



PATIENT

Daisy Rodger

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Female

AGE

8y

WEIGHT

5kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Mohamed Zaid

INVOICE

13139

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History:

- High liver enzymes found incidentally on work up for tracheal collapse. Patient was started on ProLiv and values persisted after a few checks over the past couple of months. AUS recommended for investigation of hepatopathy.

Abnormal PE/Chem/CBC/UA Results: PE mildly potbellied; fur a bit sparse on abdomen. latest Liver values on Jan 22; Elevated: ALP 2087 (20-150); ALT 336 (10-118); GGT 176 (0-7); BA 44 (0-25); ALB 45 (25-44); CHOL 8.1 (3.2-7) ALP, ALT and GGT doubled over the past month. TBIL WNL 6 (2-10)

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 changes were noted.

Visualized uterine body was non-enlarged without overt fluid dilation measuring 0.59 cm width.

The left and right ovaries were not definitively visualized.

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 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. Areas of mild medullary mineral and small cortical cysts present. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

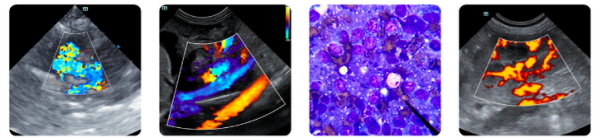
The left adrenal gland was mildly enlarged in size. Subjective intact asymmetrical adrenal capsule contour was present. The parenchyma of the enlarged adrenal gland presented non-homogeneous, hypochoic to mineralized with nonuniform echotexture. The enlarged adrenal gland measured 1.8 cm x 1.7 cm. The right adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The right adrenal gland measured 0.5 cm width at the caudal pole.

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 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



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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 mildly distended in size with normal wall and without evidence of edema. The gallbladder exhibited moderate, mildly congealed, yet non-organized debris along with a mild amount of dependent lumen mineral. The common bile duct was not visualized.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.47 cm. The stomach contained a mild amount of retained anechoic fluid.

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

- Mineralized left adrenal mass, normal right adrenal gland
- Nonspecific mild chronic renal changes exhibiting medullary mineral and cortical cysts
- Hepatopathy
- Immature gallbladder mucocele with mild, dependent lumen mineral
- Hypomotile stomach – possible mild hypomotile gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralized left adrenal mass was certainly consistent with neoplastic criteria, i.e. carcinoma, cortisol secreting tumor, and pheochromocytoma as primary considerations. Full adrenal workup indicated if clinical signs consistent with Cushing's Syndrome as well as serial monitoring of systemic BP for evidence of hypertension and +/- urine metanephrine level. The left phrenic abdominal vein was not definitively visualized indicating potential for early to non-obvious vascular invasion. The hepatopathy is suggestive of benign criteria, i.e. vacuolar or cholestatic hepatopathy, inflammation, etc. with occult hepatic neoplasia thought less likely. Hepato-supportive medications with sonographic monitoring of the gallbladder if evidence of progressive cholestasis with potential concurrent gastrointestinal support if clinical signs suggestive of gastritis is recommended. Assuming no pathology on 3-view chest radiographs, abdominal CT would be ideal for further assessment of the left adrenal gland if surgery is a potential.



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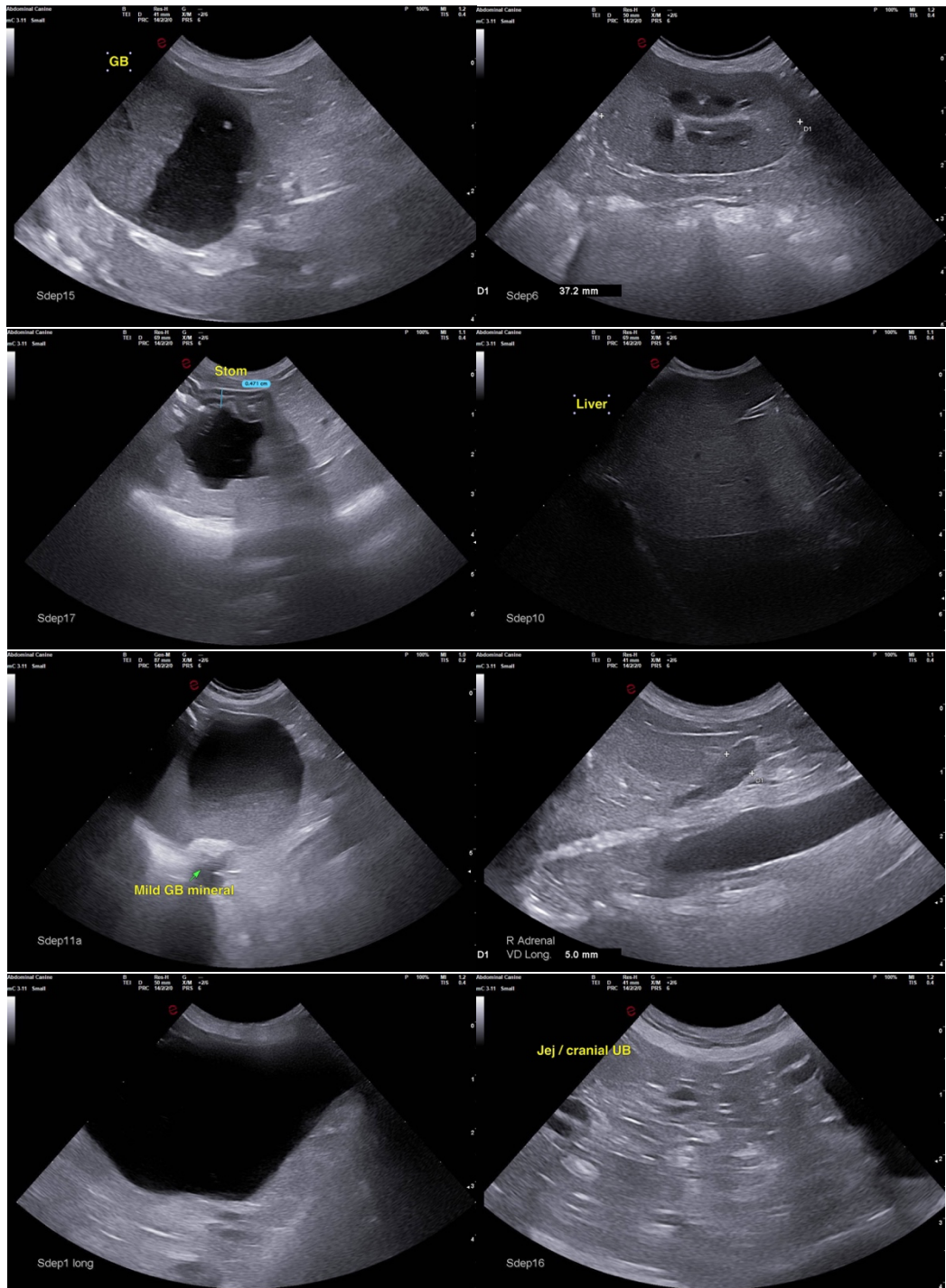
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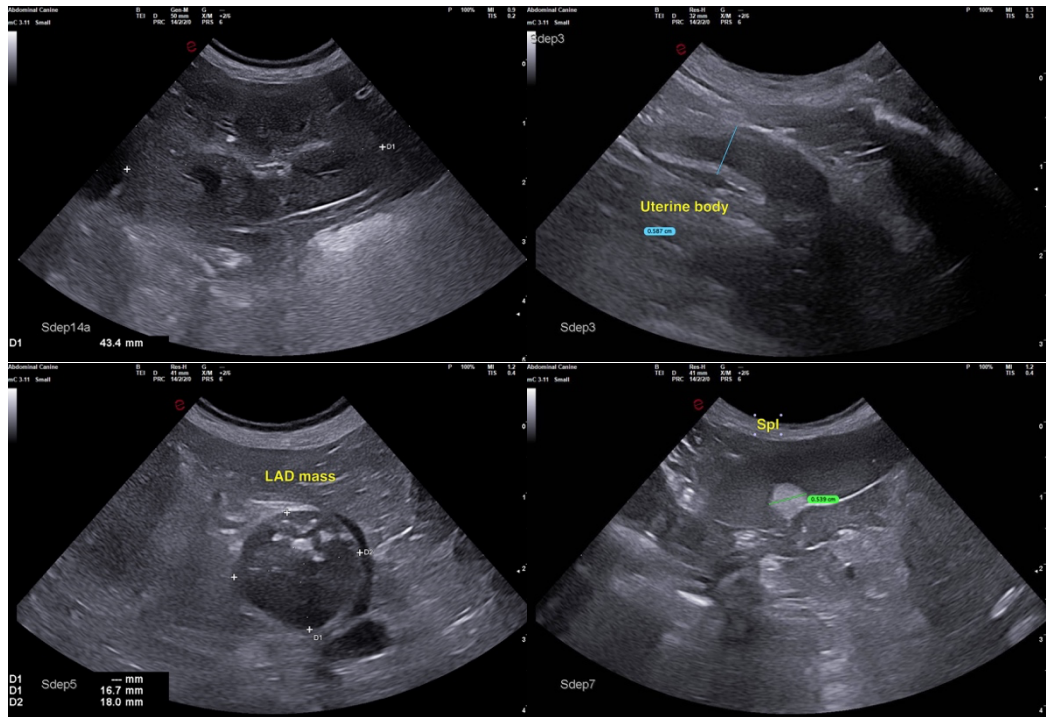
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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