PATIENT

Rita Morones

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

15

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Priscilla Rubio DVM

INVOICE
24673

DATE
04/28/2026

PRESENTING CLINICAL SIGNS

Rita is a 15yo FS Shih Tzu that presented for coughing in February. Chest rads showed normal VHS, mild bronchial pattern, and mild collapsing trachea. BW showed normal CBC, elev BUN, elev ALP (376) chronically elev, elev lipase, upc 0.5, USG 1.016, t4 wnl, 4dx neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate pyelectasia was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the caudal pole.

A well-defined, non-homogenous mild hyperechoic nodule was present in the right cranial adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 1.0 cm. The right adrenal gland measured 0.49 cm width at the caudal pole.

Spleen

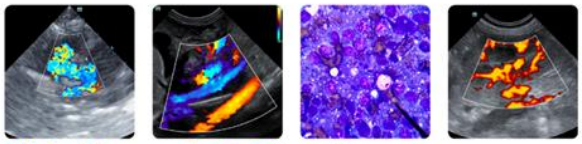
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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.



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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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal liver- consistent with mild benign hepatopathy
- Mild non-organized gallbladder debris
- Chronic renal changes exhibiting bilateral pyelectasia
- Right adrenal nodule with concurrent mildly enlarged non-homogenous left adrenal gland - unilateral /bilateral hyperplasia functional vs non-functional adenoma, potential for emerging right or potential bilateral adrenal tumors i.e. pheochromocytoma or other possible
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring of systemic BP for evidence of hypertension which may allude to pheochromocytoma is recommended, if present a urine metanephrine level would be warranted. An adrenal workup is indicated if clinical signs consistent with Cushing syndrome are present, although no overt evidence of hepatomegaly.

Sonographic monitoring of the adrenal glands for evidence of progressive enlargement or nodular changes with initial recheck in 4-6 weeks would be ideal. Chronic pancreatitis would be suspected if cranial abdomen/subxiphoid discomfort on palpation or associated clinical signs are present. Hepatosupportive medications may prove beneficial.

Bilateral pyelectasia owing to chronic renal changes, pelvic scarring or less likely underlying infection all potentials. Continued monitoring of UPC if persistent proteinuria as well as screening urine C/S on a sterile urine sample if evidence of inflammatory urine sediment is recommended.

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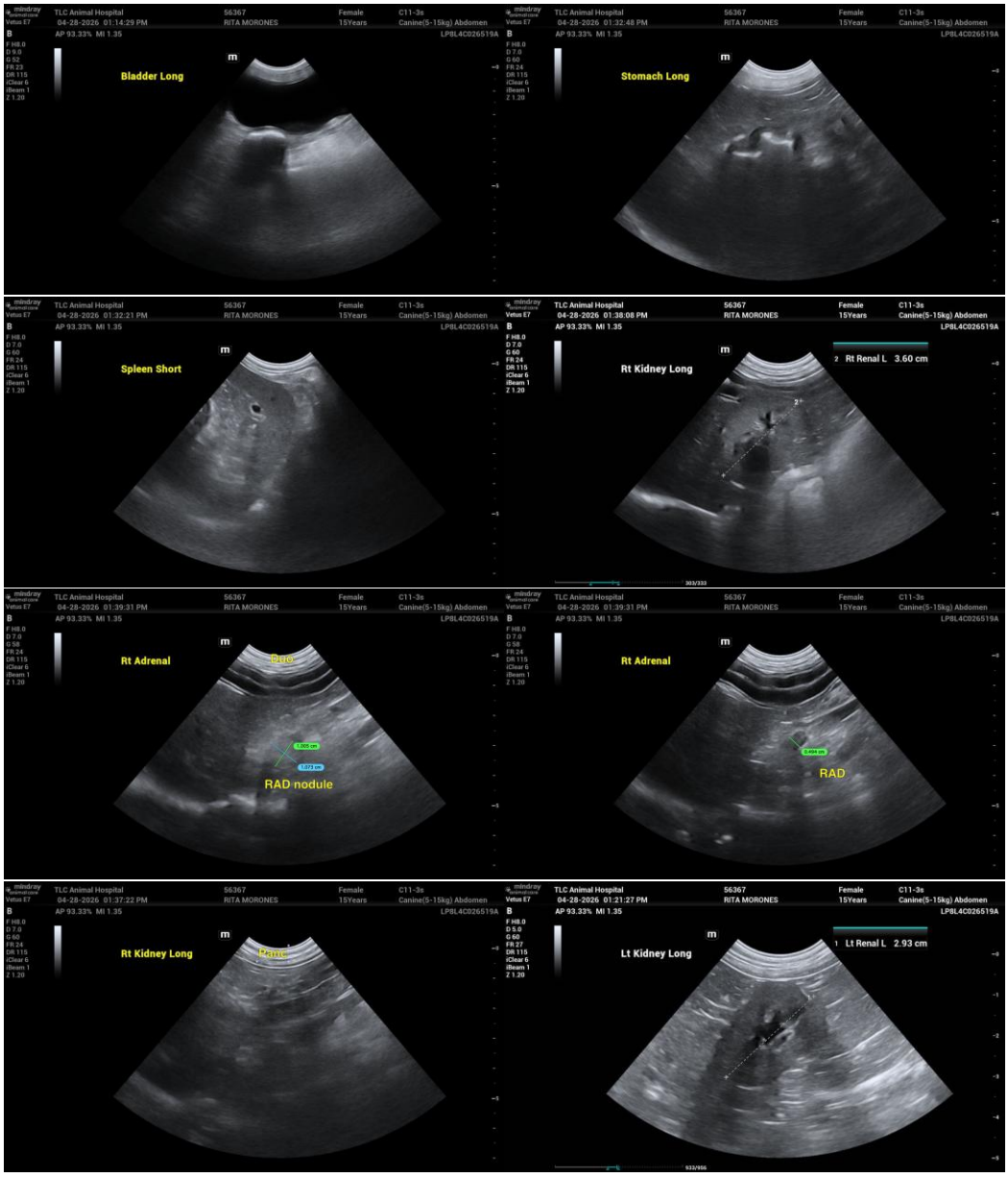

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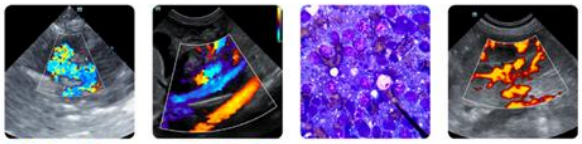

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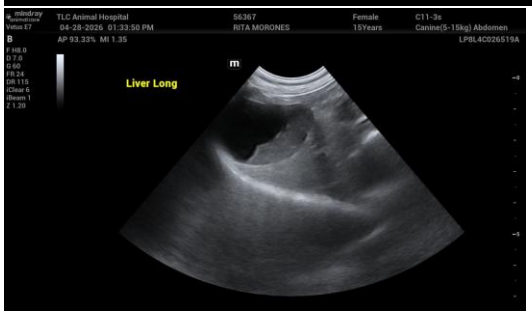

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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