



PATIENT

Violet McGrantham

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 Years 7 Months

WEIGHT

10.7 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

13120

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Hepatopathy, diabetes m. acth stim neg. R/O Cushing's vs other. Current Meds: Insulin

Abnormal PE/Chem/CBC/UA Results: ALP 2,815. ACTH stim equivocal.

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 aortic trifurcation was free of pathology.

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. The renal medullary volume was subjectively reduced. Intermittent to multiple variably sized cortical cysts were visualized bilaterally. The left kidney measured 5.4 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged most notable in the caudal pole with mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.85 cm width at the cranial pole and 1.4 cm width at the caudal pole.

The right adrenal gland was asymmetrically enlarged with nonhomogenous pinpoint to focal hyperechoic parenchyma. The right adrenal gland measured 4.9 cm x 2.7 cm.

Spleen

The spleen presented normal in size with asymmetrical medial capsule contour primarily secondary to mildly expansive well demarcated hyperechoic medial splenic nodule measuring 0.84 cm in diameter. Concurrent pinpoint hyperechoic splenic parenchyma foci which may suggest pinpoint areas of splenic microinfarction, fibrosis or mineralization.

Liver & Gallbladder

The liver presented enlarged in size. Homogenous normal to mildly increased hepatic parenchyma compared to the spleen. 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. Intermittent small hepatic intraparenchymal cysts were visualized.

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

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.



PATIENT	Segmental mildly thickened small intestine wall with propensity for thickened mucosa and segmental hyperechoic intestinal mucosal speckling. Thickened intestine measured 0.59 cm wall width.
Violet McGrantham	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Canine	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
BREED	<i>Free Abdomen</i>
Chihuahua	No overt lymphadenopathy or peritoneal effusion was present.
SEX	ULTRASONOGRAPHIC FINDINGS
Spayed Female	<ul style="list-style-type: none">• Enlarged mildly hyperechoic liver with intermittent intraparenchymal cysts.• Nonorganized gallbladder debris (non-mucocele).• Right adrenal mass with concurrent asymmetrical left adrenomegaly.• Chronic renal changes exhibiting medullary mineral, pyelectasia and cortical cysts.• Nonspecific segmental intact thickened small intestinal wall exhibiting mucosal speckling.• Mild pancreatic remodeling.
AGE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
13 Years 7 Months	Diabetic, metabolic or vacuolar hepatopathy with potential for non-obstructive cholestasis and possible hepatic inflammation favored. No obvious evidence of hepatic primary or metastatic neoplastic criteria.
WEIGHT	Both adrenals are abnormal and indicate potential for bilateral adrenal tumors, variable hyperplasia, adenomatous change, or combination. Monitoring of ACTH stimulation test given diabetes as well as systemic BP for evidence of hypertension which may potentially allude to pheochromocytoma is recommended.
10.7 pounds	Hepatosupportive medications may prove beneficial. A GI panel to include PLI, T LI, cobalamin and folate to correlate with pancreatic and segmental intestinal presentation may be considered. Monitoring of urinalysis +/- urine culture/sensitivity or UPC level if evidence of glucosuria or non-inflammatory proteinuria is recommended.
INTERPRETED BY	Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services
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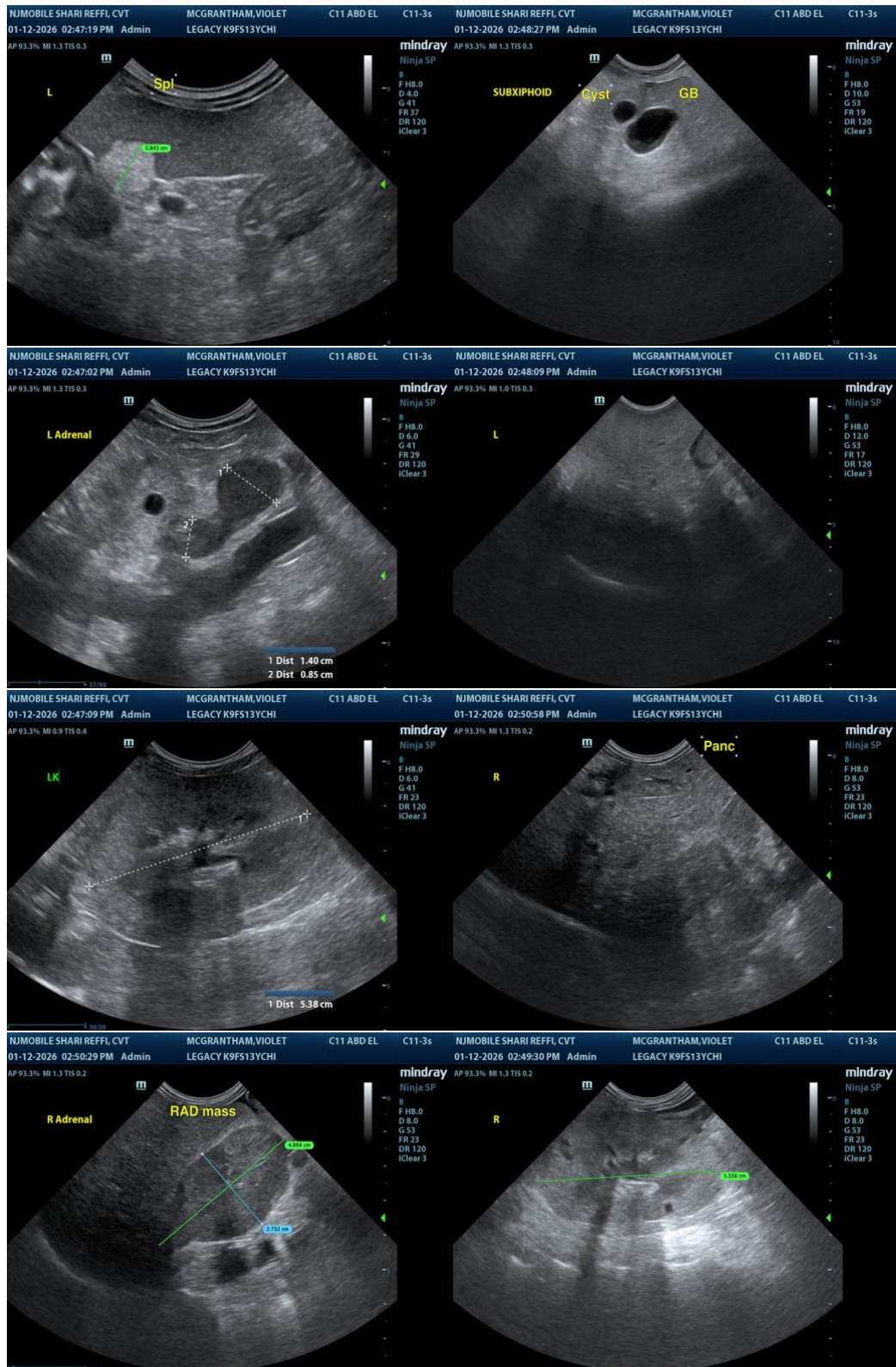
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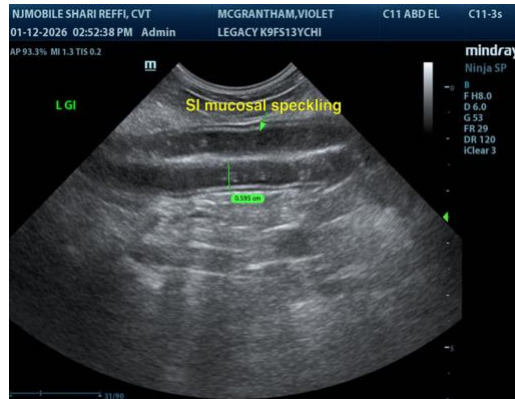
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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