



## PATIENT

Bentley Podgurski

## SPECIES

Canine

## BREED

Beagle

## SEX

Male

## AGE

9 Years

## WEIGHT

35.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Cochran

## HOSPITAL NAME

Millis Animal Hospital

## REFERRING VET

Dr. Daphne Flessas

## INVOICE

16124

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

Healthy pet

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

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

The area of the aortic trifurcation was free of pathology.

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 5.4 cm in length. The right kidney measured 5.0 cm in length with possible mild underestimation of right kidney size.

### *Adrenal Glands*

A hyperechoic noncapsule deforming well demarcated nonmineralized nodule was present in the caudal left adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.74 cm x 0.70 cm in diameter. The left adrenal gland was borderline enlarged in size at the caudal pole measuring 0.80 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjective measured 0.55 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 presented subjective borderline to possible 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 non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*



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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.

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 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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

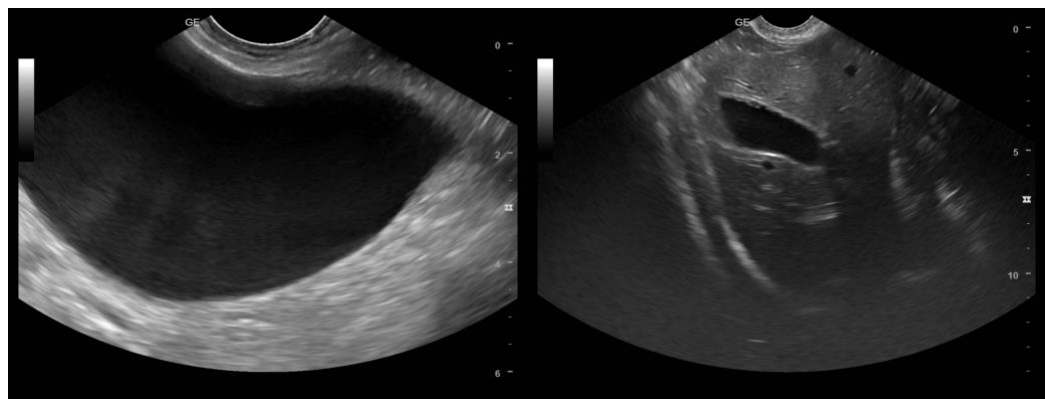
## ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Caudal left adrenal nodule- benign hyperplasia, functional versus non-functional adenoma, emerging left adrenal tumor thought less likely yet not technically excluded.
- Borderline/mild hepatomegaly- subjective benign.
- Mild gallbladder debris (non-mucocele).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported clinical signs of this patient, a benign adrenal nodule i.e. adenoma, is probable. Sonographic monitoring of the left adrenal nodule for evidence of progression with an initial recheck in six to eight weeks would be ideal.

Periodic monitoring of blood pressure in conjunction with sonographic monitoring for evidence of hypertension, which may potentially allude to emerging left pheochromocytoma, although thought less likely, is recommended. Correlation with full lab work and urinalysis is suggested. Hepatosupportive medications may prove beneficial if evidence of cholestasis.





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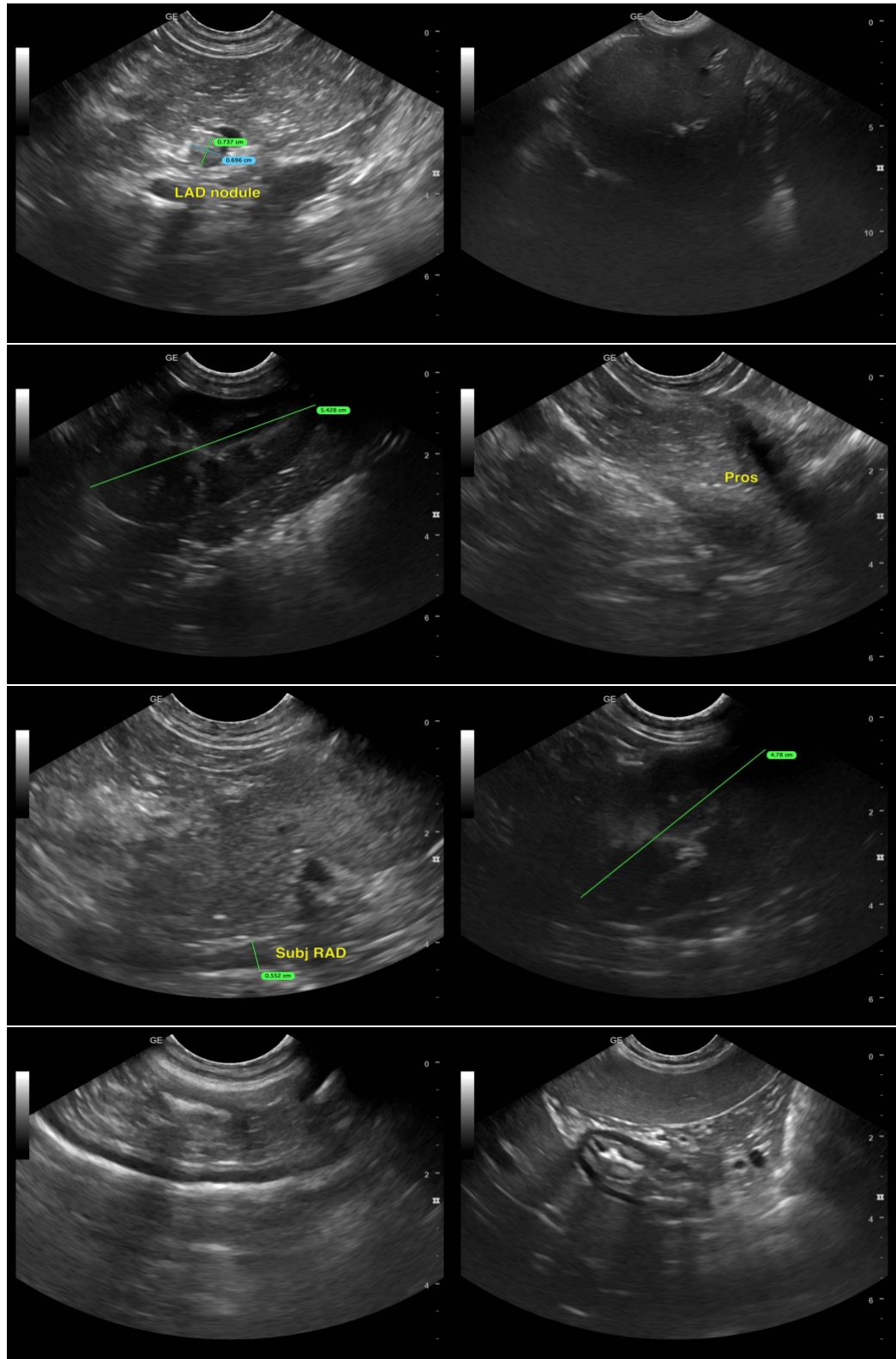
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)