



PATIENT

Oscar Conway

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

13yr

WEIGHT

13.6

PRESENTING CLINICAL SIGNS

Increase water intake and urination. History of heart murmur and weight loss for about a year (3 lbs). Pet presented for ultrasound due to increase on kidney values and ALP

Abnormal PE/Chem/CBC/UA Results: RBC: 4.37 Hct: 34.2 Hgb: 11.1 Glu: 124 SDMA: 22 Creat: 2.0 Bun: 45 ALP: 1,516 AST: 15 UA SG: 1.010 protein: 2+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Bilateral mild pyelectasia was present. Hyperechoic cortical foci, which may indicate cortical microinfarction, fibrosis or mineralization along with intermittent to multiple cortical cysts were present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

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

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with non-homogenous cystic hyperechoic nodular parenchyma measuring 2.8 cm x by 1.8 cm width. The right adrenal gland was significantly enlarged exhibiting non-homogenous hyperechoic possibly mineralized parenchyma measuring 4.1 cm x 3.3 cm.

IMAGING PERFORMED BY

Dr Reyes

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.

HOSPITAL NAME

Graceful Paws

Liver/Gallbladder

REFERRING VET

Dr Santiago

The liver presented 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 echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity 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 contained similar appearing non-shadowing ingesta/chyme 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, suggestive of age-related parenchymal remodeling and considered incidental.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic renal changes exhibiting pyelectasia, mineralization vs fibrosis and cortical cyst
- Bilateral adrenomegaly with right adrenal mass.
- Hepatomegaly
- Immature gallbladder mucocele
- Normal gastrointestinal tract with gastrointestinal ingesta- consistent with food echogenicity
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal and reveal potential bilateral adrenal tumors. Hyperplasia, functional vs non-functional adenomatous change or combination. The right adrenal gland is highly likely neoplastic. Evidence of vascular invasion was not obvious yet not definitively excluded. Full adrenal workup with LDDST and serial monitoring of systemic BP for evidence of hypertension indicated. If evidence of hypertension, urine metanephrine level may be considered.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Hepatosupportive medications are recommended with sonographic monitoring of the gallbladder if evidence of progressive cholestasis or cranial abdomen /subxiphoid discomfort on palpation.



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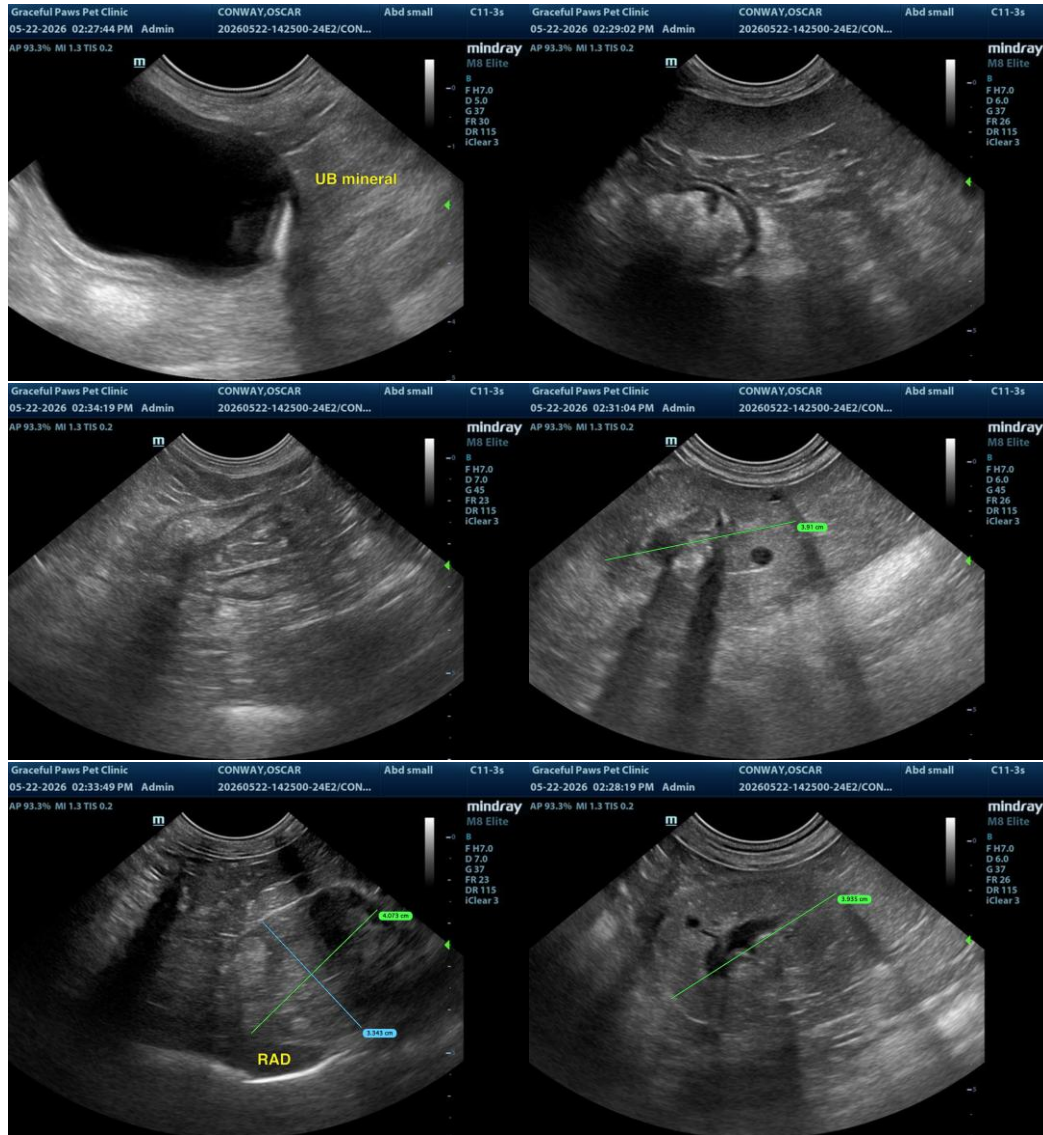
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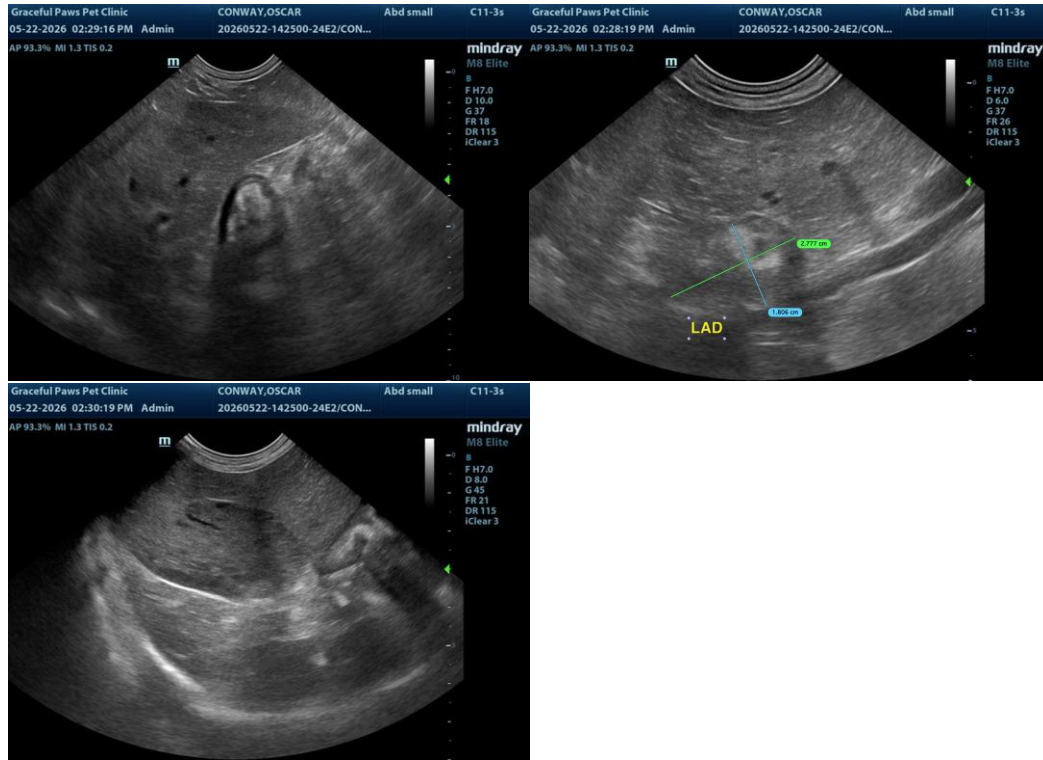
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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