



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Laboy	Work up for cushings.
SPECIES	Abnormal PE/Chem/CBC/UA Results: LDDST: pre: 3.7, 4hr: 2, 8hr 3.5 ALT: 120, ALK: 222, USG: 1.008, UPCR: 0.7,
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Basset Hound	Urinary System
SEX	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 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.
MN	
AGE	The area of the residual prostate appeared normal and free of pathology.
10 yrs	Visualized medial iliac lymph node was sonographically normal, measuring 2.6 cm x 0.79 cm.
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.3 cm in length.
76 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland was mildly enlarged measuring 0.86 cm width at the caudal pole. The right adrenal gland was borderline enlarged measuring 0.75 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Rodriguez	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.
HOSPITAL NAME	Liver/ Gallbladder
Foxfield VS	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent, nondisruptive, mild hyperechoic intraparenchymal nodules were present with an example measuring 1.5 cm diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of
REFERRING VET	
Rodriguez	
INVOICE	
10442	
DATE	
12/10/25	



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Cooper Laboy

SPECIES

Canine

BREED

Basset Hound

SEX

MN

AGE

10 yrs

WEIGHT

76 lbs.

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congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta or foreign material. Mild retained anechoic fluid was present.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mild hyperechoic intraparenchymal nodules - vacuolar hepatopathy with nodular hyperplasia or lipogranulomas, potential for concurrent mild hepatic inflammation, nonobstructive cholestasis with hepatic neoplasia considered less likely
- Borderline / mild adrenomegaly - consistent with PDH criteria
- Nonorganized gallbladder debris (non mucocele)
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications and empirical therapy for Cushing's Syndrome, if clinical signs are present, are recommended.



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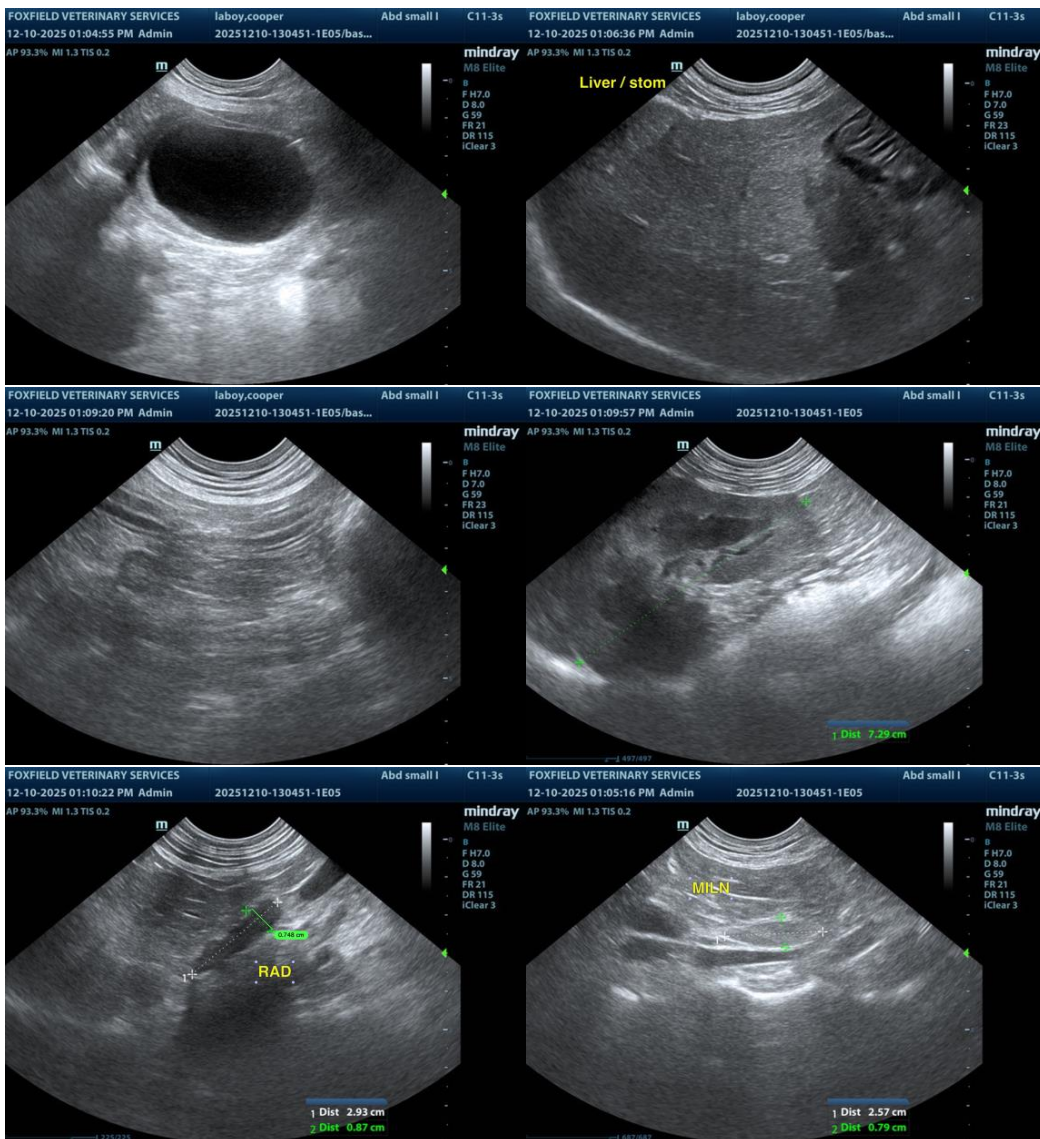
Rodriguez

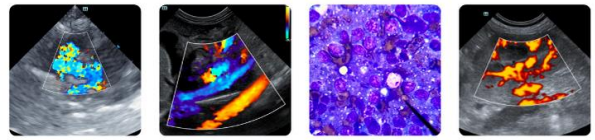
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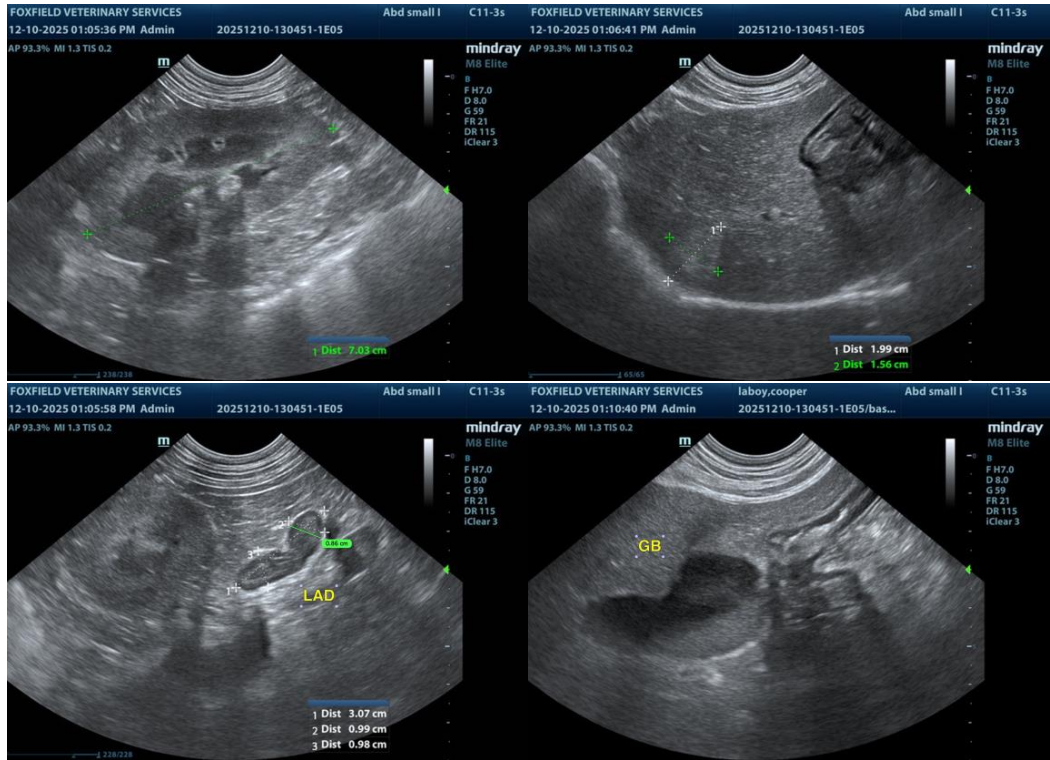
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com