



PATIENT

Piper Siebert

SPECIES

Canine

BREED

Welsh Corgi

SEX

FS

AGE

8yr

WEIGHT

37.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr Leduc

INVOICE

23824

DATE

02/05/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:-Overweight
- -Dental disease
- -recessed vulva
- -Inappropriate urination
- ABNORMAL Labwork ValuesChem,T4,CBC-normal
- UA dilute urine, struvite crystals 12/29
- Repeated USG first morning concentrated urine
- UPC >2
- UA USG 1.005 crystalluria resolved 2/2
- Current Medications none
- Radiographic Findings none done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.9 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

Mildly enlarged caudal left adrenal gland. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.79 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in 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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gravity dependent non-organized debris. 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mild distended sonographically normal urinary bladder, normal visible proximal urethra
- Sonographically normal bilateral kidneys
- Mildly enlarged caudal left adrenal gland-benign
- Hepatomegaly- subjective benign
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported clinical signs consistent with Cushing syndrome, the liver and enlarged caudal left adrenal gland are non-specific and may be incidental. Monitoring of hepatic parameters or for clinical signs which may suggest adrenal disease going forward is suggested.

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No sonographic evidence of renal pathology, although microscopic disease such as glomerulopathy if persistent elevated UPC without concurrent urine sediment could be possible. Monitoring of UA, UPC level +/- C/S if clinically indicated is recommended. If evidence of UTI, ascending infection owing to vulva conformation may be suspected.

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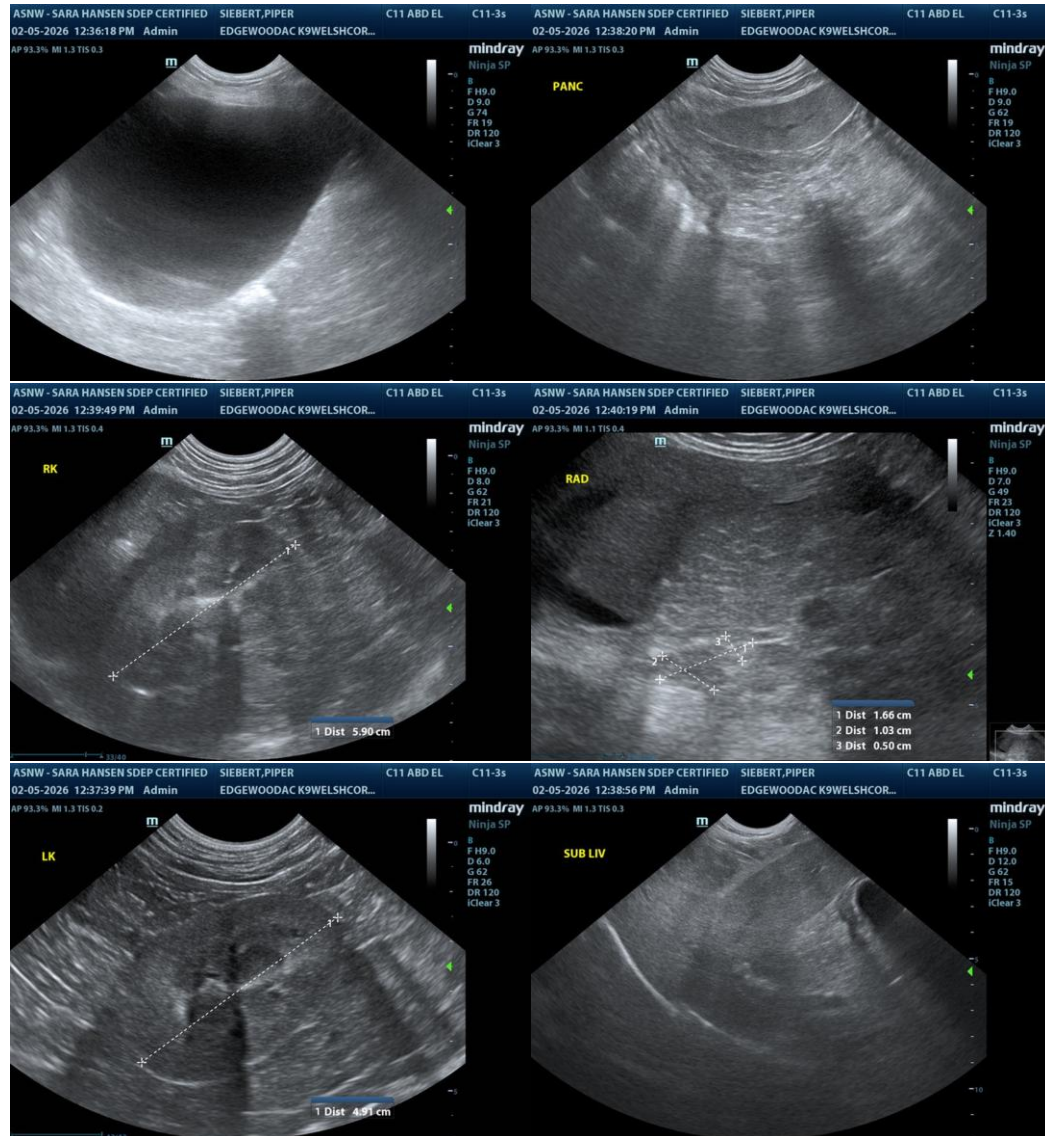
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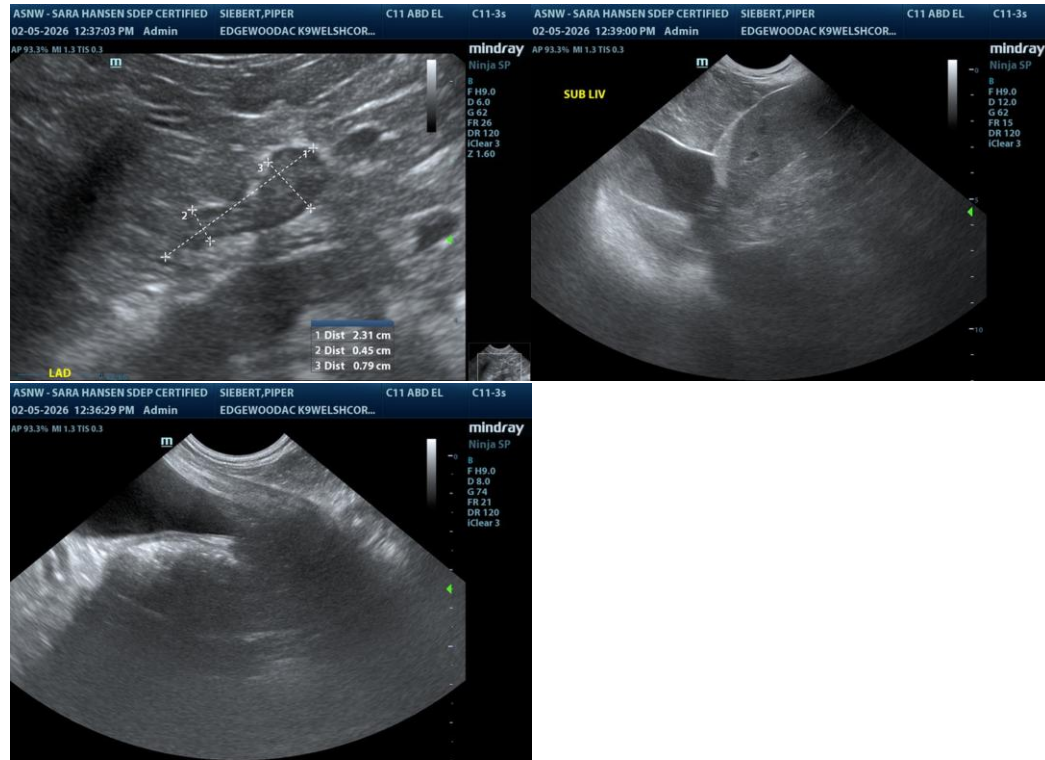
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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