



## PATIENT

Otto Rivera

## SPECIES

Canine

## BREED

Mixed

## SEX

M

## AGE

13yr

## WEIGHT

79lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Klumberly Carrion Rivas

## HOSPITAL NAME

Consultorio Veterinario  
las Brisas

## REFERRING VET

Dr. David Trautmann

## INVOICE 23782

DATE  
02/04/2026

## PRESENTING CLINICAL SIGNS

- The patient had previously undergone an ultrasound because their liver values were elevated.
- His latest blood work showed that his ALP was at 1918
- He is on a hepatic diet
- Patient is currently on Vetoryl (trilostane)
- We are currently running tests to see if the patient has Cushing disease.
- Some symptoms the patients is showing is hair loss , polydipsia and polyuria.
- The cortisol test was 14.32 ug/dL

Abnormal PE/Chem/CBC/UA Results: ALP 1918 ALT 724 GGT 118 Cortisol 14.32 ug/dL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone and cystourethral junction 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.

The prostate gland and proximal urethra were not definitively visualized.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.2 cm in length. The right kidney measured 7.0 cm in length. Possible mild underestimation of right kidney size.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

Indistinct yet subjective enlarged non-homogenous possibly mineralized left adrenal gland present measuring 3.6 cm x 3.1 cm. The right adrenal gland was not definitively visualized.

### 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate to variable coarse echotexture and subjective mild to variable parenchymal remodeling. Intermittent, variably echogenic intraparenchymal nodules without associated capsule distortion were present. Normal vascular volume. A solitary thinly walled intraparenchymal cyst was present dorsal to the gallbladder, containing subjective anechoic



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fluid measuring 3.4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate variable mineralized yet non-organized debris occupying the majority of the gallbladder lumen. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental mild ingesta/gas with no signs of obstruction or foreign material.

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 consistent with age-related pancreatic changes or remodeling and considered incidental. No signs of active inflammation or neoplasia.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Large non-homogenous liver exhibiting subtle variably echogenic nodules and solitary cyst
- Mineralized non-organized gallbladder debris
- Bilateral chronic renal changes
- Probable left adrenal mass
- Progressive shadowing gastric ingesta- probable food echogenicity
- Pancreatic remodeling

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic vacuolar /cholelithic hepatopathy, variable echogenic nodular hyperplasia, lipogranulomas, fibrosis, inflammatory disease, all potentials with hepatic primary or metastatic neoplasia felt less likely yet not excluded.

UA +/- renal staging to include screening C/S and UPC level is recommended.

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.



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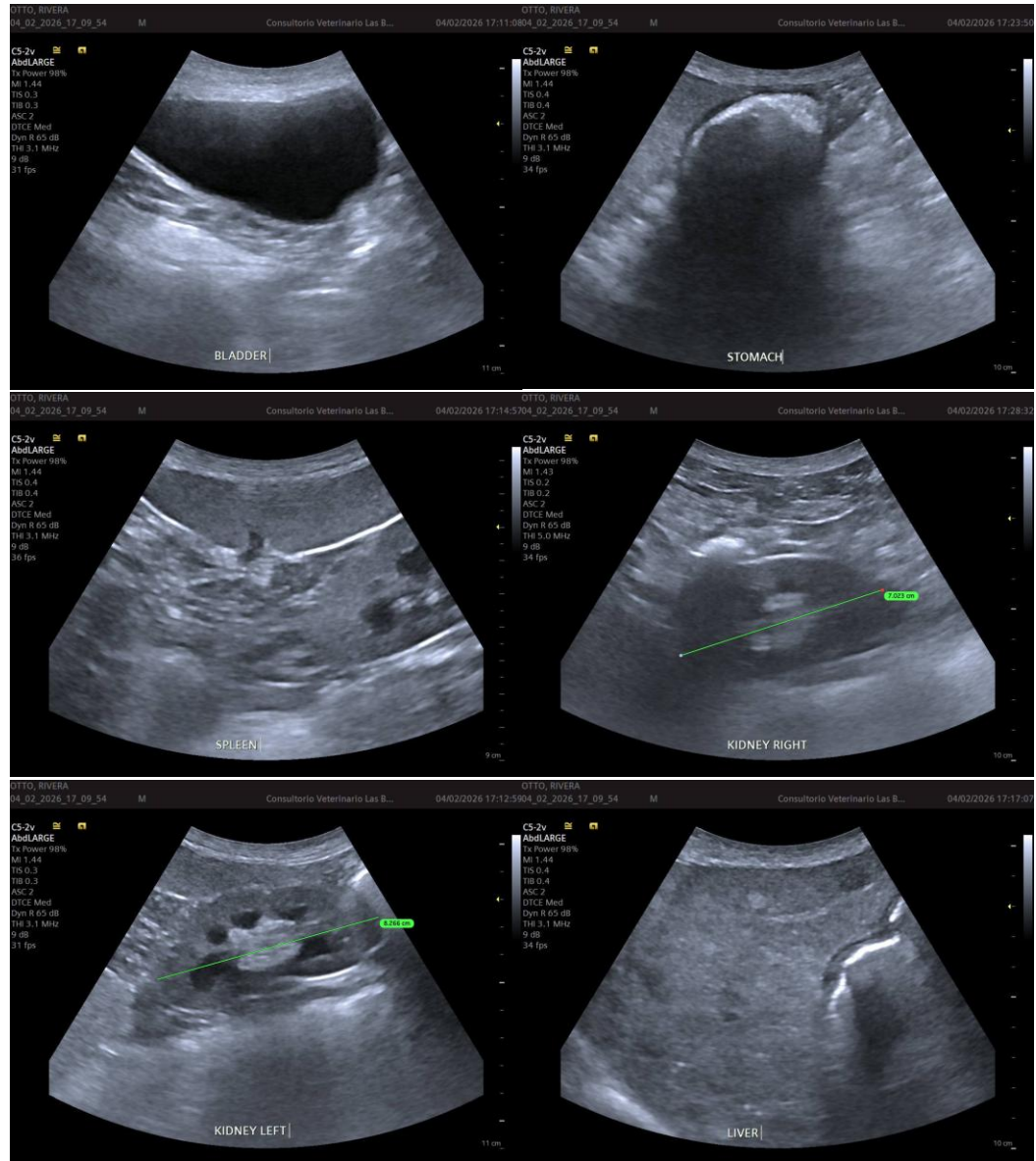
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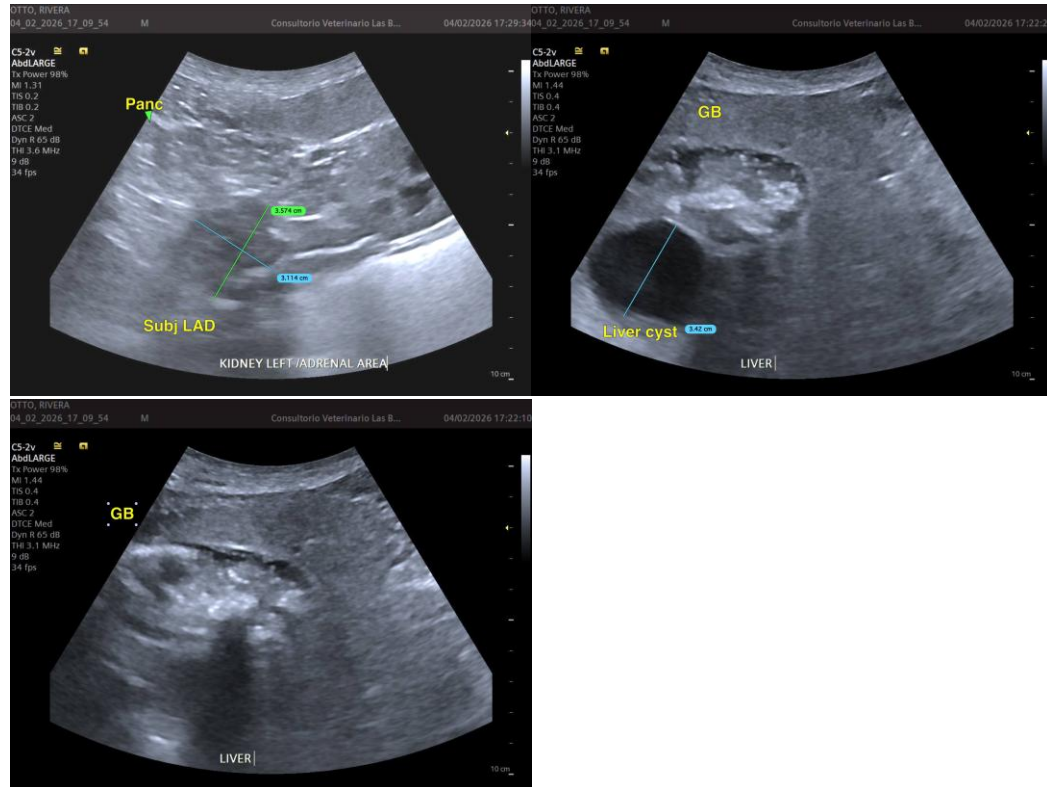
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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[info@sonopath.com](mailto:info@sonopath.com)