



## PATIENT

Sorcha Champion

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female Spayed

## AGE

14 yrs 4 mos 2 wks

## WEIGHT

28 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Southpointe Pet  
Hospital

## REFERRING VET

Dr. Mizen

## INVOICE

12798

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

History: The patient presents for a repeat abdominal ultrasound due to a history of progressively worsening elevated liver enzymes, with previous imaging indicating significant hepatic changes and concurrent neurological signs. On April 19, 2024, an abdominal ultrasound revealed hepatic remodeling with a pronounced nodular hyperplasia pattern, suggestive of inflammation or hepatopathy, with neoplasia considered a minor possibility. The adrenal glands were also noted as mildly swollen and slightly heterogeneous. Recommendations at that time included an ultrasound-guided FNA of the liver, a workup for pituitary-dependent hyperadrenocorticism (PDH) if clinically indicated, and blood pressure measurement. Subsequent lab work from an emergency visit showed an ALT of 467, ALP greater than 2000, GGT of 46, and total bilirubin of 19. The BUN was also high at 10.2 and phosphorus was low at 0.78. Clinically, the patient has exhibited a head tilt and trouble standing. The owners have elected to proceed with a repeat abdominal ultrasound at this time to evaluate for any progression or changes since the previous scan. Can also reference previous AUS done April 2024.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

The right kidney exhibited asymmetrical margination with possible cortical microinfarctions. 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. Minor areas of medullary mineral was present. The right kidney measured 5.1 cm in length.

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. Minor pyelectasia and medullary mineral was present. The left kidney measured 6.2 cm.

### Adrenal Glands

The left adrenal gland was mildly enlarged in size with intact, mildly asymmetrical capsule contour. Well-demarcated, non-disruptive, mildly hypoechoic, non-mineralized caudal left adrenal nodule was present measured 0.94 cm x 0.68 cm. The left adrenal gland measured 0.99 cm width at the caudal pole. The right adrenal gland exhibited enlarged caudal pole with asymmetrical yet intact right adrenal capsule. Non-disruptive, well-demarcated, hypoechoic, non-mineralized cranial right adrenal nodule was present measuring 0.82 cm x 0.59 cm. The right adrenal gland measured 0.95 cm width at the caudal pole.



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## Spleen

The spleen was normal in size with maintained symmetrical contour and minor heterogeneous parenchyma which is nonspecific and may indicated differentiation between red/white pulp hyperplasia or hematopoiesis. Infiltrative splenic neoplasia is considered less likely and caudal medial splenic folding was noted.

## Liver

The liver exhibited generalized to possible moderate hepatomegaly with symmetrical to mildly rounded hepatic capsule contour and normal vascular volume. Mild heterogeneous remodeled parenchyma exhibiting variable course echotexture. Indistinct portal vascular borders and no mass or nodule visualized. The gallbladder was non distended in size with moderate, non-dependent, mobile, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

## 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 pancreas was normal in size and contour with heterogeneous remodeled parenchyma compared to adjacent omentum. Mildly prominent right limb pancreatic duct noted. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting parenchymal remodeling – subjective benign
- Mild, non-organized gallbladder debris (non-mucocele)
- Mildly heterogeneous folded spleen – probable benign
- Mild chronic renal changes
- Mild pancreatic remodeling
- Bilateral mildly enlarged nodular adrenal glands – probable hyperplasia or adenomatous change, unilateral/bilateral adrenal tumors thought less likely

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, screening hepatosplenic FNA cytology primarily to assess for inflammatory hepatic criteria and to rule out non-obvious or occult splenic disease, although no overt evidence of hepatosplenic neoplastic criteria may be considered. Previously mentioned adrenal workup if clinical signs consistent with Cushing's Syndrome as well as serial monitoring of systemic BP for hypertension which may potentially allude to less likely unilateral or



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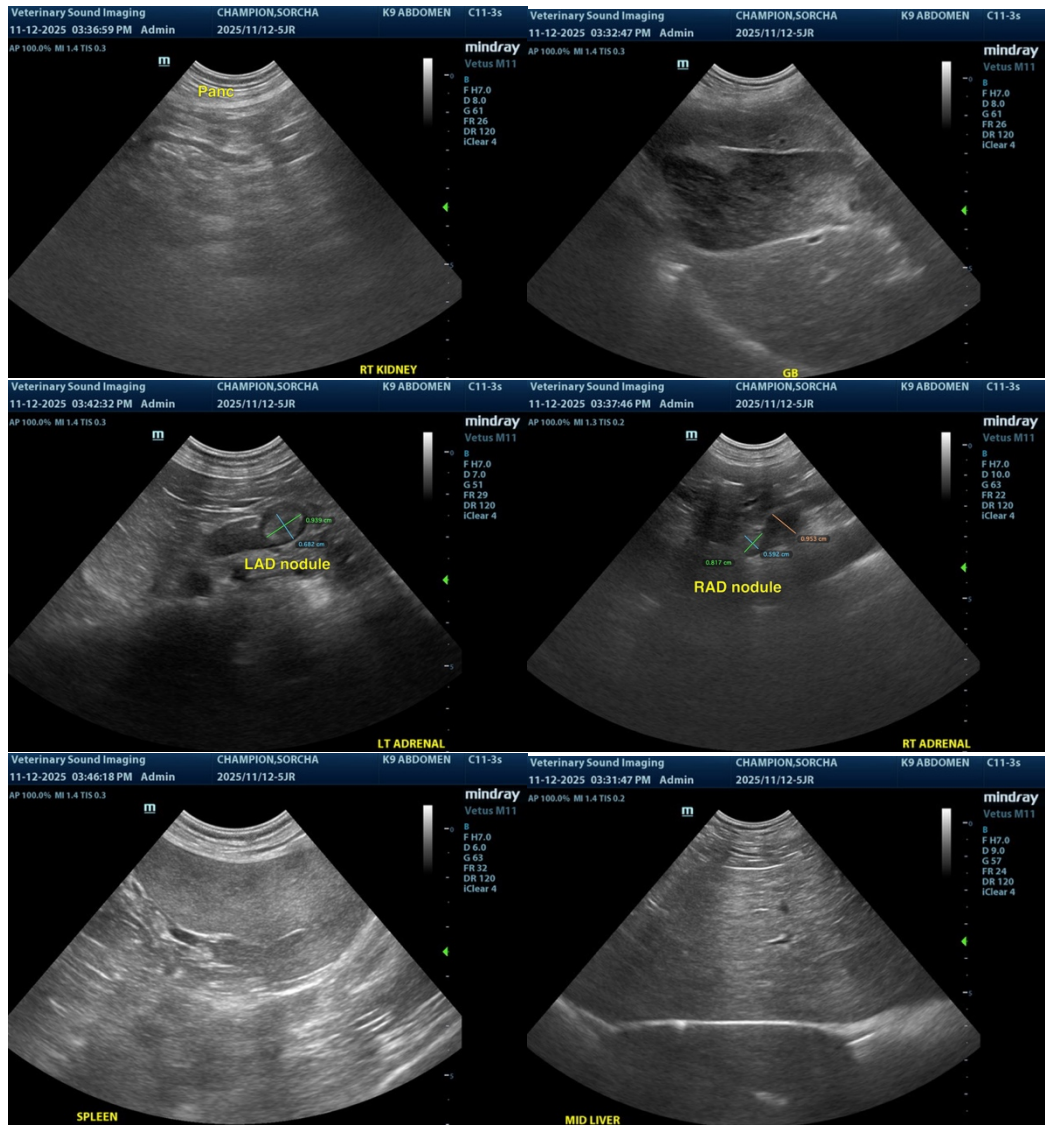
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bilateral pheochromocytoma is recommended. Hepato-supportive medications with sonographic monitoring of the liver, spleen and bilateral adrenal glands would be reasonable.





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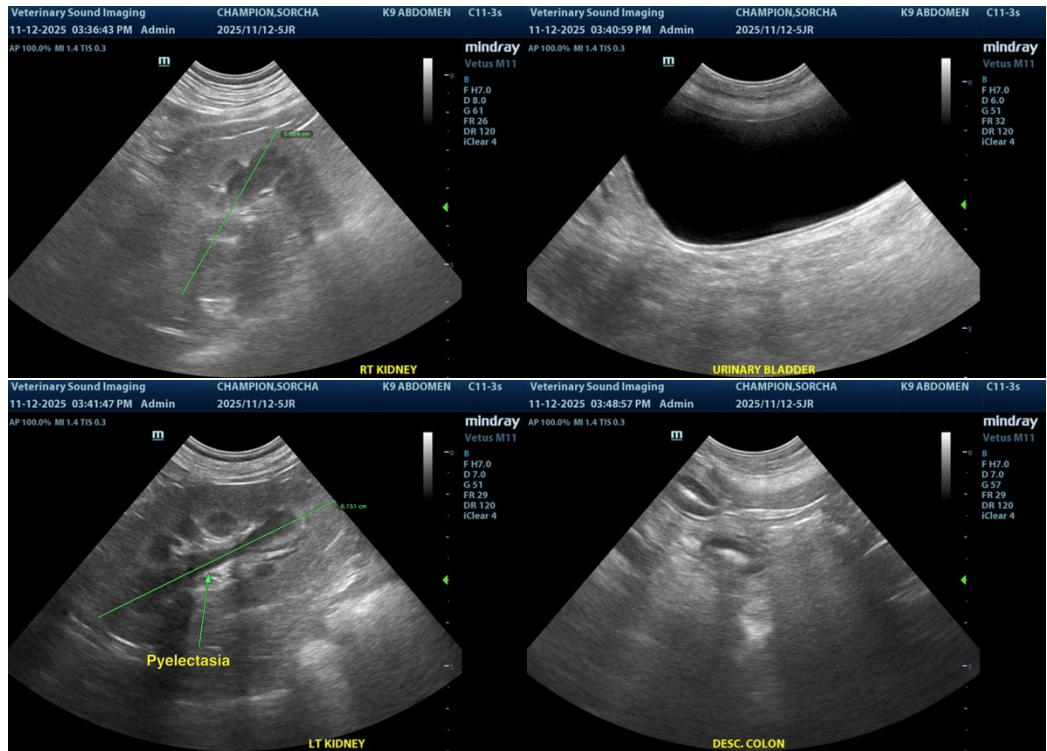
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)