

## PATIENT

Lulu Thompson

## SPECIES

Canine

## BREED

Poodle

## SEX

Female

## AGE

3 Years

## WEIGHT

60 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Sammy Williams

## HOSPITAL NAME

Faith Animal Care

## REFERRING VET

Dr. Faith

## INVOICE

12921

## DATE

01/02/2026

## PRESENTING CLINICAL SIGNS

Lulu has been diagnosed with Addison's Disease and is treated with monthly Percortin Injections and a daily dose of Prednisone. Current Pred dose: 5mg BID Recently patient has experienced episodes of lethargy that come and go History of rising ALT and ALP No increased thirst or urination Patient is also on Reconcile 32mg SID T4 has been decreased in the past but no sign of autoantibodies to the thyroid gland and TSH is normal

Abnormal PE/Chem/CBC/UA Results: Attached most recent bloodwork and radiographs from 10/24/25

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.5 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The left adrenal gland was subnormal to flattened in appearance consistent with patient's history. The left adrenal gland measured 0.34 cm width at the caudal pole.

The right adrenal gland was not definitively visualized likely owing to subnormal size consistent with the patient's history.

### 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

The liver presented borderline to 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained nonshadowing to regional strongly shadowing ingesta without overt evidence of obstruction to pyloric outflow. The area of regional strongly shadowing ingesta measured 2.8 cm in diameter.

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

- Benign hepatopathy.
- Normal gallbladder.
- Strongly shadowing gastric ingesta.
- Subnormal left adrenal gland with nonvisualized right adrenal gland- consistent with the patient's history.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications with monitoring of hepatic enzymes is recommended. Overall, no evidence of significant visceral pathology (specifically hepatobiliary pathology) with expected bilateral adrenal presentation given the patient's history. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammation in conjunction with elevated ALT. The shadowing gastric ingesta is nonspecific and may indicate retained dense food echogenicity or a treat although a small amount of nonobstructive gastric foreign material is not excluded. Correlation with most recent meal ingestion is recommended. If reported NPO, documented 12-hour fast and sonographic reassessment of the stomach is recommended.



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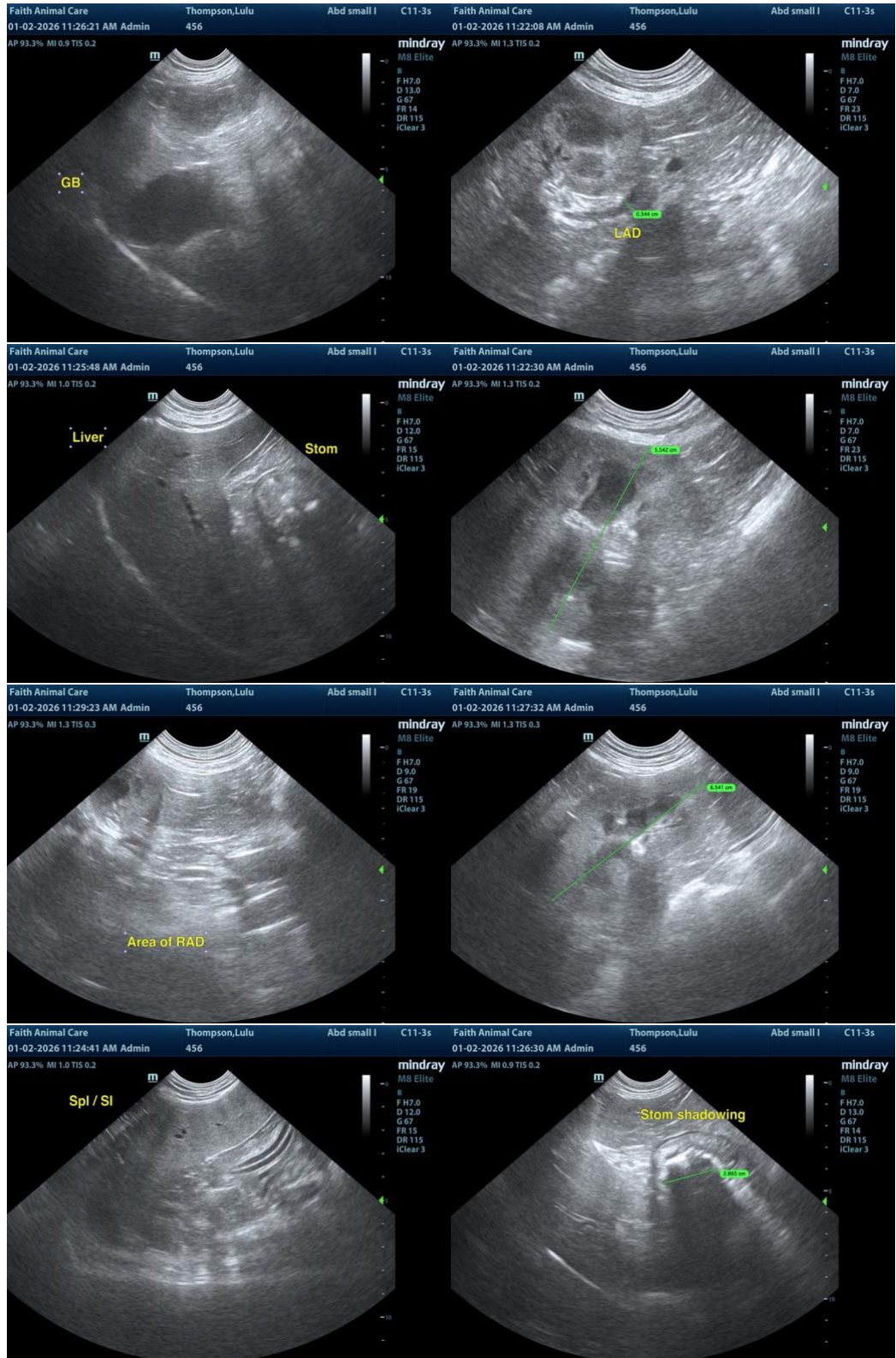
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)