



## PATIENT

Bonnie Reneo

## SPECIES

Canine

## BREED

Yorkie

## SEX

FS

## AGE

11yr

## WEIGHT

16.2lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Gabriella Iannuzzi

## HOSPITAL NAME

Greater Staten Island  
Veterinary Service

## REFERRING VET

Allison Newgent

## INVOICE

24798

## DATE

05/12/2026

## PRESENTING CLINICAL SIGNS

Incidental R anal sac nodule found by pDVM - referred to surgery for evaluation

No other concerns at home per owner

Historical pancreatitis 6 months ago

Abnormal PE/Chem/CBC/UA Results: Superchem/CBC pending CXR: subjective cardiomegaly on laterals (no murmur ausculted); hepatomegaly PE: No HM pendulous abdomen

## 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple pinpoint areas of medullary hyperechoic foci which may indicate pinpoint areas of mineralization, fibrosis or microinfarcts. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

No evidence of pathology or metastasis area of the uterine remnant.

### Adrenal Glands

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 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 mild to moderately 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



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congestion. The gallbladder was non-distended in size with minor non-organized debris. The cystic and common bile ducts were normal.

## Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing mild, non-shadowing intestinal ingesta to the level of the colon.

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

## Pancreas

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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.

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## Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Benign hepatomegaly pattern
- Minor non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes exhibiting medullary hyperechoic foci
- Borderline /mild bilateral adrenomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of primary or metastatic abdominal or retroperitoneal neoplastic criteria, Correlation with pending lab work and UA is recommended. Adrenal screening warranted if clinical signs consistent with Cushing's syndrome are non-reported or arise.

Assuming normal clotting status, screening hepatic FNA cytology could be considered if evidence of hepatic inflammation vs hepatosupportive medications if evidence of cholestasis with clinical and as needed sonographic monitoring.

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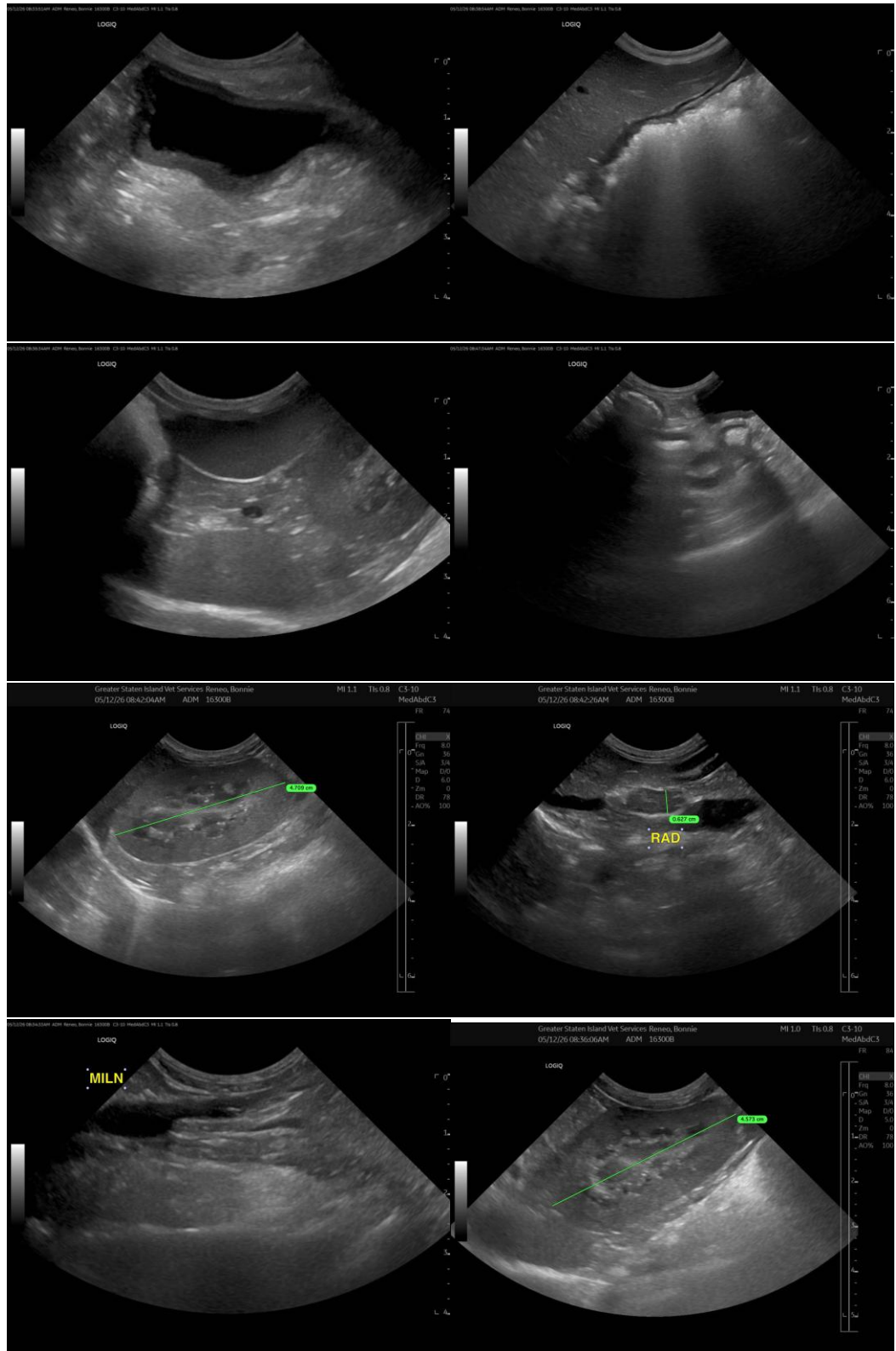
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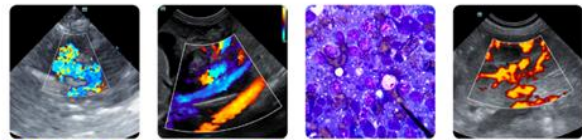
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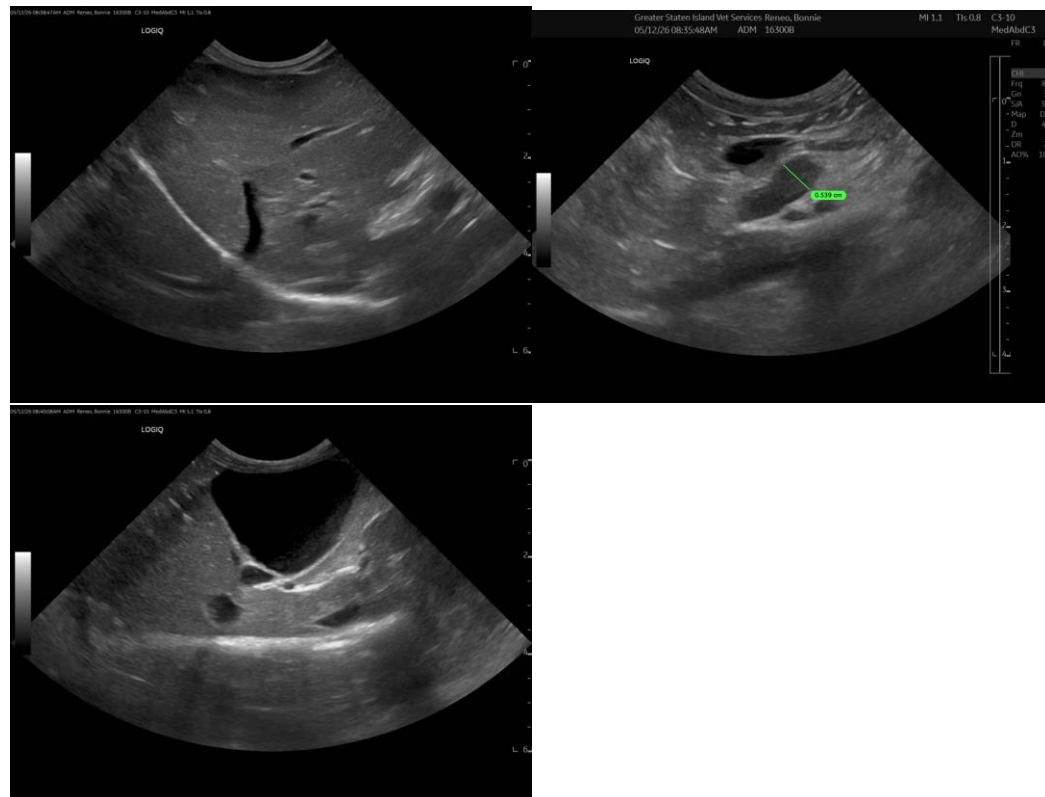
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)