



PATIENT

Kingslkey Montgomery

SPECIES

Canine

BREED

Husky

SEX

Male Neutered

AGE

11 yrs

WEIGHT

36.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Helaing Traditions VH

REFERRING VET

Dr. Wanda Vockeroth

INVOICE

12946

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Kingsley's ALP is still elevated, slightly higher than last time. His ALT is fine and the rest of his chem screen is okay. Owner reports some symptoms consistent with Cushing's, including increased appetite, thinning hair coat and weakness in hind legs (which could be due to other issues such as spondylosis). ACTH Response test is normal.

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate was sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 to moderate indistinct loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral present. The left kidney measured 6.6 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

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

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. 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 congestion. Subtle, heterogeneous lobar parenchyma. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing ingesta consistent with food echogenicity.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing, non-shadowing ingesta.

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 was evident.

Free Abdomen

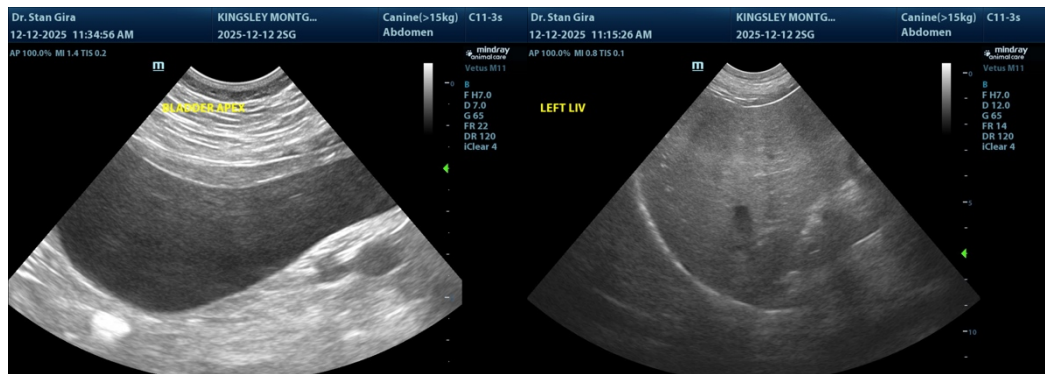
Thinly walled cyst or cystic lymph node adjacent to the left adrenal gland containing anechoic fluid measuring ~2.0 cm in diameter. Focal, minor prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 2.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild, non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Normal bilateral adrenal glands
- Intermittent, benign hepatopathy criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include, assuming normal clotting status, hepatic FNA cytology. No evidence of adrenal pathology as an obvious contributing factor. Recheck adrenal testing may be considered if progressive clinical signs which may suggest non-structural adrenal disease. Hepato-supportive medications including Denamarin and Ursodiol may prove beneficial.





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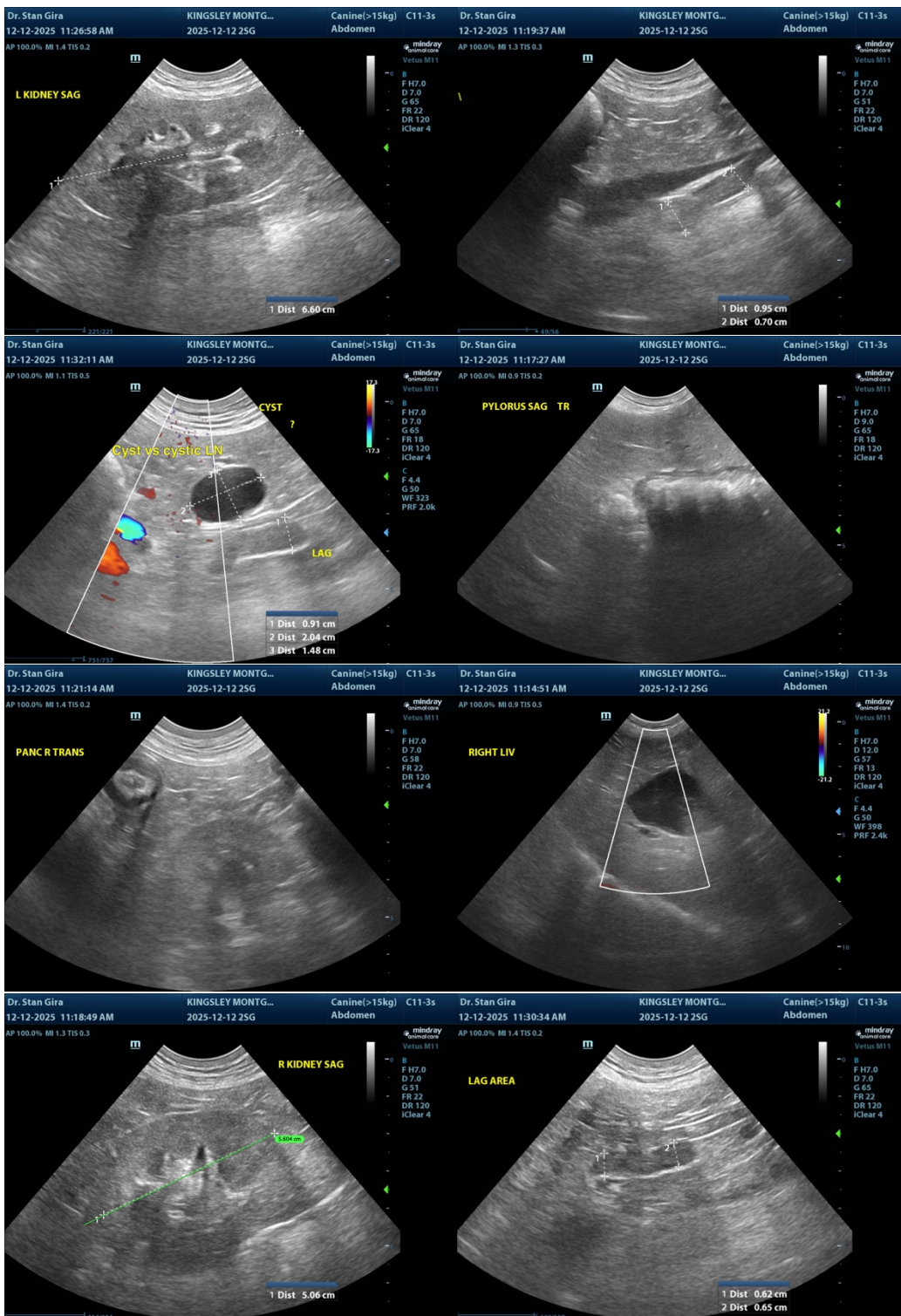
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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