



PATIENT

Peanut Townson

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

12y

WEIGHT

5.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Readdy

INVOICE

13035

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Bloodwork done for pre dental and found low albumin and 4+ protein in urine - Slow steady weight loss over last month (6.0# to 5.8#) - Blood pressure done today by doppler - 210, 218, 220 mmHg, planning to start Telemisartan

Abnormal PE/Chem/CBC/UA Results: Albumin - 2.2, Globulin - 3.7 Urine 4+ protein, SG - 1.039, 1+ Bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured ~2.6 cm in diameter.

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 medullary mineral was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited generalized adrenomegaly. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.76 cm width. The right adrenal gland was indistinct to non-visualized exhibiting generalized adrenomegaly. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland subjectively measured 0.59 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 was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture



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and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Well-demarcated, non-disruptive, hyperechoic mid liver intraparenchymal nodule was present measuring 0.51 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 with no signs of ileus, obstruction 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Subjective bilateral adrenomegaly
- Hepatic parenchymal remodeling with hyperechoic intraparenchymal nodule – nodule suggestive of benign criteria, i.e. lipogranuloma or nodular hyperplasia
- Normal gastrointestinal tract
- Normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UPC level given quiet urine sediment with potential PLN therapy of significant quantified proteinuria with concurrent monitoring of hypertension is recommended. The bilateral subjective adrenomegaly is nonspecific and of unclear clinical significance with considerations including incidental hyperplasia, adenomatous change while potential for emerging adrenal neoplastic criteria is not excluded. Sonographic monitoring of the adrenal glands with initial recheck in 4-6 weeks would be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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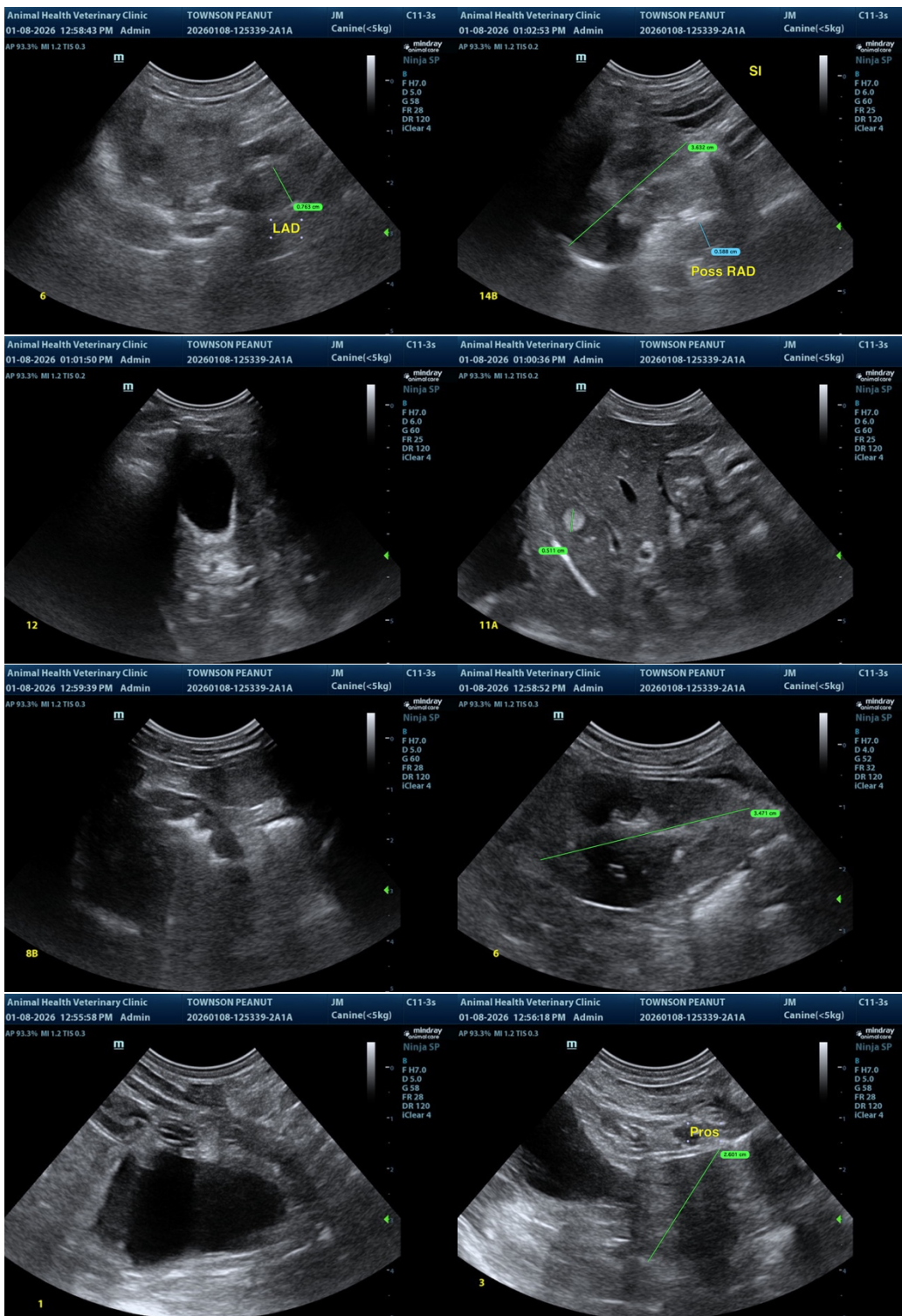
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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