

**PATIENT**Penelope
Henderson**SPECIES**

Canine

BREED

Lab

SEX

FS

AGE

10 yo

WEIGHT

80

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**Amanda Hartman,
DVM**HOSPITAL NAME**

White Hall AC

REFERRING VETAmanda Hartman,
DVM**INVOICE**

10565

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presented for constipation after switching foods. O said no diarrhea

Abnormal PE/Chem/CBC/UA Results: Formed stool but not hard on exam; Abdominal rads had formed stool in colon but no constipation or obstipation noted; lots of arthritis and positioning issues noted on exam and xrays espec lumbar, sacral and stifle arthritis; BW had slightly increased RDW with slight anisocytosis present. ALP slightly elevated 373 (23-212). No heart murmur noted; Platelet crit 0.53 (0.14-46%); pulses equal, concern for forming/partial thrombus in common iliac or at branching of internal/external iliac

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 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.

Focal to intermittent, mildly prominent, homogeneous medial iliac lymph nodes were present with an example measuring 2.2 cm in diameter. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of distal aortic or iliac thrombus.

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. Pinpoint to focal areas of medullary mineral were noted. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size exhibiting nonhomogeneous indistinctly nodular to focally cystic parenchyma. The left adrenal gland measured 1.8 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, exhibiting subjective mild intact asymmetrical capsule contour and mild nonhomogeneous parenchyma. The right adrenal gland subjectively measured 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily homogeneous parenchyma. A solitary, non-capsule deforming, mineralized, medial splenic nodule was present, measuring 0.7 cm diameter.



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Liver/ Gallbladder

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 containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjective benign, suggestive of vacuolar hepatopathy criteria
- Mild nonorganized gallbladder debris (non mucocele)
- Enlarged nonhomogeneous nodular left adrenal gland - hyperplasia, functional vs. nonfunctional adenoma or tumor
- Mineralized splenic nodule - subjective benign
- Mild chronic renal changes
- Mild medial iliac lymphadenopathy - subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of distal aortic or iliac thrombus, with imposing mild subjective benign medial iliac lymphadenopathy in the area of the distal aorta and iliac vasculature. Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's Syndrome. Serial monitoring of systemic BP for evidence of hypertension, which may allude to left pheochromocytoma, is recommended. Hepatosupportive medications may prove beneficial. Serial sonographic monitoring of the left adrenal



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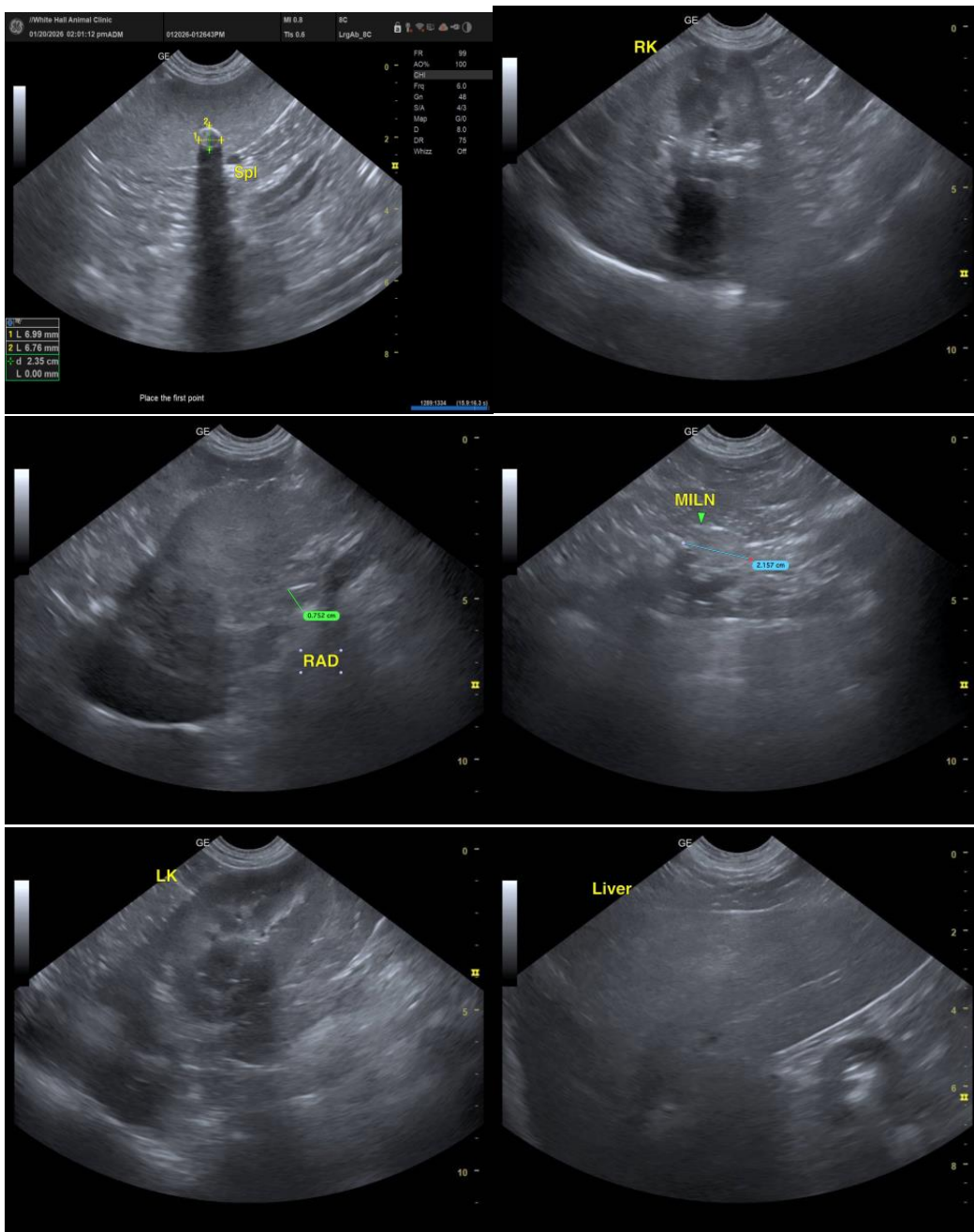
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gland for evidence of progression +/- consideration for abdominal CT for further assessment of the left adrenal gland is suggested. No visualized evidence of colon pathology.





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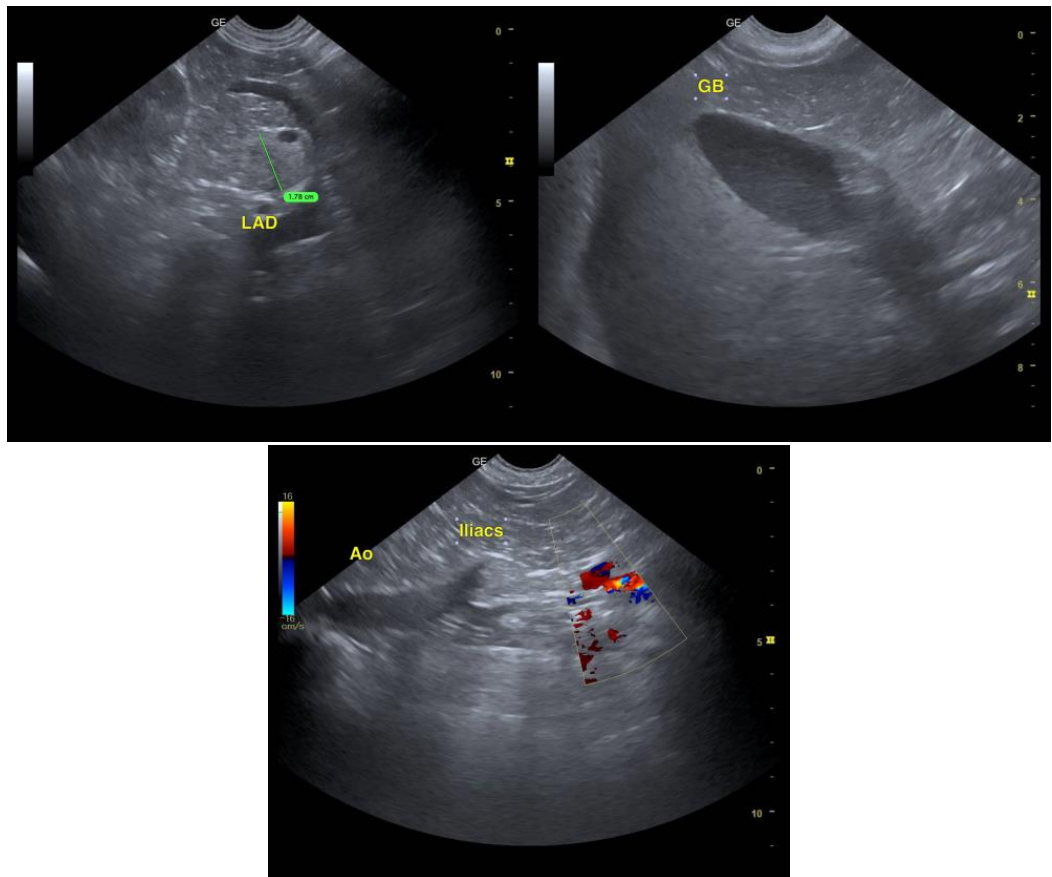
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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