



PATIENT

Joy Cloyd

SPECIES

Canine

BREED

Havanese Mix

SEX

Spayed Female

AGE

17

WEIGHT

9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Xander Omoto

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Xander Omoto

INVOICE

13922

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- Acute hind end weakness starting this morning, started to drag legs.
- Refused food and water this morning
- Hx of Cushing's, has previously been prescribed Trilostane, but has not received this medication for at least 1 month

Abnormal PE/Chem/CBC/UA Results: CBC - normal hemogram, wbc 17.25 (H), Neu 14.18 (H), mono 1.38 (H), Eos 0.03 (L), Plt 678 (H) - change can be consistent with Cushing's - Chem 17 - BUN 40 (H), Crea 1.0 (N), ALT 304 (H), ALP 1648 (H), GGT 24 (H), Amy 1630 (H), Lipase 5162 (H) Glu 226 (H); otherwise normal **BUN - could be muscle breakdown from Cushing's vs hypovolemia **ALT, ALP, GGT, Glu fit with Cushing's disease **Lipase - pancreatitis from chronic increased steroid? - EPOC - Bicarb 32 (H), Ca 1.1 (L), Cl 101 (L), Glu 249 (H), K 2.6 (L), Lac 4 (H), pH 7.491 (H), TCO2 30.7 (H), Be 8.7 (H), BUN 36 (H) **Ca - pancreatitis and PU/PD ** Unsure of increased lactate, alkalosis and hypokalemia - USG - 1.014

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No obvious visualized distal aortic thrombus or medial iliac/sublumbar lymphadenopathy or masses.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia and focal medullary mineral was present bilaterally. The left kidney measured 5.2 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrical indistinctly margined with mixed echogenic nodular left adrenal mass exhibiting cystic lesions containing anechoic to variably echogenic cystic lesion appearing fluid. The mass measured 4.7 cm x 3.4 cm. The left adrenal cystic appearing lesions were visualized from the right side subjectively caudal to the level of the right adrenal gland.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented normal in size with mild asymmetrical medial capsule contour and heterogeneous parenchyma exhibiting pinpoint hyperechoic splenic foci which may indicate pinpoint areas of microinfarction, fibrosis or mineralization.

Liver & Gallbladder

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



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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.

The gallbladder was non distended in size with mild to moderate congealed nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without evidence of pyloric outflow obstruction.

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. Subtle hyperechoic small intestinal mucosal speckling to striations were present.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass exhibiting nonspecific cystic appearing lesions.
- Hepatopathy.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Chronic renal changes exhibiting mild pyelectasia and medullary mineral.
- Chronic pancreatitis pattern with remodeling.
- Possible concurrent nonspecific enteropathy with nonshadowing gastric ingesta- consistent with food/chyme echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass is almost certainly consistent with neoplastic criteria. In addition to adrenal workup, serial monitoring of systemic BP for hypertension +/- urine metanephrine level if hypertension is present and concern for pheochromocytoma is recommended. Potential non-obvious vascular invasion associated with the left adrenal mass is not definitively excluded.

Abdominal CT would be ideal for further assessment. Gastrointestinal support and empirical therapy for chronic pancreatitis, pending additional diagnostics would be reasonable.



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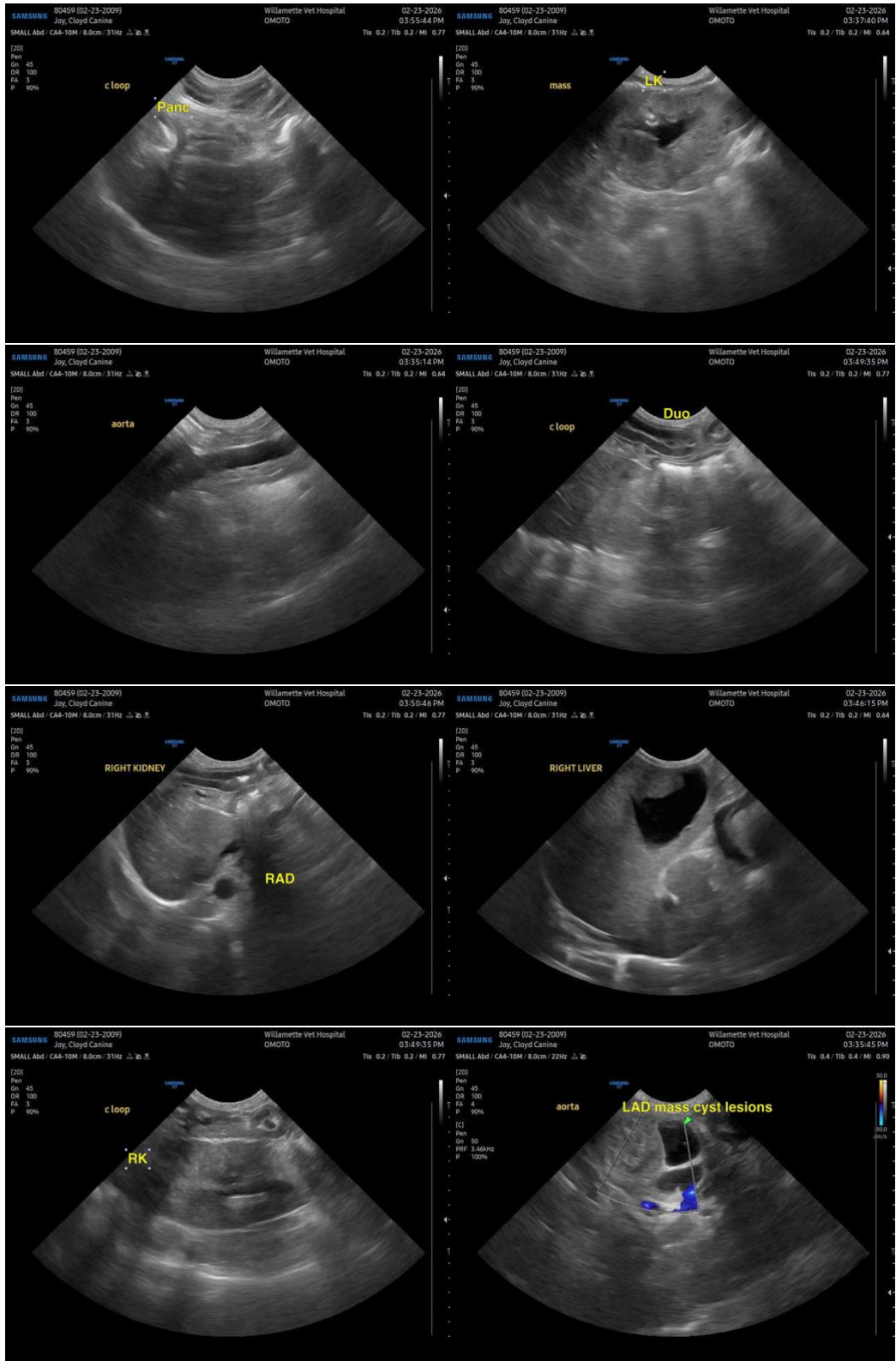
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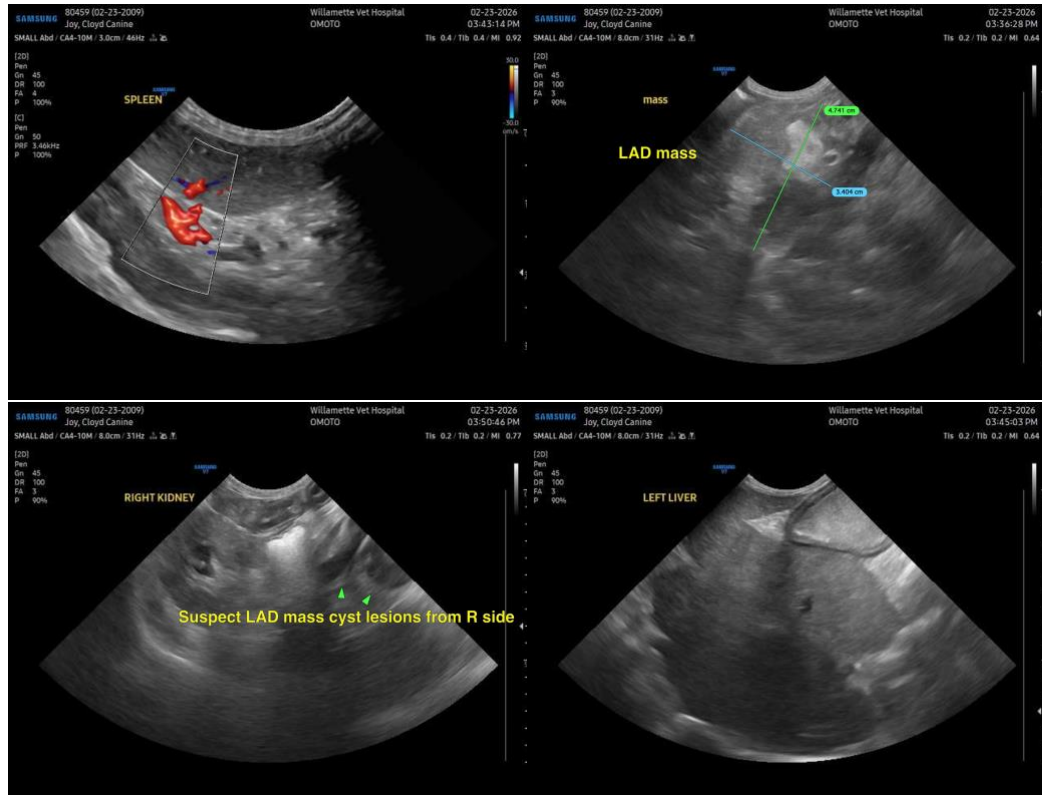
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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