



PATIENT

Elinore Anderson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.71 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr. Eggert

INVOICE

13593

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Elevated Liver Enzymes with no signs of Cushing's disease - no panting, no PU/PD, potbellied appearance or ravenous appetite.
- ABNORMAL Labwork Values: BUN 37 ALT 174 ALP 313 WNL Urine Specific Gravity
- Current Medications: Denamarin PO SID Gabapentin PRN Famotidine PRN Trazodone PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of focal to mild medullary mineral were present. The left kidney measured 3.0 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal gland exhibited enlarged caudal poles with maintained symmetrical intact capsule contour and homogenous nonmineralized parenchyma. The right adrenal gland measured 0.75 cm width at the caudal pole. The left adrenal gland measured 0.73 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 thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 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 nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern- vacuolar/nonobstructive cholestatic hepatopathy, inflammatory disease, hyperplasia or other hepatopathy. No evidence of hepatic neoplastic criteria.
- Nonorganized gallbladder debris (non-mucocele).
- Bilateral caudal adrenomegaly.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no current clinical signs consistent with Cushing's syndrome and adequate urine concentration, the bilateral adrenal glands are of unclear clinical significance. Adrenal screening or workup is recommended if clinical signs consistent with Cushing's syndrome arise. Continued hepatosupportive medications and clinical monitoring would be reasonable. No evidence of neoplastic criteria.



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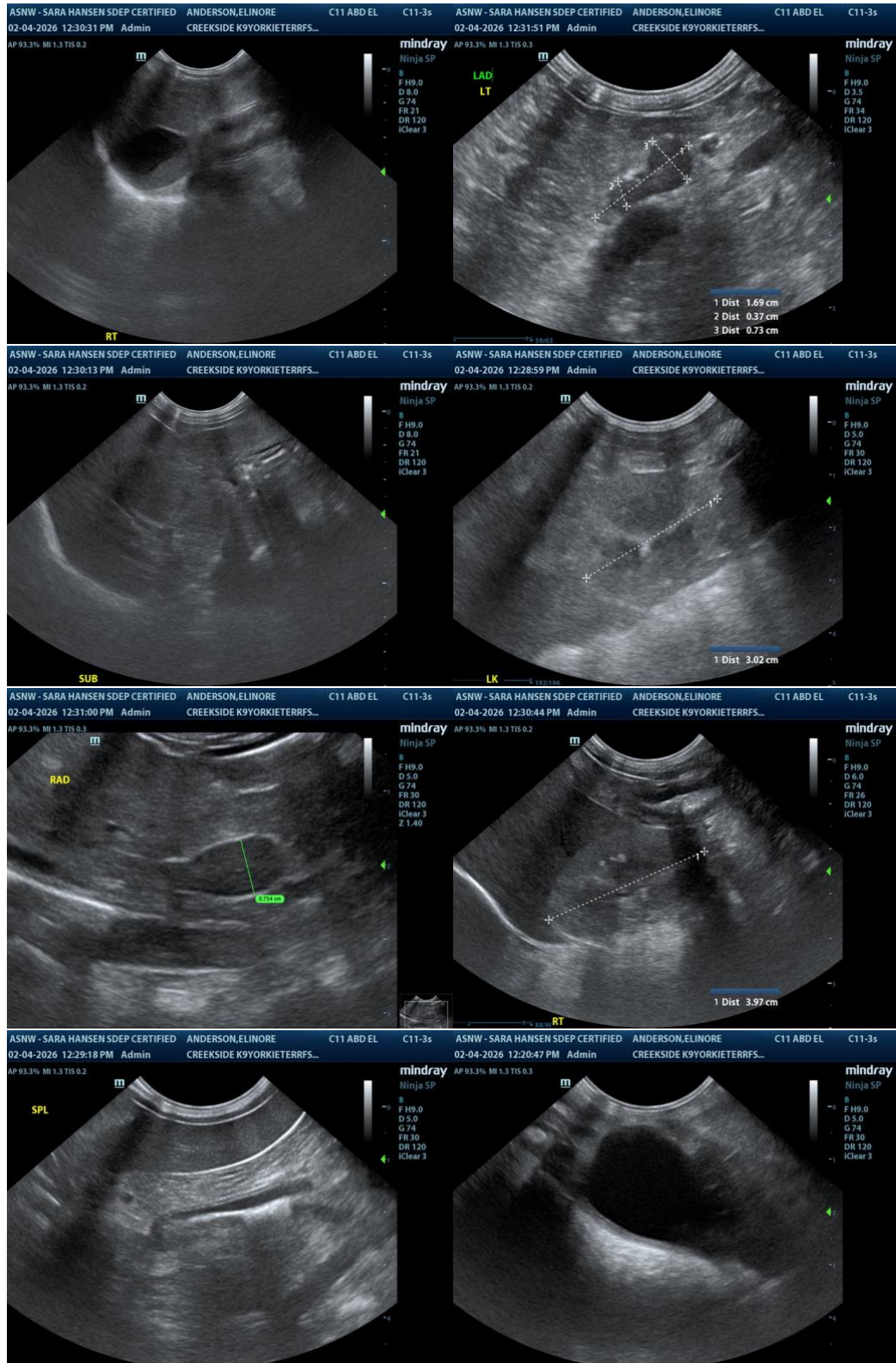
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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