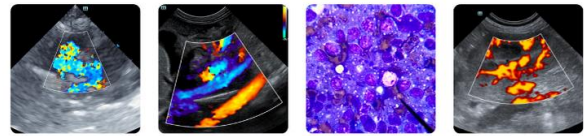
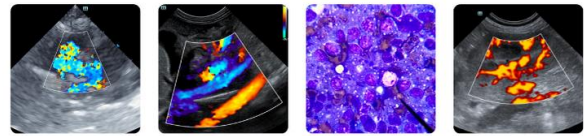


PATIENT	PRESENTING CLINICAL SIGNS
Lucy Vandiver	Recheck Comprehensive Double CAvity 3/6/25 Currently on Pimobendan, Furosemide, Diltiazem, Enalapril rdvm doing LDDST today
SPECIES	Abnormal PE/Chem/CBC/UA Results: BUN 55, ALT 198, ALKP 1371, SDMA 19.5, Amylase 1153, K+ 6.5, NA/K 23, NA 149, Urinalysis Protein 3+ usg 1.014 ACTH Stim 1/10/26 Pre 4.8, Post 16 March 2025 Bile Acids Pre 1.2, Post 4.9
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	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 evidence of urine or 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.
FS	
AGE	No evidence of pathology in the area of the aortic trifurcation.
12 yrs	
WEIGHT	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. Variably sized cortical cysts were present with larger right kidney cortical cyst measuring 2.4 cm in diameter. Left kidney mild pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.0 cm in length.
50.2 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was mildly enlarged in size with mild swollen caudal pole, measuring 0.9 cm caudal pole width. The right adrenal gland borderline enlarged based on caudal pole width measurement in light of body weight, with subtle nonhomogeneous, hyperechoic, nonmineralized cranial right adrenal nodule, measuring 0.56 cm x 0.50 cm. The right adrenal gland measured 0.74 caudal pole width.
IMAGING PERFORMED BY	Spleen
Kathleen Byrnes	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	Liver/ Gallbladder
Shallowford AH	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. Intermittent, subtle, hypoechoic, intraparenchymal nodules were present, with an example measuring 1.6 cm in
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Dr. Eads	
INVOICE	
10546	
DATE	
1/13/26	



PATIENT	diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Lucy Vandiver	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of obstruction or foreign material.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar-appearing mild ingesta / chyme was present without signs of obstruction.
Mixed	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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 were evident.
AGE	<i>Free Abdomen</i>
12 yrs	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	
50.2 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Static appearing hepatopathy with subtle intraparenchymal nodules • Mild nonorganized gallbladder debris (non mucocele) • Borderline to mild bilateral adrenomegaly with subtle cranial right adrenal nodule • Static chronic renal changes exhibiting variably sized cysts and mild left kidney pyelectasia
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kathleen Byrnes	Hepatopathy continues to suggest benign criteria, i.e., vacuolar hepatopathy, subtle areas of hyperplasia, or hematopoiesis. Potential inflammatory disease with hepatic neoplasia is considered less likely. Correlation with pending adrenal testing is recommended.
HOSPITAL NAME	Further renal staging to include urine C/S and protein: creatinine ratio on a sterile urine sample may be considered. Hepatosupportive medications may prove beneficial. Suspect, probable subtle cranial right adrenal nodule, hyperplasia, or adenoma. Potential for emerging right adrenal neoplasia is thought less likely, yet technically not excluded. Concurrent monitoring of systemic blood pressure for evidence of hypertension, given the right adrenal nodule and chronic renal changes, is suggested. Sonographic monitoring of the right adrenal nodule for evidence of progression is suggested.
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PATIENT

Lucy Vandiver

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12 yrs

WEIGHT

50.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

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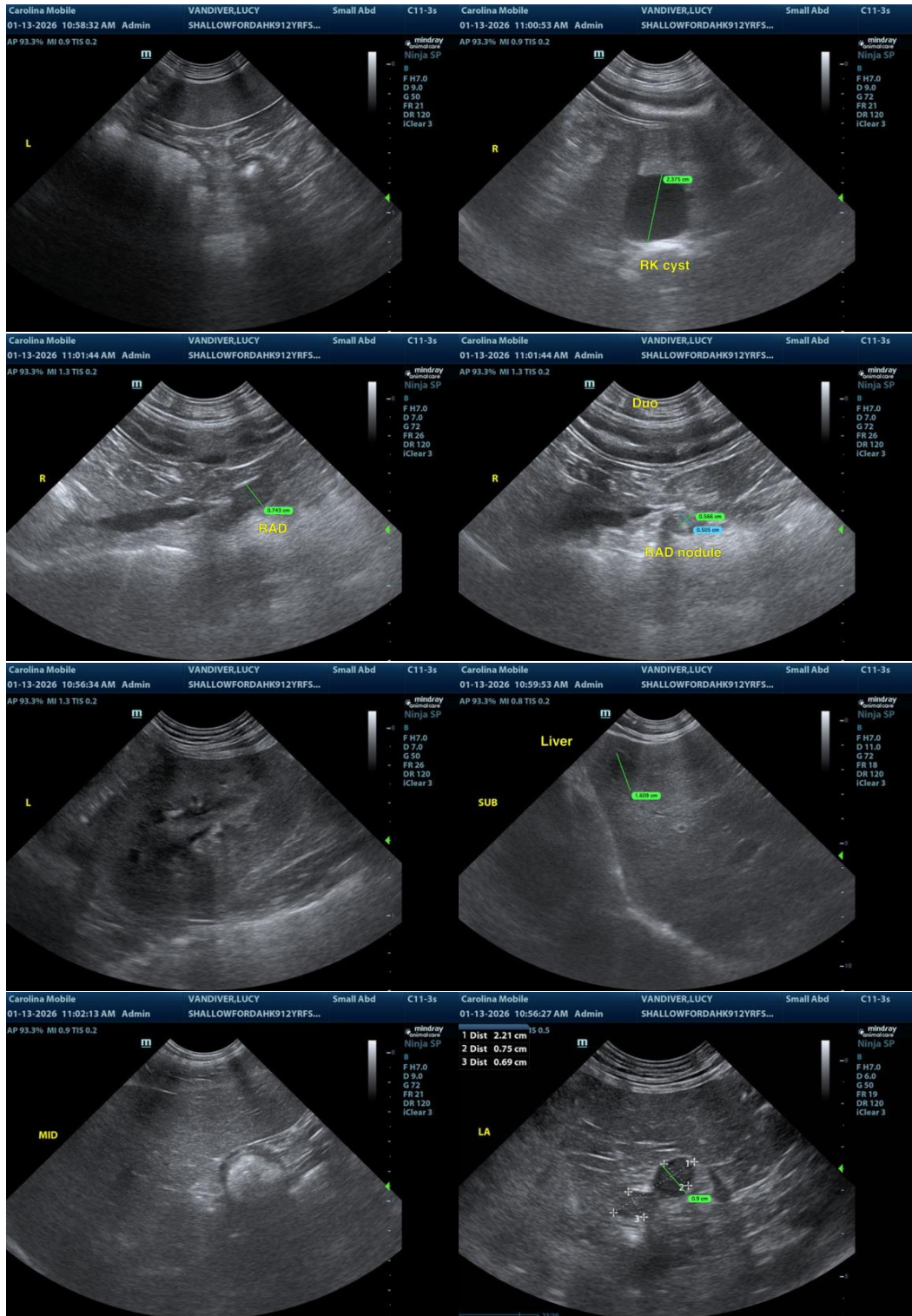
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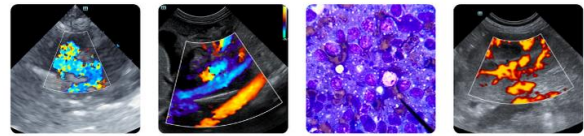
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PATIENT

Lucy Vandiver

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12 yrs

WEIGHT

50.2 lbs.



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.

INTERPRETED BY

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

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