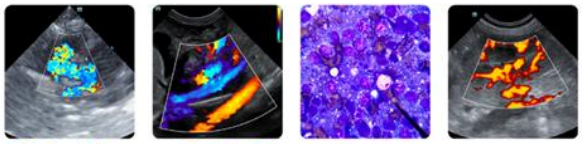


PATIENT

Liberty Riley

SPECIES

Canine

BREED

Schnauzer Mix

SEX

FS

AGE

10yr

WEIGHT

30lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Rodriguez

INVOICE
23940

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

Possible Cushing's work-up

Abnormal PE/Chem/CBC/UA Results: ALT: 335, ALK: 1552, GGT:11, chol: 358, Trig: 679, UCCR: 32, LDDST: 2.7, 0.4, 1.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 5.4 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.61 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width in the caudal pole.

Spleen

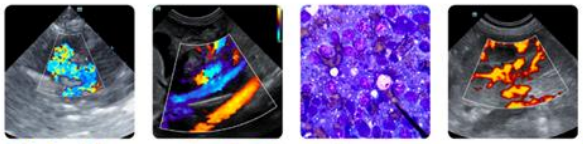
The spleen exhibited a solitary, mildly expansive non-homogenous hypoechoic craniomedial nodule. The remainder of the spleen was sonographically normal. The splenic nodule measured 1.7 cm in diameter with associated splenic capsule distortion without evidence of capsule escape.

Liver/Gallbladder

The liver presented generalized 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. A mildly expansive primarily homogenous hypoechoic ventrocaudal liver mass lesion was present measuring ~ 5.2 cm x 5.2 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor non-organized 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 with no signs of ileus, obstruction or foreign material.



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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 right pancreatic limb was mildly prominent in size with mild capsule asymmetry, exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with ventrocaudal mild non-homogenous hypoechoic mass lesion- hepatoma like mass, hyperplasia, hematopoiesis, inflammation, granuloma, neoplasia, all potentials
- Minor gallbladder debris (non-mucocele)
- Expansive splenic nodule- concern for neoplastic criteria, i.e. round cell neoplasia, sarcoma, expansive lymphoid hyperplasia, hematopoiesis, hematoma or granuloma possible
- Mild chronic renal changes
- Normal bilateral adrenal glands
- Possible mild right limb chronic/ chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic mass lesion and splenic nodule FNA for screening cytology is warranted for further assessment. Given LDDST result, retesting could be considered in 6 weeks if clinical signs consistent with Cushing syndrome are present, although the adrenals may present sonographically normal with confirmed Cushing syndrome. Hepatosupportive medications may prove beneficial.

Assuming no pathology on three view chest radiographs and ideally with brief cardiac sonographic assessment, diagnostic and prophylactic splenectomy +/- hepatic biopsy or hepatic mass lesion resection given ventrocaudal location could be considered.

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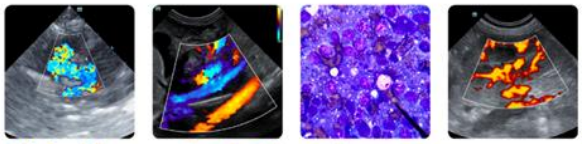

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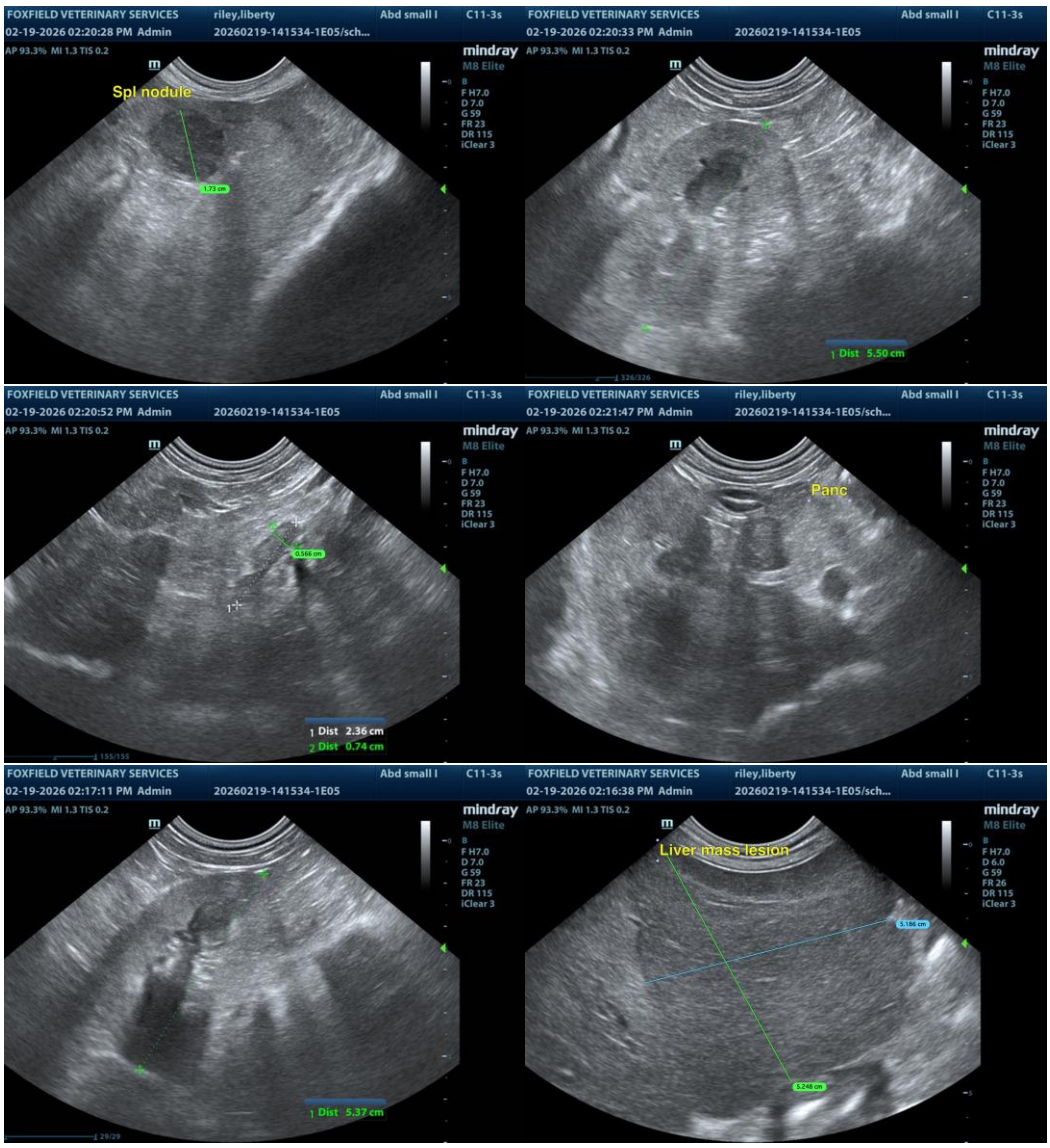

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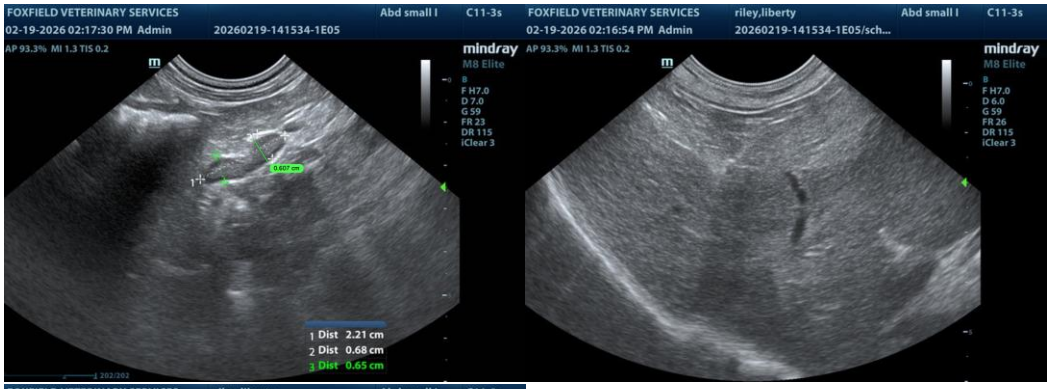

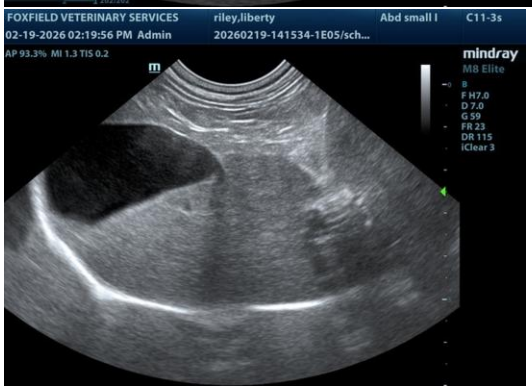

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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