



PATIENT

Cesar Macintosh

SPECIES

Canine

BREED

Shepherd

SEX

Spayed Female

AGE

13 Years

WEIGHT

38 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

13894

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- Episode of weakness (unable to stand, was panting, and was wobbly after a short walk), increased urination, increased drinking, and weight loss (unsure of what time frame), lethargy. Normal appetite
- There was 1 day last week where Cesar vomited bile 2x and passed stool with yellow mucous. No GI changes have been noted since then.
- There have been multiple episodes of inappropriate urination in the last week. Changes have come on suddenly. Urine volumes are large, with no odor, blood or straining noted.
- Normal temp on PE. Abdominal: No organomegaly, palpable fluid or mass effects. No pain on palpation.
- Current Medications: Clavaseptin 500mg BID

Abnormal PE/Chem/CBC/UA Results: Attached Primary Question to Be Answered in This Exam Reason for PU/PD, lethargy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the cranial / apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Dorsal apical urinary bladder wall measured 0.80 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was enlarged at the caudal pole with symmetrical contour and mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 1.5 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.81 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

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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 normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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 ileus, obstruction or foreign material.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern.
- Mildly enlarged nonhomogenous left adrenal gland- hyperplasia, functional versus nonfunctional adenomatous, potential for emerging tumor possible.
- Sonographically normal liver- consistent with benign hepatopathy.
- Normal gallbladder.
- Mild chronic renal changes.
- Sonographically normal empty gastrointestinal tract.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring of system blood pressure for evidence of hypertension given left adrenomegaly is recommended. The hepatopathy is not overtly consistent with steroid hepatopathy criteria. Yet adrenal screening or workup could be considered if strong clinical signs are consistent with Cushing's syndrome and concurrent decreasing urine specific gravity.

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Further assessment of the liver given ALT elevation may include (assuming normal clotting status and if accessible) hepatic FNA cytology primarily to assess for evidence of inflammation +/- leptospirosis titers/PCR. Further assessment may include (assuming normal clotting status) bile acid profile and GI panel to include PLI, TLI, cobalamin and folate given PU/PD and reported weight loss. Correlation with neurological exam and three view chest radiographs given age and breed is recommended.



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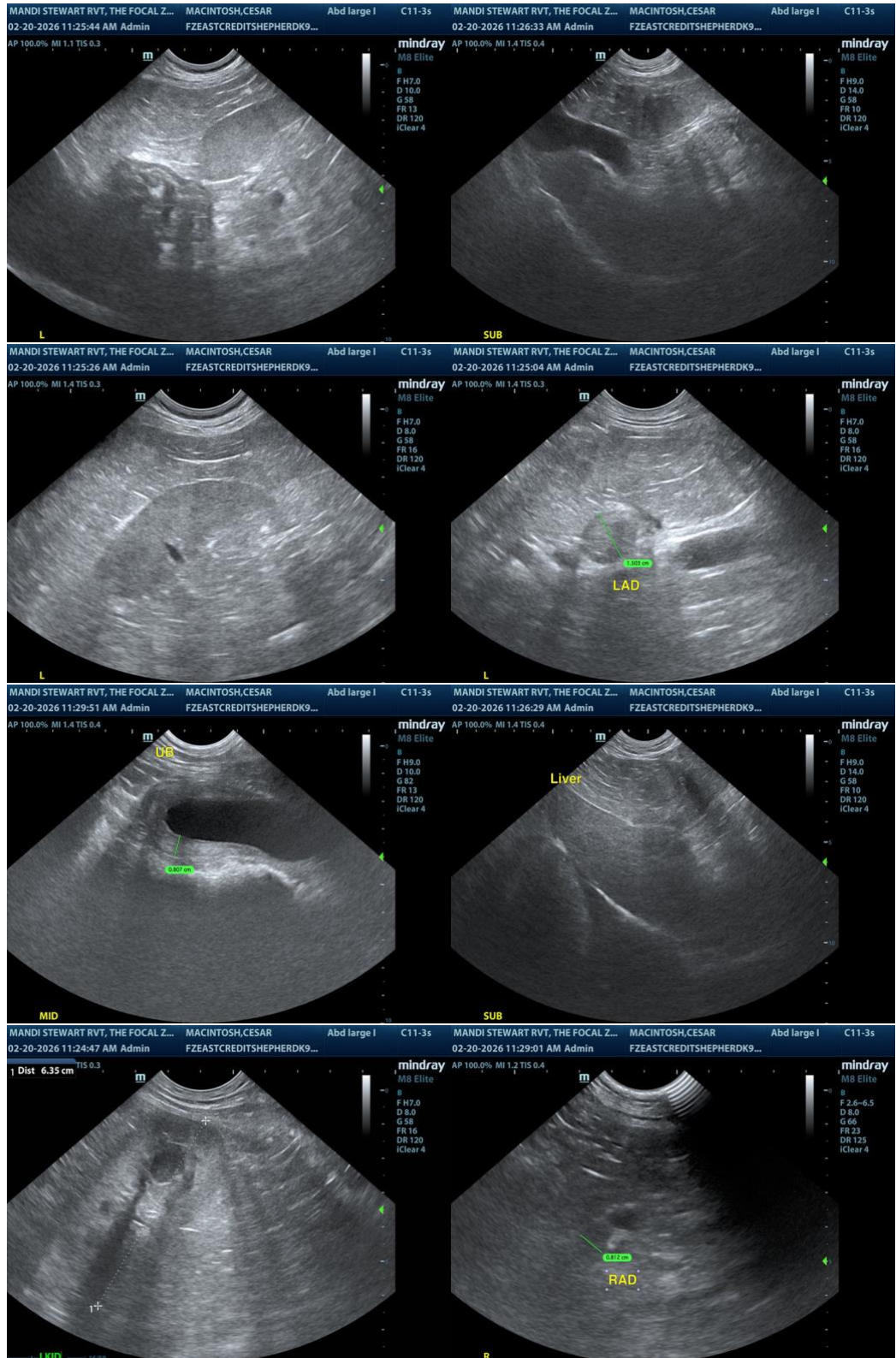
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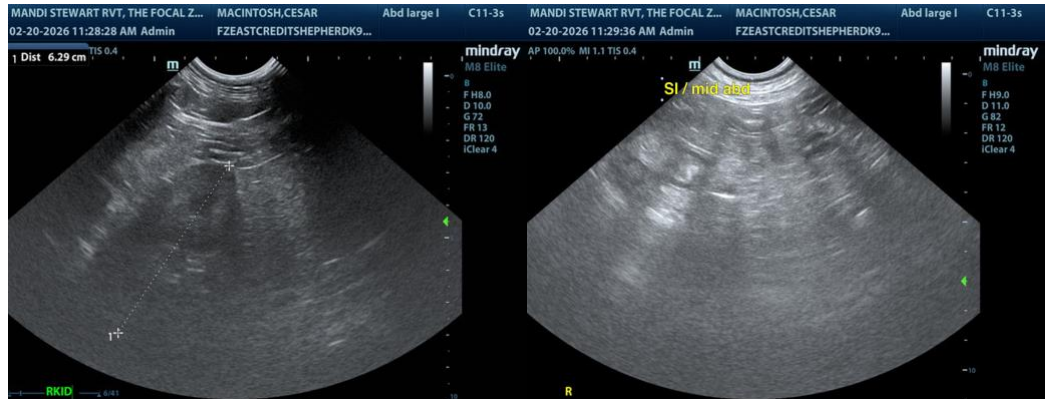
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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