



PATIENT

Chloe Naill

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

11 yrs

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Meghan Bray

INVOICE

12888

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Patient has hx of hypothyroid, has been showing clinical Cushing's signs. presented on 11/18/25 for panting more last couple months off and on. History of hypothyroidism appears well-controlled. Patient was fed extra last night and got 1-2oz of chicken this morning with her medications. gained weight, which is attributed to an increased amount of food in her diet. There is an increased frequency of coughing, occurring approximately three to four times a day; these episodes are non-productive and not progressive. The patient has a history of gagging after drinking water, which is an ongoing issue. Appetite and water consumption are reported as normal. Energy levels are normal.

Meds: P is on denamarin, sileo, dasuquin, and thyro-tabs.

Abnormal PE/Chem/CBC/UA Results: patient's liver values, specifically ALP, had been slightly elevated, and another liver value was beginning to increase. See attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured – cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with asymmetrical contour. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.1 cm width in the caudal pole. The right adrenal gland was borderline prominent in size. A non-disruptive, indistinctly marginated, non-mineralized, mildly hypoechoic mid adrenal nodule was present measuring 1.3 cm x 0.78 cm. Caudal right adrenal gland measured 0.8 cm 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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

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 was evident.

Free Abdomen

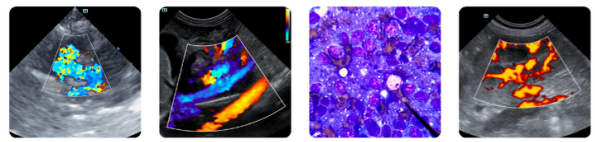
Mild, hyperechoic ventral mid abdomen fat was present. No evidence of omental masses, significant omental lymphadenopathy or peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy – subjective benign
- Normal gallbladder
- Borderline, mildly enlarged, non-homogeneous, subtle nodular adrenal glands – hyperplasia, functional vs non-functional adenoma, emerging adrenal neoplasia though less likely
- Age-related renal changes
- Mild ventral abdomen hyperechoic fat/omentum – benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given current clinical signs and recent urine specific gravity greater than 1.020, the bilateral adrenal glands are of unclear clinical significance. Adrenal screening with workup warranted if clinical signs consistent with Cushing's Syndrome arise. Hepato-supportive medications may prove beneficial. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further assessment.



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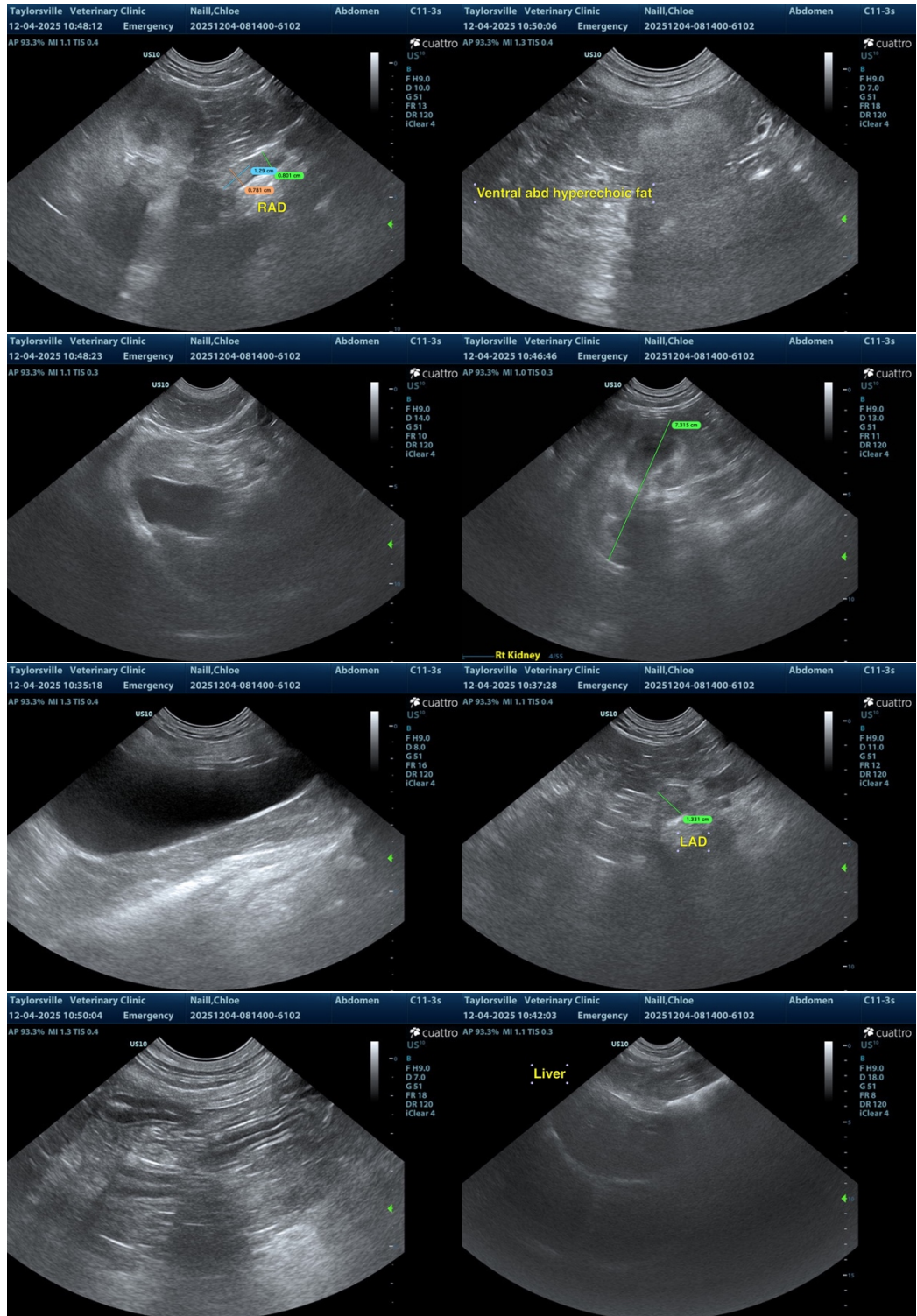
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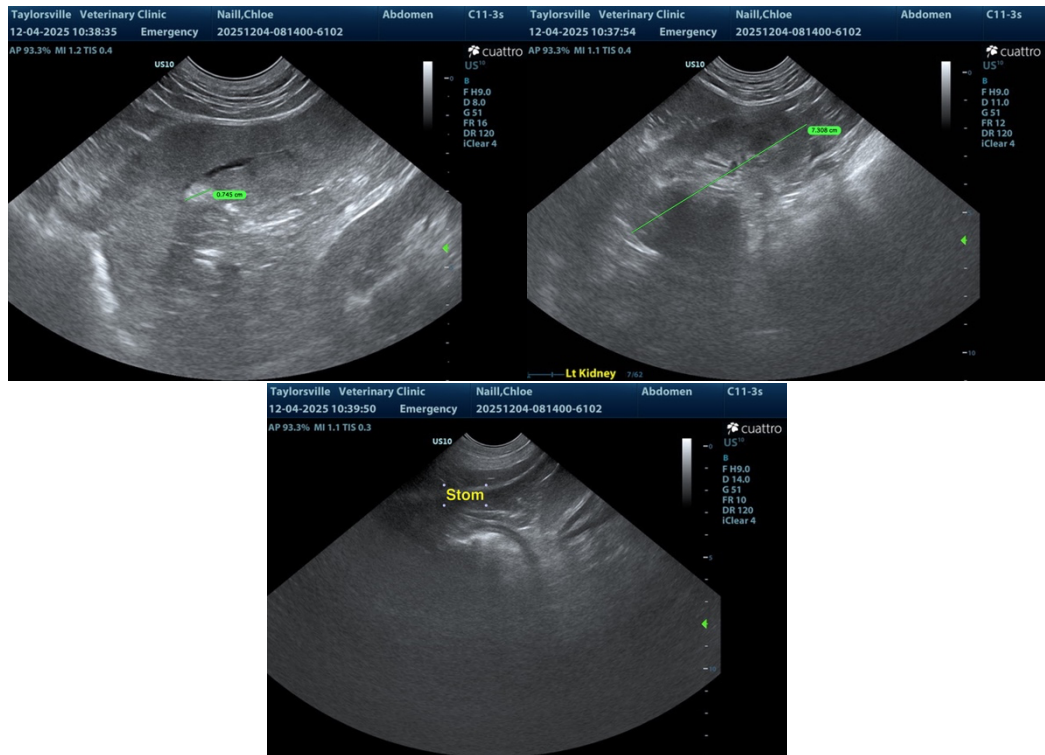
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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