



**PATIENT**

Shayla Payne

**SPECIES**

Canine

**BREED**

Bichon Mix

**SEX**

Spayed Female

**AGE**

13.5 Years

**WEIGHT**

8.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
 Creek

**REFERRING VET**

Dr. Watson

**INVOICE**

13614

**DATE**

02/05/26

**PRESENTING CLINICAL SIGNS**

- Shayla presented for 4 day history of inappetence and vomiting. Owner reports no food kept down during this time at all. Suspect Cushing's Dz. Blood sent to lab - results pending. Has been given Cerenia.

Abnormal PE/Chem/CBC/UA Results: ALT 141(10-125) ALKP 1225(23-212)

**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 small dependent lumen calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney revealed moderate hydronephrosis with no obvious visualized current left kidney mineral or obvious visualized left hydroureter. The right kidney revealed multiple medullary renoliths. The left kidney measured 3.4 cm in length. The right kidney measured 4.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.48 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 mildly 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**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without 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 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 right pancreas was normal in size with capsule asymmetry and remodeled nonhomogenous parenchyma.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Multiple small urinary bladder calculi.
- Left kidney moderate hydronephrosis, no obvious concurrent left hydroureter.
- Right kidney nonobstructive renolithiasis.
- Normal bilateral adrenal glands,
- Hepatopathy- subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with nonshadowing gastric ingesta- consistent with food echogenicity.
- Nonhomogenous remodeled right pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive area of left ureter obstruction was not obvious. Given right kidney renoliths, potential passage of left kidney mineral with potential non-obvious left ureter stricture or fibrosis is possible in conjunction with current small urinary bladder calculi. Correlation with urinalysis +/- culture and sensitivity is recommended. No evidence of adrenal pathology as a contributing factor to the hepatopathy.

Screening hepatic FNA cytology (assuming normal clotting status) could be considered for further clarification. Mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with the spec cPL could be considered.

Hepatogastrointestinal support is recommended. Correlation with pending lab work is recommended.



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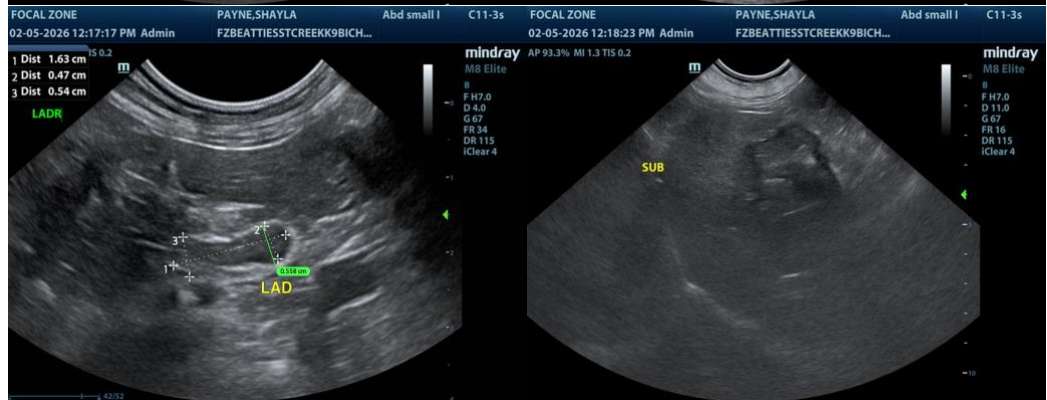
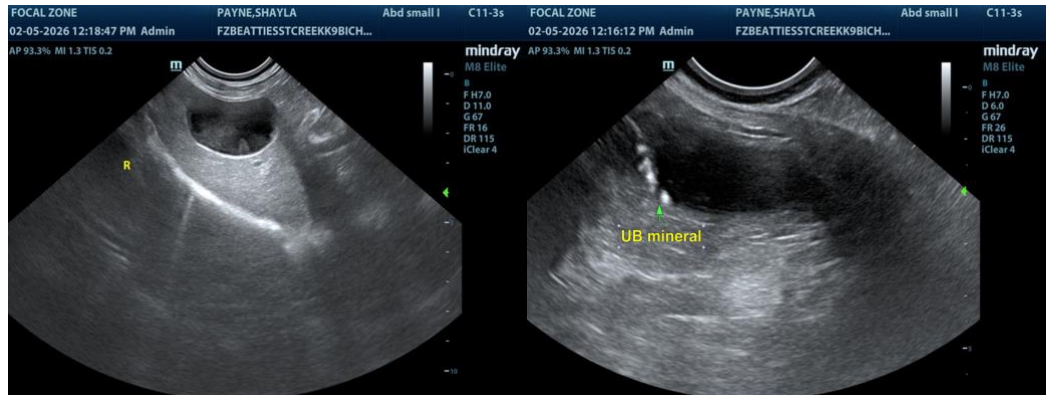
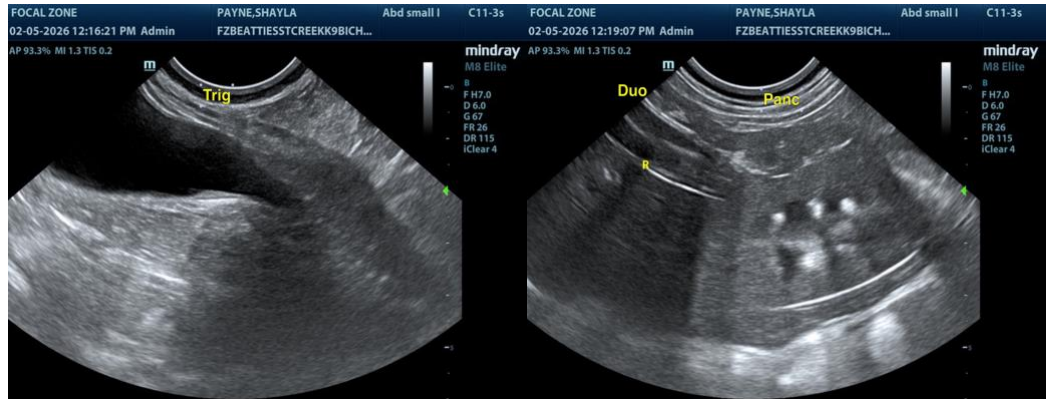
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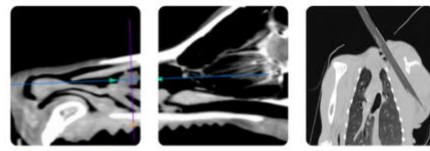
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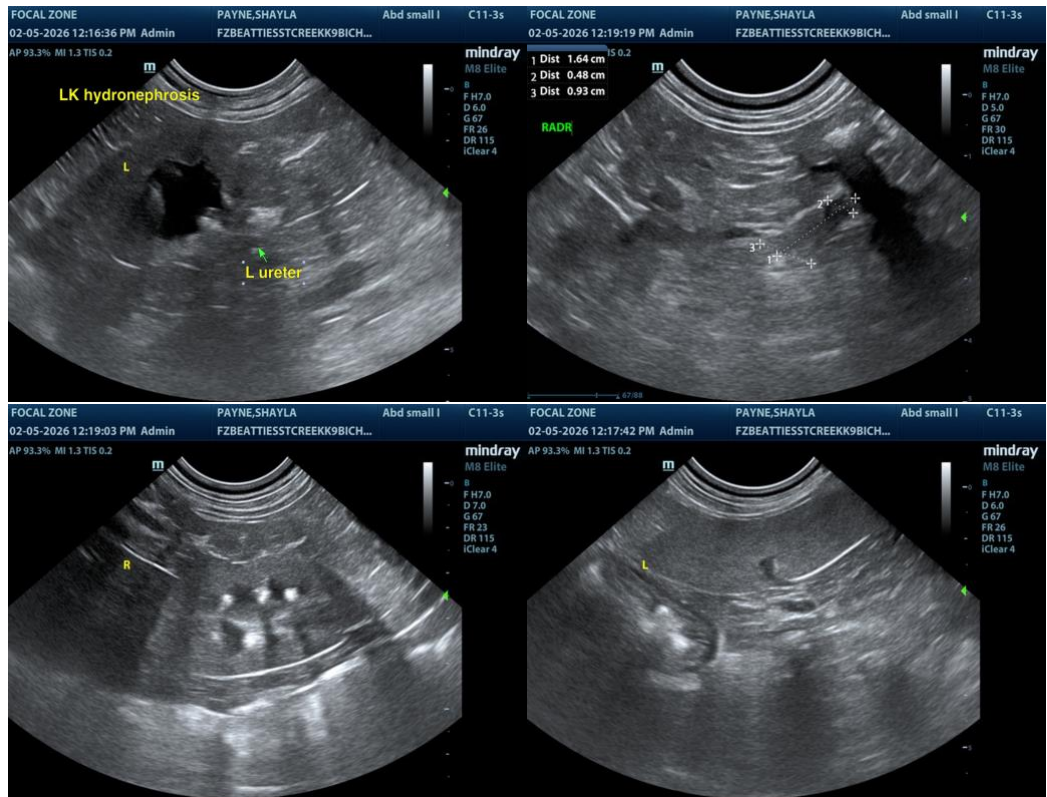
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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