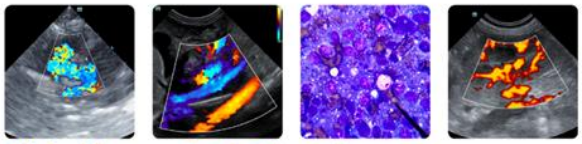


PATIENT

Teddy Davison

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

MN

AGE

10

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23249

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

ate chocolate, now vomiting Increased Glu normal Fructosamine Elevated LE's

Abnormal PE/Chem/CBC/UA Results: ALT 847 ALP 418 GGT 26 Proteinuria , glucosuria USG 1.022

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 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 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 5.2 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the caudal pole.

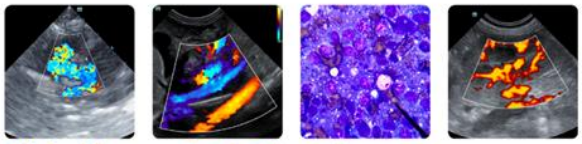
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

Generalized hepatomegaly was present. A large non-homogenous mixed echogenic to hyperechoic liver mass was present measuring ~ 9 cm occupying the majority of the mid to subjective left liver. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing to subtle deep distal acoustic shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 shadowing content, mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with mixed echogenic liver mass
- Normal gallbladder
- Primarily non-shadowing mild gastric ingesta, primarily empty small intestine
- Bilateral enlarged non-homogenous adrenal glands

Secondary

- Small benign splenic nodules -consistent with myelolipomas
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a liver mass/parenchyma FNA for screening cytology is warranted for further assessment. The adrenals may indicate benign hyperplasia, functional vs non-functional adenomatous change, while potential for unilateral or bilateral emerging adrenal tumors is not excluded. Adrenal screening or workup indicated if clinical signs consistent with Cushing's syndrome or diabetes are present. The gastrointestinal ingesta is most consistent with food echogenicity. Gastrointestinal support and empirical therapy for chocolate toxicity, if clinically indicated, is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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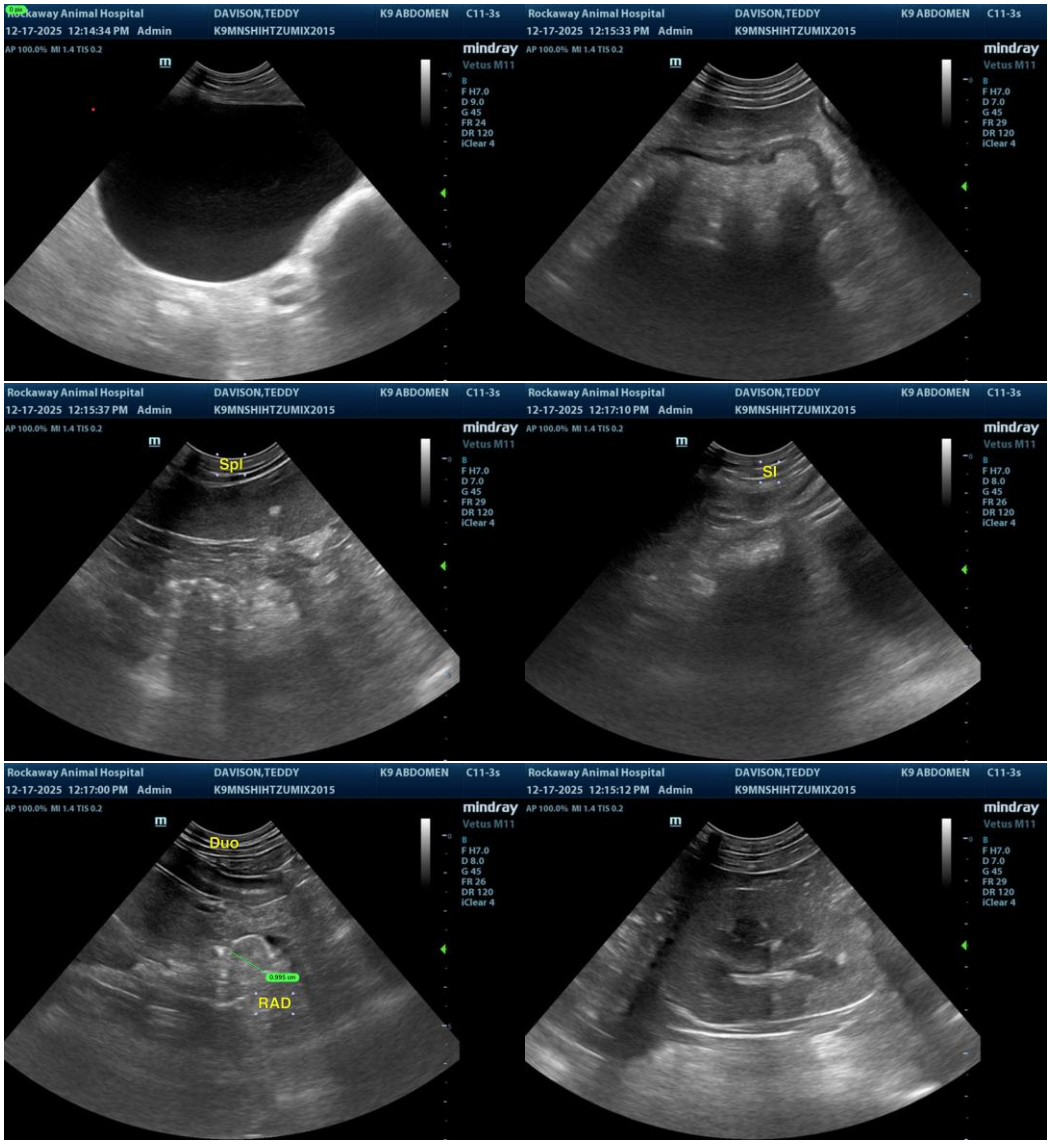

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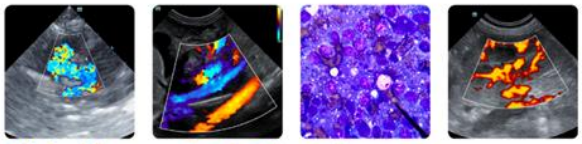

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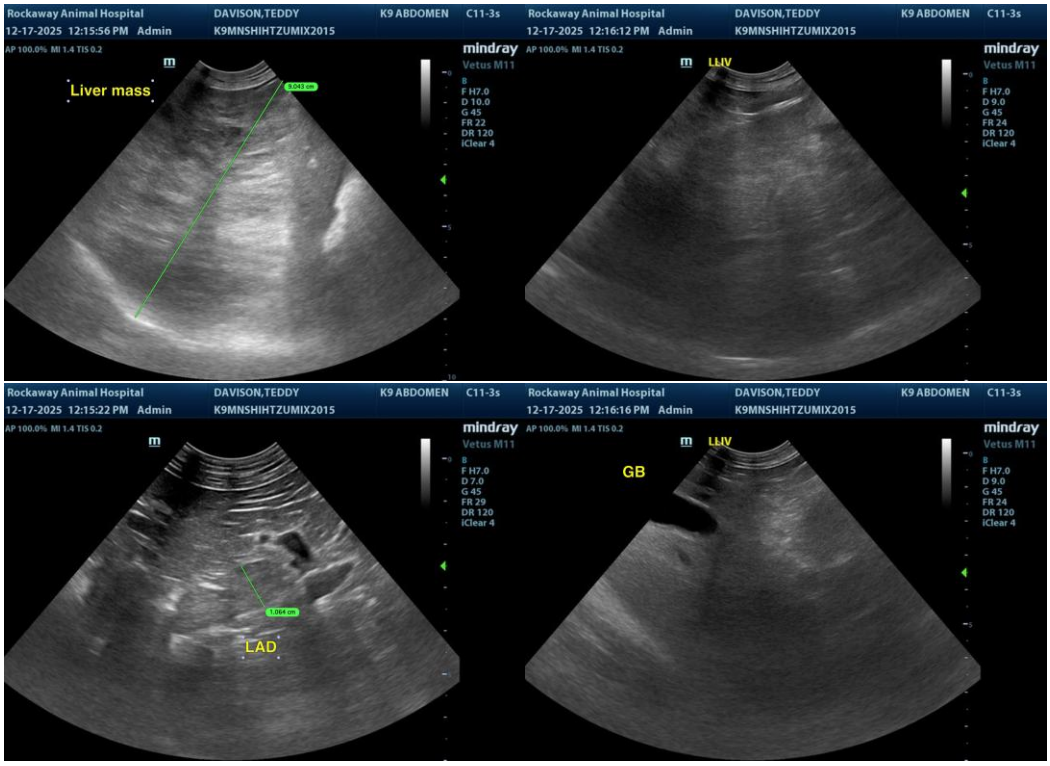

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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