



PATIENT

Gracie McCaulou

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

10yr

WEIGHT

9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Terra McSwain, DVM

INVOICE

23088

DATE

12/01/2025

PRESENTING CLINICAL SIGNS

Asymptomatic

Abnormal PE/Chem/CBC/UA Results: Elevated ALP Suspect Cushings

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.69 cm.

An indistinctly marginated mixed echogenic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.3 cm x 0.96 cm.

Bilateral mild adrenomegaly based on caudal pole width measurement was present with the caudal left adrenal gland measuring 0.85 cm width and the caudal right adrenal gland measuring 0.63 cm in width.

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

The liver presented mild to moderately increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. Intermittent, subtle hypoechoic non-disruptive intraparenchymal nodules were present, an example measured 0.72 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the pancreas base and right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral mild enlarged nodular adrenal glands – hyperplasia, functional vs non-functional adenoma, potential for emerging unilateral/ bilateral adrenal tumors
- Hepatopathy exhibiting subtle intraparenchymal nodules
- Mild non-organized gallbladder debris (non-mucocele)
- Mild chronic pancreatitis / pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient is reportedly asymptomatic, an adrenal workup with LDDST is indicated if clinical signs consistent with Cushing's syndrome in conjunction with decreased USG is warranted. Serial monitoring of BP is advised +/- urine metanephrine level if hypertension is present. Vacuolar hepatitis is suspected. Further assessment may include assuming normal clotting status, hepatic FNA cytology to assess for non-obvious inflammatory disease or less likely occult neoplasia. Hepatosupportive medications may prove beneficial. A spec CPL is warranted if clinical signs consistent with chronic pancreatitis are present. Sonographic monitoring of the adrenal glands for evidence of progression with an initial recheck in 4-6 weeks would be ideal.



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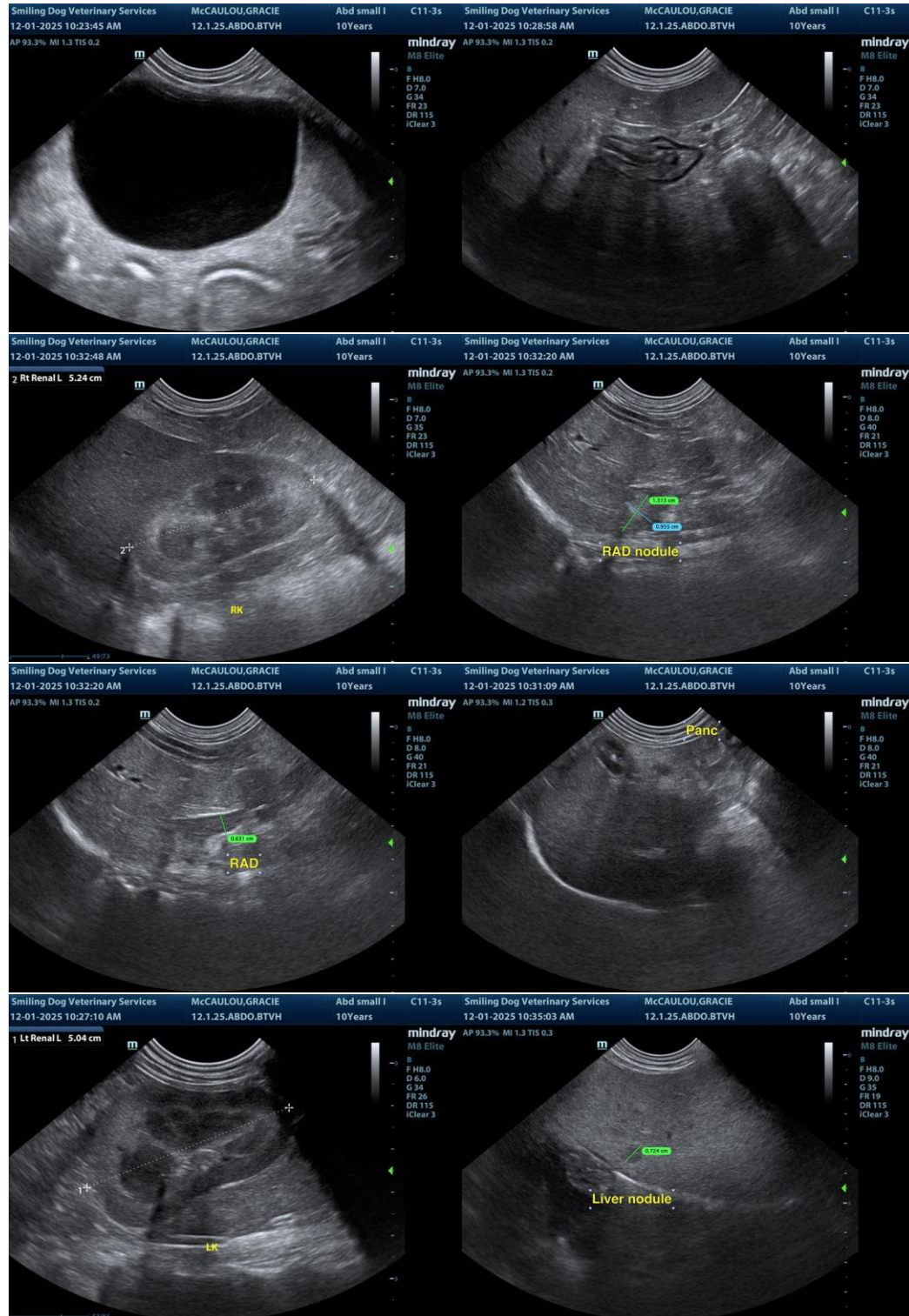
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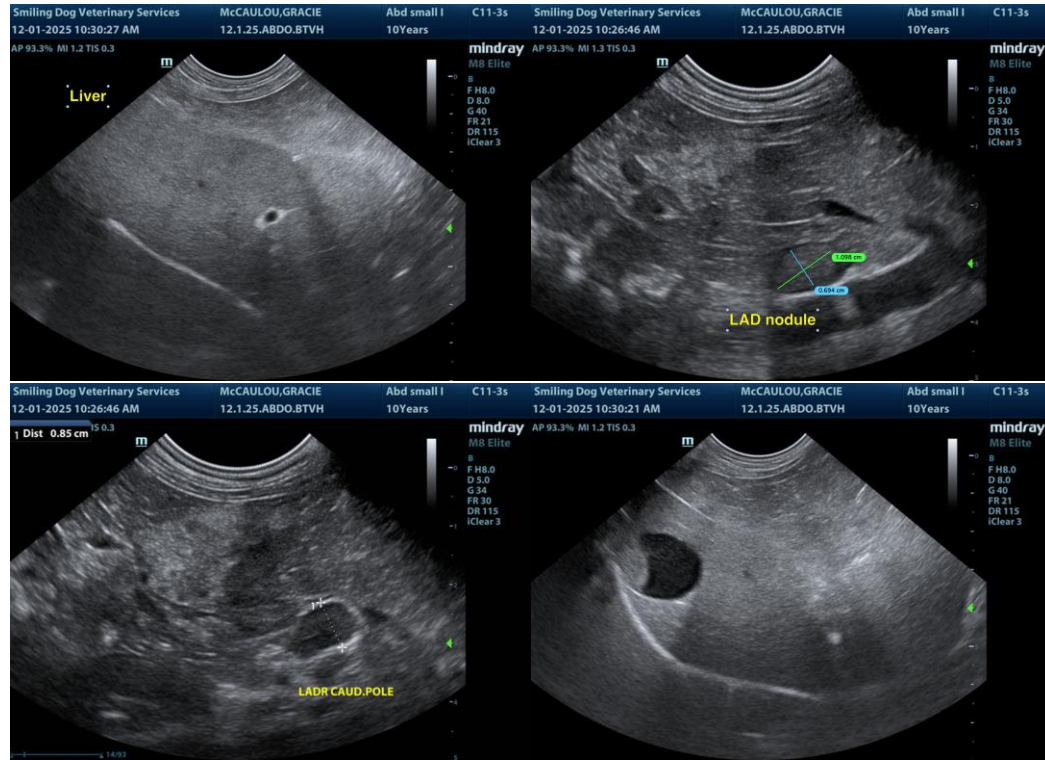
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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