



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Nunez History: Recheck

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

**SEX** 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. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

Female Spayed

**AGE**

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the caudal pole. A nonhomogeneous, hyperechoic, non-mineralized nodule was present in the cranial right adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.8 cm x 1.3 cm. Normal caudal right adrenal gland measured 0.56 cm width at the caudal pole.

**WEIGHT**

63 lbs

**Spleen**

The spleen was folded in appearance exhibiting 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Wantage VH

**Liver**

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

**DATE**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta.

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



**PATIENT**

**Pancreas**

Roxy Nunez

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Pitbull

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

- Splenic folding – benign
- Static age-related renal changes
- Static cranial right adrenal nodule
- Gastrointestinal ingesta – consistent with food echogenicity/post prandial presentation

**AGE**

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

63 lbs

No evidence of progressive right adrenal nodule compared to the previous study, benign adrenal nodule criteria, i.e. hyperplasia or adenomas favored. Continued periodic sonographic monitoring of the right adrenal nodule as well as systemic BP assessment for evidence of hypertension is recommended. Recheck sonogram sooner if clinical signs consistent with adrenal disease arise.

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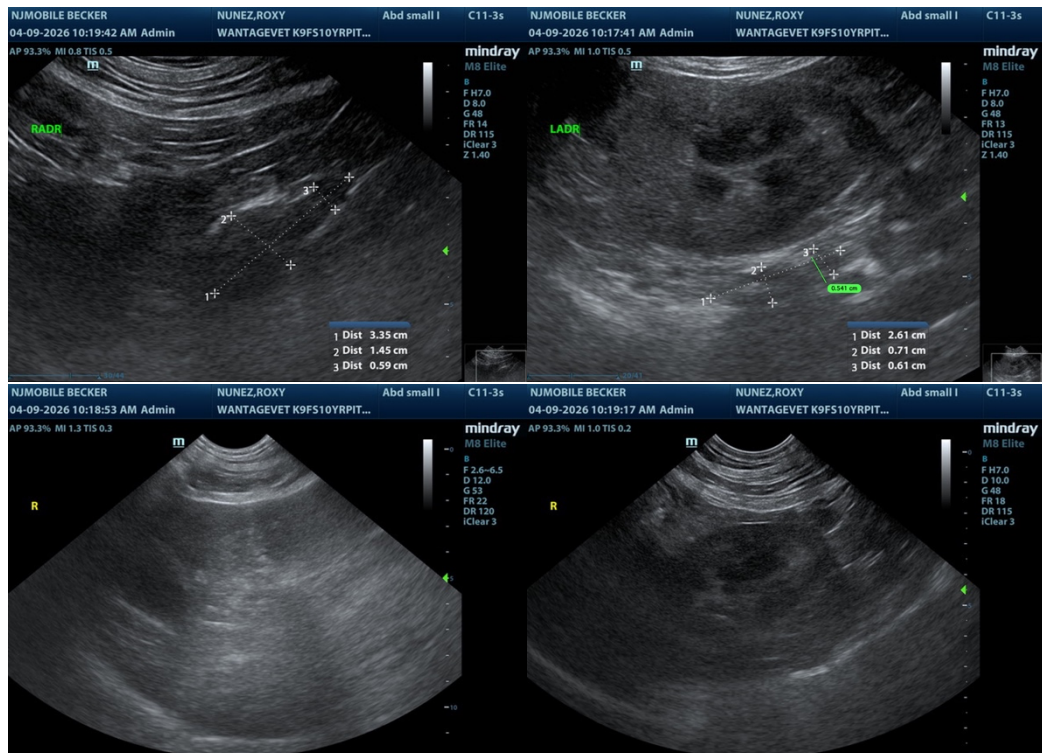
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**PATIENT**

Roxy Nunez

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

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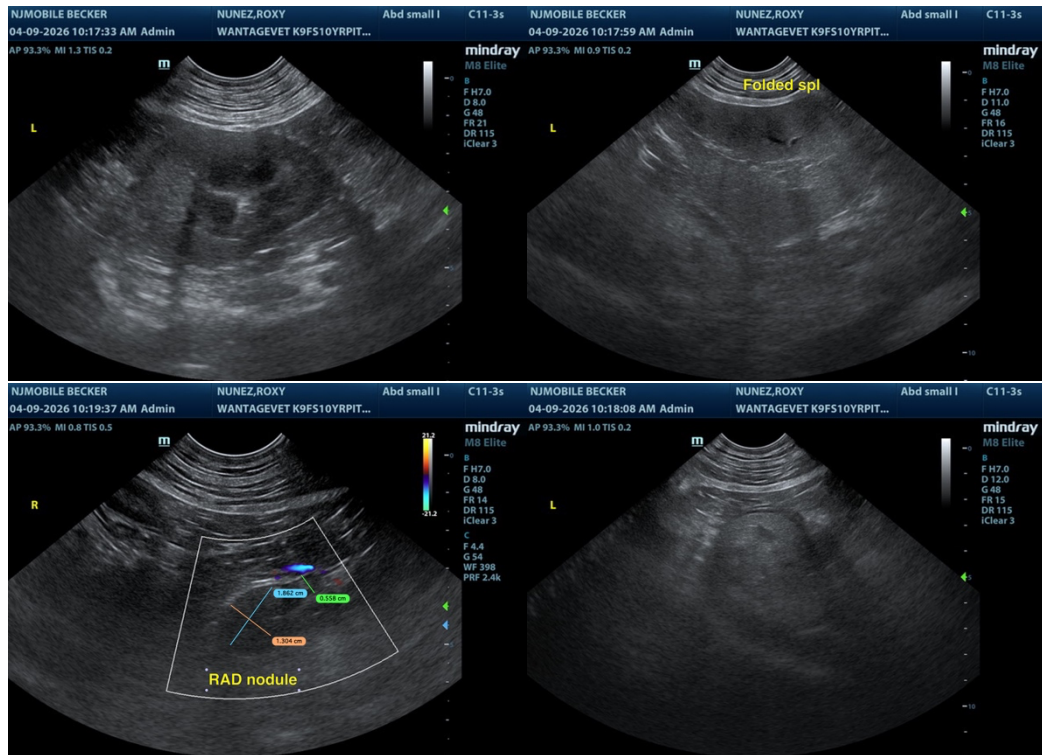
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**DATE**

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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.

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