



<p>PATIENT Isabella Sr. Dog Haven</p> <p>SPECIES Canine</p> <p>BREED Chihuahua x</p> <p>SEX FS</p> <p>AGE 15 yrs</p> <p>WEIGHT 6 lbs.</p> <p>INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)</p> <p>IMAGING PERFORMED BY Rodriguez</p> <p>HOSPITAL NAME Foxfield VS</p> <p>REFERRING VET Rodriguez</p> <p>INVOICE 10314</p> <p>DATE 11/6/25</p>	<p>PRESENTING CLINICAL SIGNS Suspected LDDST Abnormal PE/Chem/CBC/UA Results: ALK: 232, BUN: 53, SDMA: 12.4. Creat: 0.4, Amylase: 1197, Urine: USG: 1.015, UPCR: 8.6.</p> <p>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 evidence of urine or 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. No evidence of pathology in the area of the aortic trifurcation. Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present with minor medullary mineral. Mild left kidney pyelectasia was present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 3.8 cm in length.</p> <p>Adrenal Glands The left adrenal gland was irregularly enlarged with asymmetrical contour and nonhomogeneous nodular parenchyma. No obvious evidence of left adrenal parenchymal mineralization. The left adrenal gland measured 2.5 cm x 1.6 cm. The right adrenal gland was indistinctly visualized yet subjectively normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 0.47 cm width in the caudal pole.</p> <p>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.</p> <p>Liver/ Gallbladder The liver was mild asymmetrically enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, nondisruptive, nonhomogeneous, hyperechoic intraparenchymal nodule was</p>
--	--



PATIENT	present, measuring 1.8 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nondependent, nonorganized gallbladder debris. The common bile duct was normal.
Isabella Sr. Dog Haven	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
BREED	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. Mild duodenojejunal hyperechoic mucosal speckling was present.
Chihuahua x	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	
AGE	<i>Pancreas</i>
15 yrs	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 were evident.
WEIGHT	<i>Free Abdomen</i>
6 lbs.	No omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Subjective mild peri intestinal to ventral abdomen hyperechoic omentum was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Nonhomogeneous nodular left adrenomegaly / mass • Subjective age-related normal right adrenal gland • Chronic hepatopathy with intraparenchymal nodule - subjective benign, nodule suggestive of hyperplasia or lipogranuloma, minor potential for low-grade to emerging neoplasia • Nonspecific chronic renal changes exhibiting mild medullary mineral and left kidney pyelectasia • Nonspecific intestinal mucosal speckling with peri-intestinal to ventral abdomen mild hyperechoic omentum - possible nonspecific enteritis • Nonorganized gallbladder debris (non mucocele)
IMAGING PERFORMED BY	
Rodriguez	
HOSPITAL NAME	
Foxfield VS	
REFERRING VET	
Rodriguez	
INVOICE	
10314	
DATE	
11/6/25	



PATIENT

Isabella Sr. Dog
Haven

SPECIES

Canine

BREED

Chihuahua x

SEX

FS

AGE

15 yrs

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

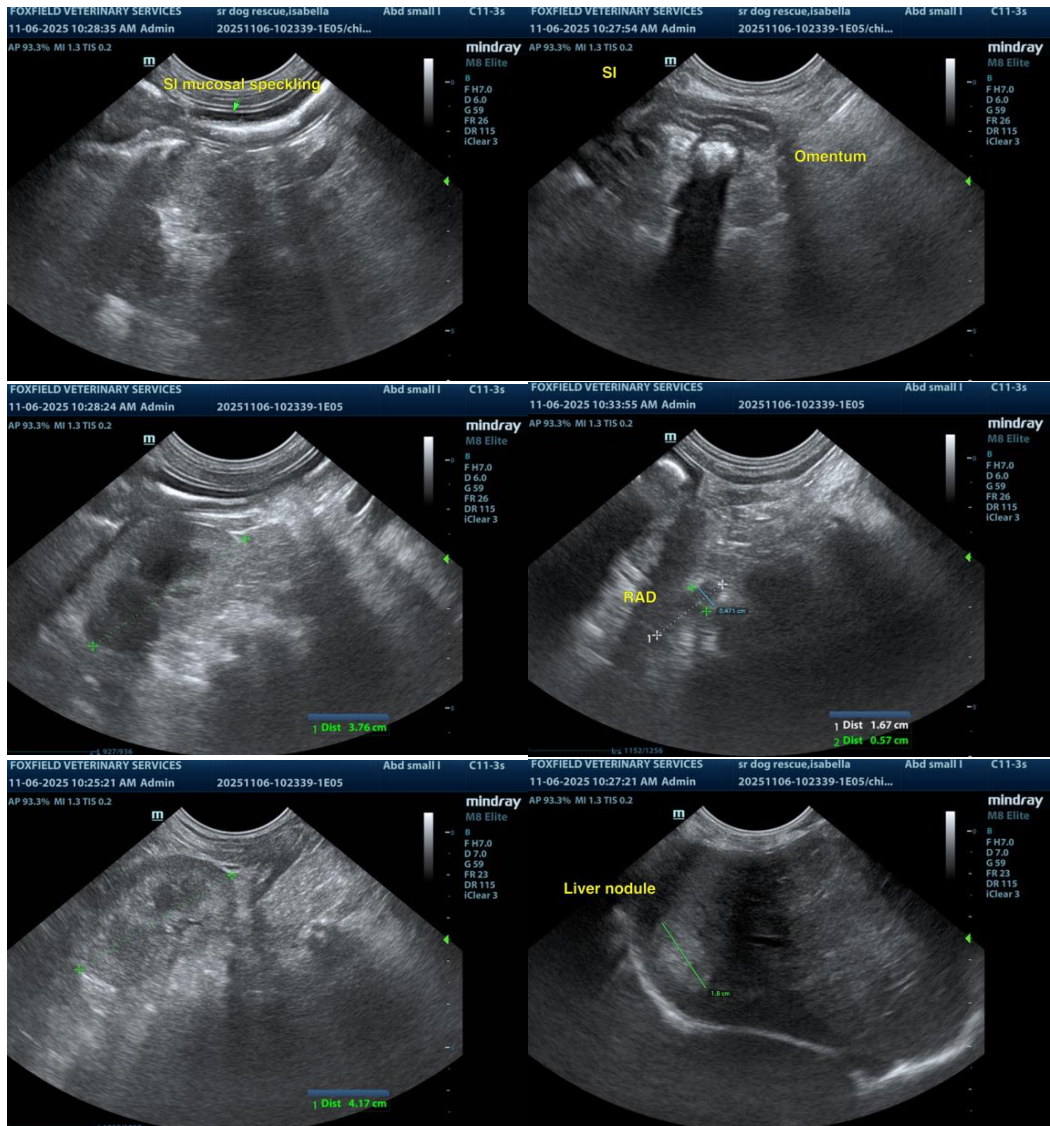
10314

DATE

11/6/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left adrenal hyperplasia, functional vs. non-functional adenoma, or tumor with potential mixed etiologies is possible. Correlation with LDDST, as well as serial monitoring of systemic blood pressure for evidence of hypertension +/- urine catecholamine level, if hypertension is present, in conjunction with elevated UPC if suspicion of pheochromocytoma, is suggested. Gastrointestinal support is indicated if non-reported gastrointestinal signs are present.





PATIENT

Isabella Sr. Dog
Haven

SPECIES

Canine

BREED

Chihuahua x

SEX

FS

AGE

15 yrs

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

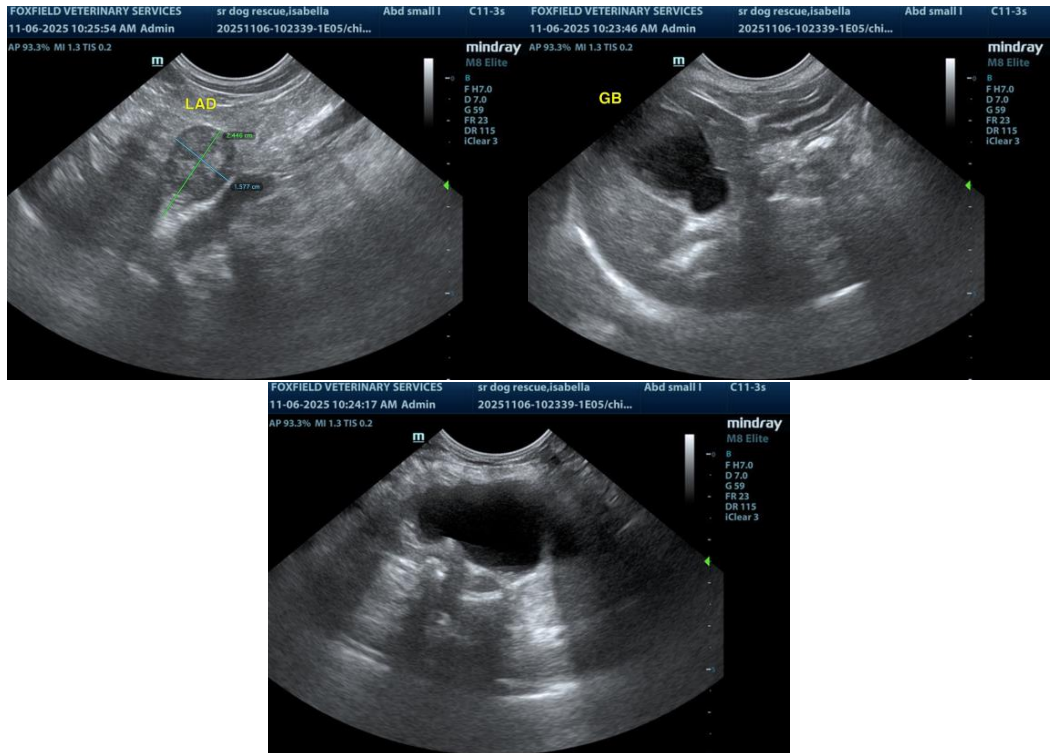
Rodriguez

INVOICE

10314

DATE

11/6/25



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