



PATIENT

Luna Wysman

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Prairie Winds Animal
Clinic

REFERRING VET

Dr Sandhu

INVOICE

23464

DATE

1-5-26

PRESENTING CLINICAL SIGNS

The patient presented for evaluation of a cough that began approximately two weeks prior, which persists despite medication and is exacerbated by excitement or mild exercise. The primary clinical concern is a cough that started about two weeks ago, initially suspected to be reverse sneezing. The cough and associated heavy breathing are triggered by activities such as a 10-minute walk or getting excited. On examination, no heart murmur was detected, and the presenting complaint was noted as difficulty breathing. A diagnostic workup was initiated, including imaging and bloodwork. Chest x-rays were performed as well as abdominal x-rays were also taken, which revealed a large amount of stool and a possible, poorly defined abnormality suspected, but could be normal variation also. Bloodwork revealed a neutrophilia, monocytosis, a mildly elevated ALP of 346, and an elevated cortisol of 161.. The patient does not have clinical signs of PU or PD (PUPD) currently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 7.0 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A small well-defined, hyperechoic nodule was present in the left adrenal gland caudal pole with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.73 cm x 0.49 cm. Concurrent mildly swollen caudal left adrenal pole measuring 0.88 cm in width. The left cranial pole measured 0.56 cm in width.

A small well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.65 cm x 0.47 cm. The normal caudal pole of the right adrenal gland measured 0.74 cm width.

Spleen

The spleen exhibited normal size with minor heterogeneous splenic parenchyma with intermittent benign splenic nodules. The capsule was smooth and regular without apparent expansion. An example of a splenic nodule measured 0.55 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.48 cm width.

Normal visible colon wall layers were present with semi formed feces in lumen.

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Sonographically unremarkable liver/ gallbladder - consistent with mild benign hepatopathy.
- Bilateral subtle non-expansive adrenal nodules with mild caudal left adrenomegaly- suspect emerging nodular hyperplasia or adenomas
- Benign hyperechoic splenic nodules -consistent with myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal findings are of unclear clinical significance and potentially incidental given no reported current clinical signs which may suggest adrenal disease. An adrenal workup would be warranted if clinical signs consistent with Cushing syndrome arise. Technically, the possibility of emerging unilateral / bilateral adrenal tumors cannot be definitively excluded yet is thought less likely.

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Sonographic monitoring of the adrenal glands as well as monitoring of systemic BP for evidence of hypertension going forward would be ideal. No evidence of additional abdominal pathology as an obvious contributing factor to the patient's clinical signs.

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Hepatosupportive medications may prove beneficial

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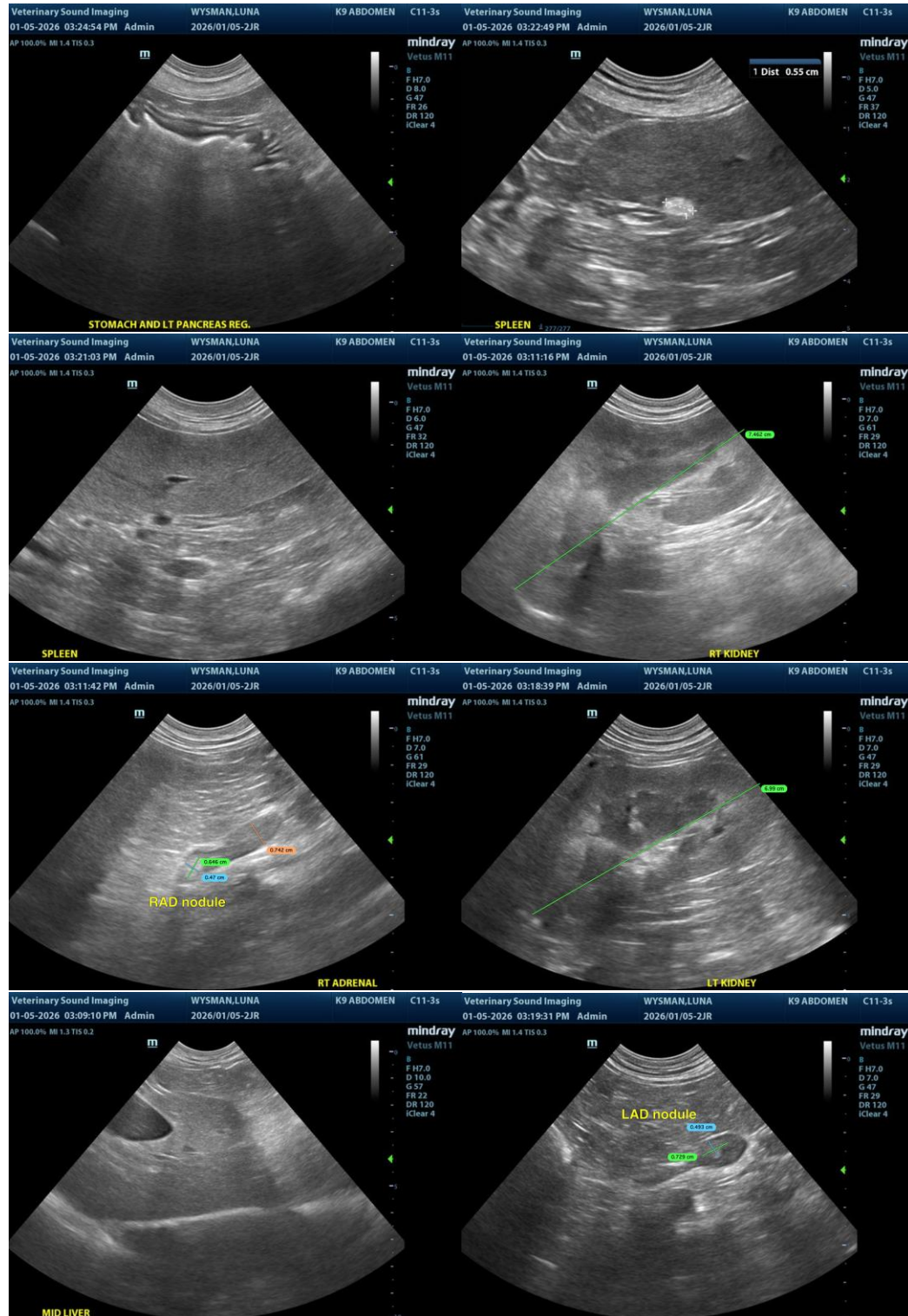
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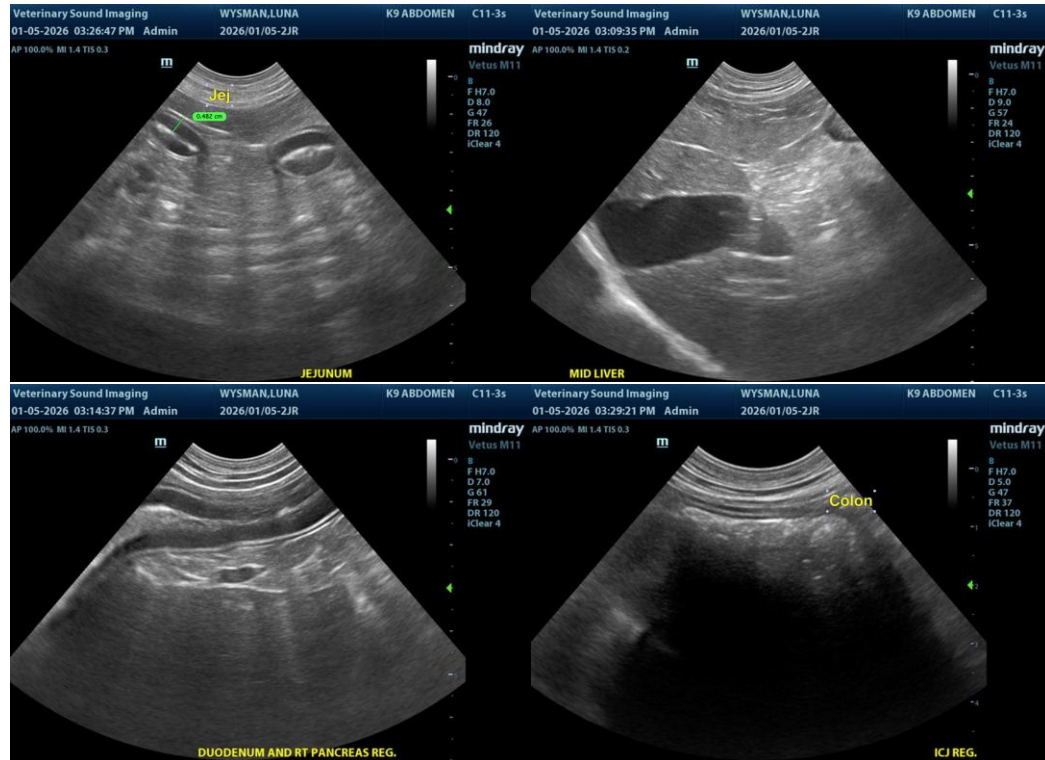
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com