



PATIENT

McCoy Harelík

SPECIES

Canine

BREED

Scottish Terrier

SEX

MN

AGE

11yr

WEIGHT

26.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield,
DMV

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Solitaire Goldfield,
DMV

INVOICE

22949

DATE

11/12/2025

PRESENTING CLINICAL SIGNS

McCoy, an 11-year-old, 6-month male neutered Scottish Terrier, presented for his third laser therapy treatment for back pain and to discuss recent blood work results. The owner reports that McCoy's condition seems unchanged; he is not worse, but it is unclear if he is in less pain. He has had no further seizure-like episodes. McCoy has been receiving Carprofen for pain and took his last dose this morning. He exhibits excessive thirst but has a normal appetite and is otherwise eating and drinking normally. There is no coughing or sneezing reported. Recent blood work revealed elevated liver enzymes, prompting a discussion about possible Cushing's disease.

Abnormal PE/Chem/CBC/UA Results: Rule out Hyperadrenocorticism (Cushing's disease), based on clinical signs (polydipsia) and recent lab work (elevated ALP 3551, ALT 309, AST 94 and low urine specific gravity of 1.022).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 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 5.6 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland exhibited asymmetrical caudal pole enlargement exhibiting non-homogenous, potentially cystic parenchyma. The left adrenal gland measured 1.4 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 2.3 cm length.

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/Gallbladder

Hepatomegaly with symmetrical capsule contour and mild to variable lobar heterogeneous hepatic parenchyma was present. An indistinctly marginalized, mildly uniform hyperechoic macronodule to small mass was present in the mid to right liver measuring ~ 4.3 cm in diameter. The gallbladder was non-distended in size with thin walls and moderate, primarily gravity dependent to non-dependent



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debris extending into the mildly dilated cystic duct. The common bile duct was not definitively visualized.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous liver with mildly hyperechoic intraparenchymal macronodule / small mass
- Non-organized gallbladder debris-possible early immature mucocele
- Bilateral chronic renal changes
- Enlarged non-homogenous cystic caudal left adrenal gland
- Remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adrenal workup with LDDST is indicated if clinical signs consistent with Cushing's syndrome are present. Concurrent serial monitoring of systemic BP for evidence of hypertension is recommended. The hepatic macronodule to small mass is non-specific and may indicate significant hyperplasia, lipogranuloma or similar, although low-grade neoplasia, i.e. carcinoma, is not excluded. Assuming normal clotting status, macronodule/ small mass FNA cytology is warranted for further clarification. Hepatosupportive medications would be reasonable with sonographic monitoring of the gallbladder if progressive cholestasis as well as of the left adrenal gland for evidence of progression.



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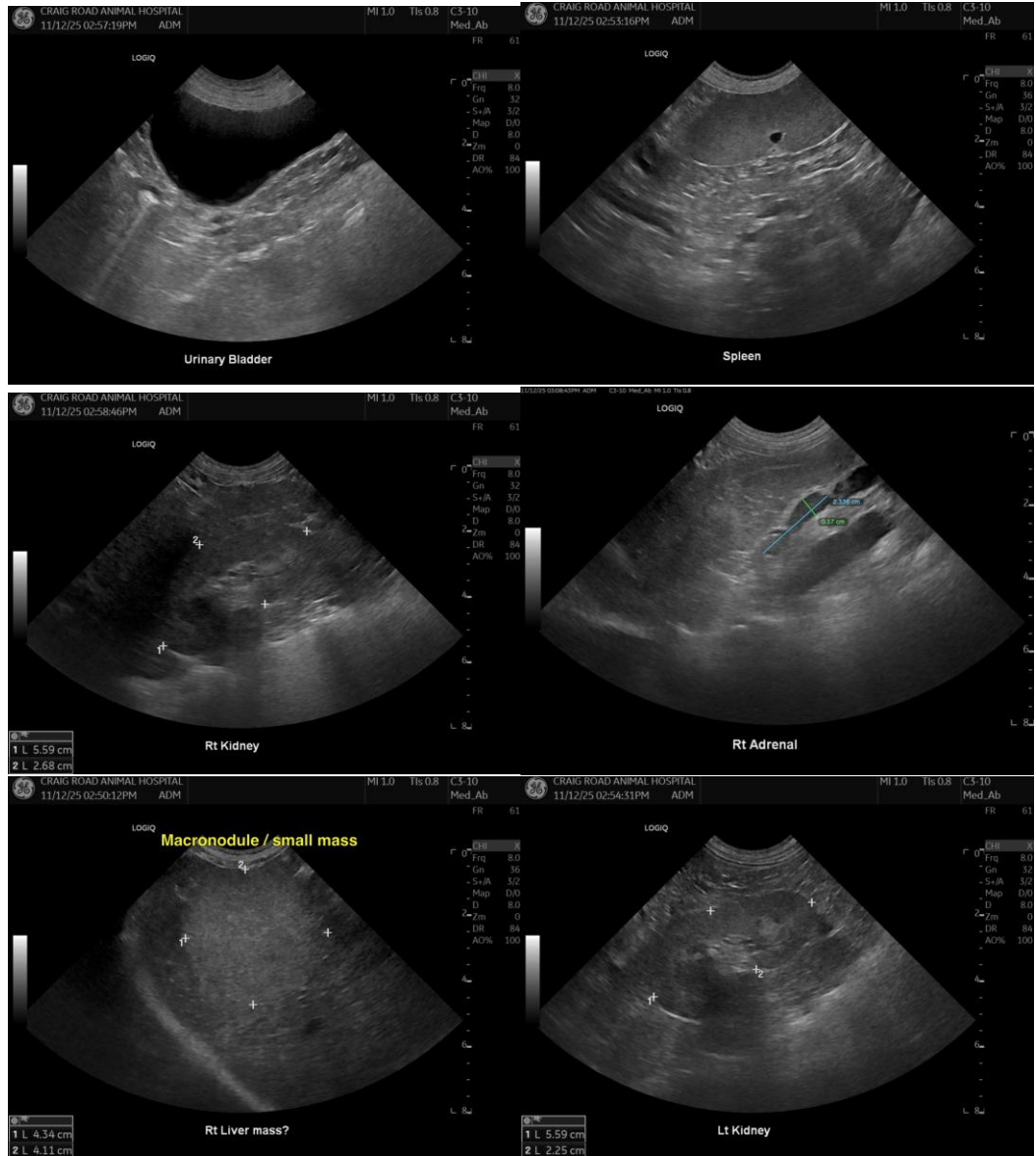
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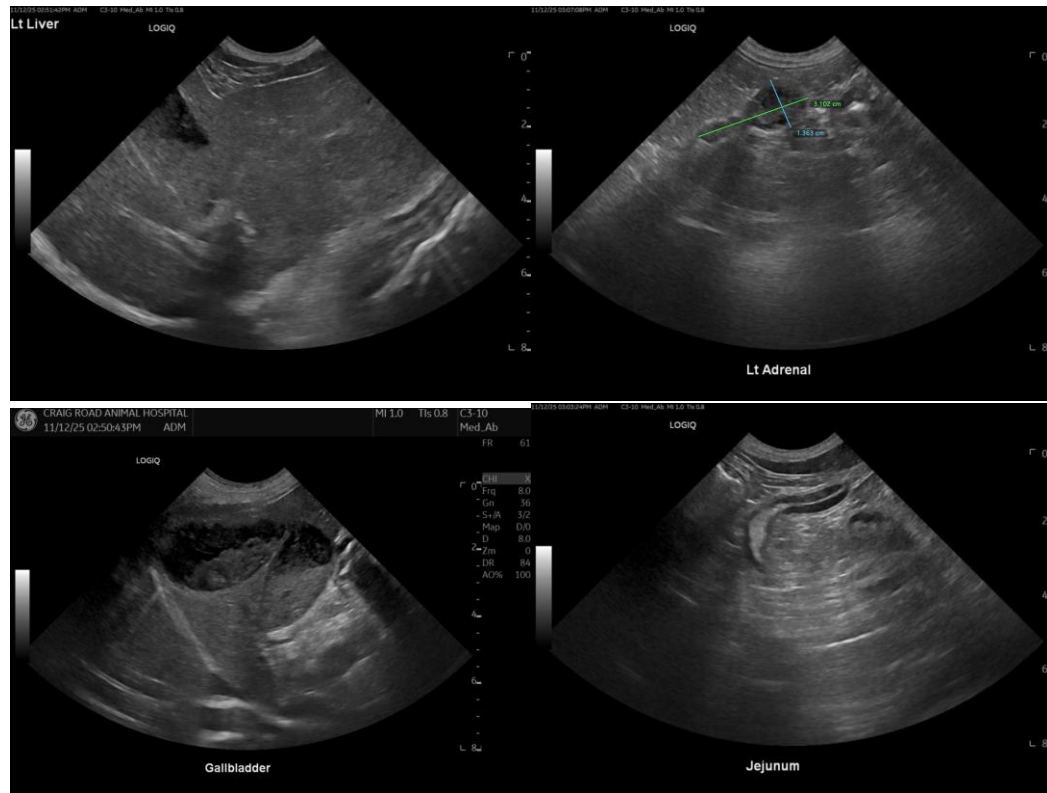
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com