



## PATIENT

Jazmine Rodesiler

## SPECIES

Canine

## BREED

Bloodhound Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

80 Pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine /  
Feline Practice)

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom VI

## REFERRING VET

Molly Caldwell, DVM

## INVOICE

35463

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: Abdominal radiology report confirmed demonstrated abnormality, but the origin or reason could not be confirmed. Radiologist differential diagnoses included neoplasia, lymphadenopathy, and granulomatous disease (chronic inflammation). Further evaluation with abdominal ultrasound was advised.

Abnormal PE/Chem/CBC/UA Results: See attached radiograph report and labwork.

## 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 was noted.

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. The left kidney measured 7.6 cm in length. The right kidney measured 7.4 cm in length.

### Adrenal Glands

A nonhomogenous hyperechoic nonmineralized nodule was present in the mid to cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 3.1 cm x 2.4 cm. Associated intact distorted left adrenal capsule was noted. Definitive vascular invasion was not obvious. The caudal pole of the left adrenal gland was normal, measuring 0.67 cm in width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.76 cm in 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

Hepatomegaly was noted, exhibiting mild rounded capsule contour with subjective mild variable lobar swelling with primarily maintained homogenous hepatic parenchyma. A nonhomogenous to mixed echogenic deep mid liver intraparenchymal mass was noted, measuring approximately 8.0 cm in diameter.

The gallbladder was indistinctly visualized exhibiting normal size without evidence of overdistention or posthepatic stasis. Subjective mild nonorganized gallbladder debris was noted.



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## 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 area of the pancreas was sonographically normal.

## Free Abdomen

No omental masses, significant lymphadenopathy, or evidence of peritoneal effusion were noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting mild variable lobar swelling, deep to mid liver nonhomogenous intraparenchymal mass.
- Nondistended gallbladder with mild nonorganized gallbladder debris (non-mucocele).
- Sonographically normal spleen
- Normal gastrointestinal tract/area of pancreas
- Mild age-related renal changes
- Left adrenal nodule- hyperplasia, granuloma, adenoma, emerging tumor, i.e., carcinoma or pheochromocytoma possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined radiographic mass effect may indicate irregular hepatomegaly or possible nonobvious splenic folding without definitive mass in the area of the caudal stomach or left pancreas. Assuming normal clotting status, hepatic parenchyma, and if accessible, hepatic mass FNA cytology are recommended.

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.al JVIM 2022.



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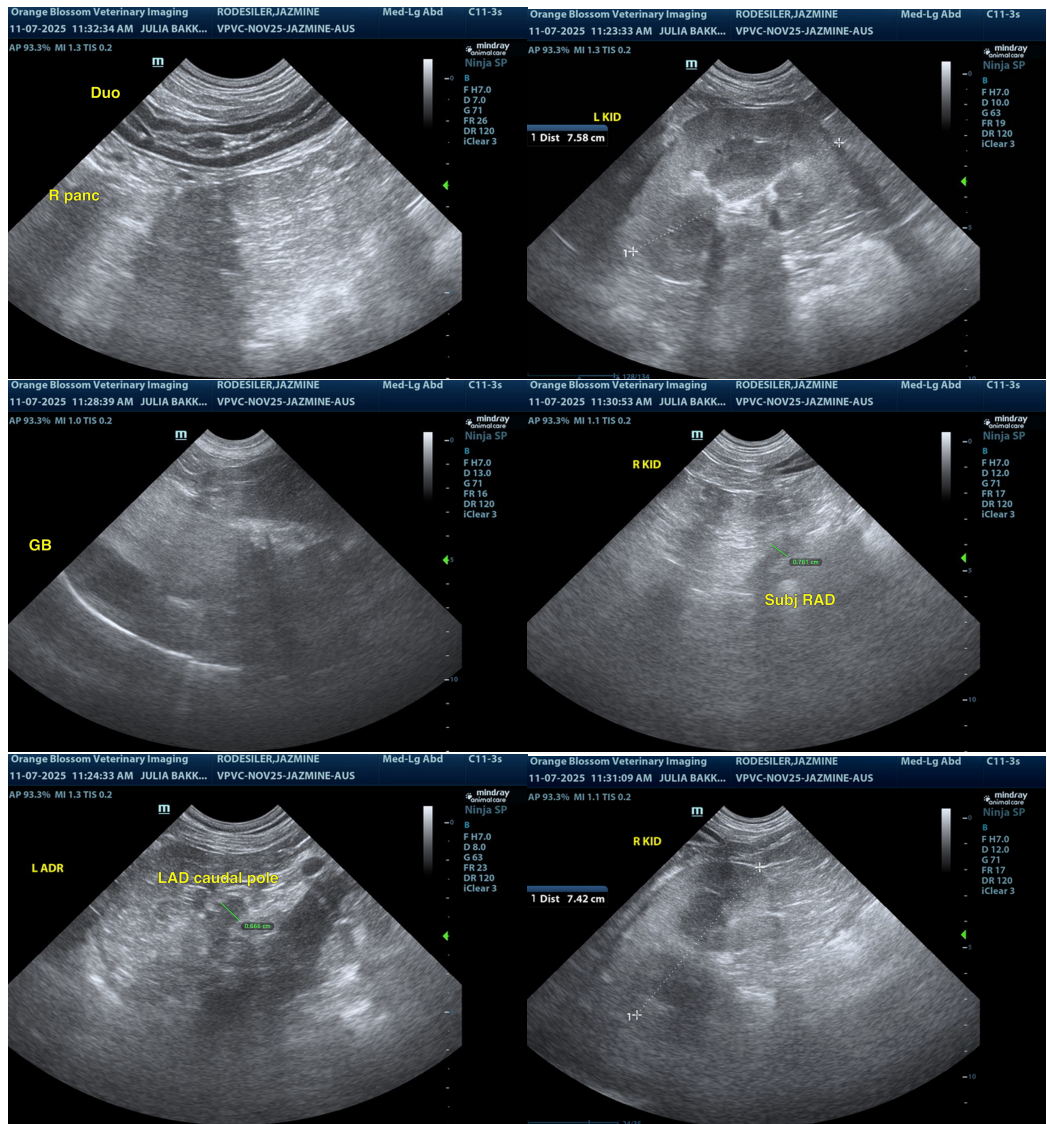
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If clinical signs consistent with Cushings syndrome, as well as serial monitoring of systemic BP for evidence of hypertension, which may allude to left pheochromocytoma, in conjunction with sonographic monitoring of both the liver and left adrenal nodule for evidence of progression, is recommended.

No evidence of concurrent mid abdomen pathology, lymphadenopathy, or effusion.





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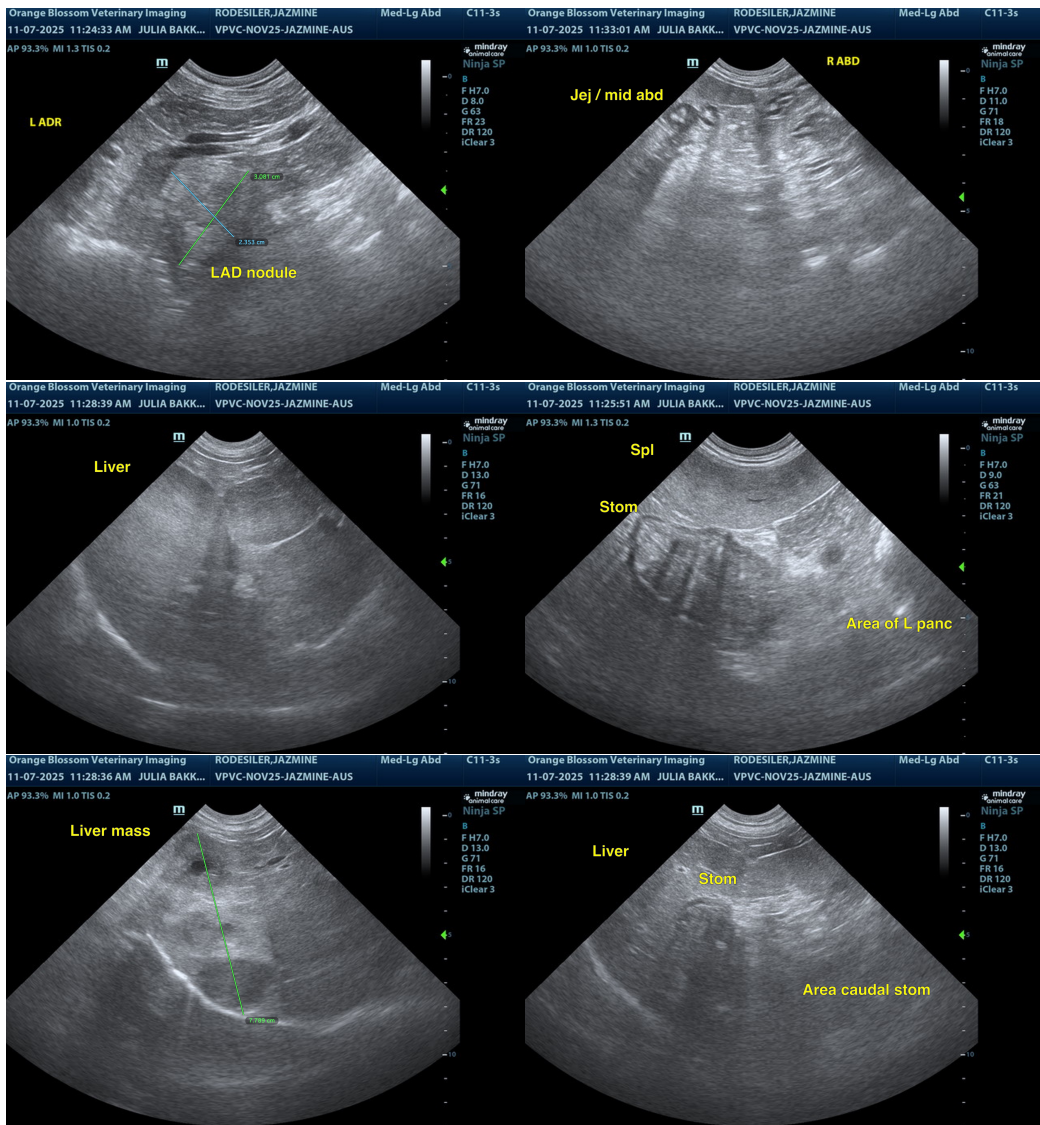
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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