



## PATIENT

Kipper Robillard

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Female Spayed

## AGE

11y 3wks

## WEIGHT

14.4 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Britannia Kingsland VC

## REFERRING VET

Dr. Hamill

## INVOICE

13183

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

History:

- Has PDH - on veteryl 25 mg am and 20 mg pm
- Bile Acids Prepran/ Random -- 18.1 (0.0 - 14.9  $\mu\text{mol/L}$ )/post -- 27.4 (0.0 - 29.9  $\mu\text{mol/L}$ )
- Nov/25 -BP: Average systolic blood pressure was 160 mmHg. This is an improvement from the previous reading of 188 mmHg in September. The patient was noted to be moderately stressed during the previous reading
- **ULTRASONOGRAPHIC FINDINGS 8/26/25** Previous AUS was June/2/25
- Large hyperechoic left adrenal with a large right adrenal with a hyperechoic enlarged cranial pole. Findings could be consistent with bilateral hyperplasia, bilateral adenomas, a neoplastic process is less likely.
- Age related changes visualized associated with both kidneys.
- Poorly defined, mixed echogenicity nodule in the spleen. Findings could be consistent with a benign or a neoplastic lesion. The lesion is stable from the previous exam two months ago.
- Potentially indicating a less aggressive lesion.
- Large, hyperechoic, heterogenous liver with a hypoechoic mass effect in the left cranial abdomen. The general appearance of the liver is most consistent with a vacuolar hepatopathy.
- The hypoechoic nodule could be an adenoma, a large regenerative nodule, less likely a carcinoma or other.
- Moderately distended gallbladder with a large amount of intraluminal debris, and some debris organizing at the gallbladder wall. The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.

## 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 changes 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.6 cm in length.

### Adrenal Glands

A primarily homogeneous, hyperechoic, non-mineralized nodule was present in the cranial left adrenal gland. The nodule was mildly expansive with associated capsule distortion and no evidence of capsule escape or vascular adhesion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.8 cm x 1.6 cm. Overall, left adrenomegaly measuring 1.0 cm width at the caudal pole.



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A primarily homogeneous, hyperechoic, non-mineralized nodule was present in the mid to cranial right adrenal gland. The nodule was mildly expansive with associated capsule distortion and no evidence of capsule escape or vascular adhesion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.8 cm x 1.3 cm. Generalized right adrenomegaly measuring 0.92 cm width at the caudal pole.

### Spleen

The spleen was normal in size with symmetrical contour and primarily homogeneous parenchyma. Previously noted, static to mildly decreased, non-homogeneous, non-capsule deforming mid splenic nodule was present measuring 1.9 cm x 1.2 cm.

### Liver

The liver presented hepatomegaly with primarily homogeneous to mildly hypoechoic parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Indistinct to subtle, hypoechoic lobar left liver parenchyma noted measuring 6.1 cm x 3.4 cm. The gallbladder was non distended in size with moderate, non-organized, echogenic, nonmineralized 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.

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 right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

### Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver with subtle to indistinct lobar left liver parenchyma – vacuolar hepatopathy, inflammatory disease, lobar hyperplasia/hematopoiesis, cholestasis, low-grade neoplasia thought less likely
- Non-organized gallbladder debris – not consistent with mature mucocele criteria
- Static non-homogeneous splenic nodule
- Mild chronic renal changes
- Bilateral enlarged nodular adrenal glands – hyperplasia, functional vs non-functional adenomas, unilateral to bilateral adrenal tumors thought less likely yet not excluded



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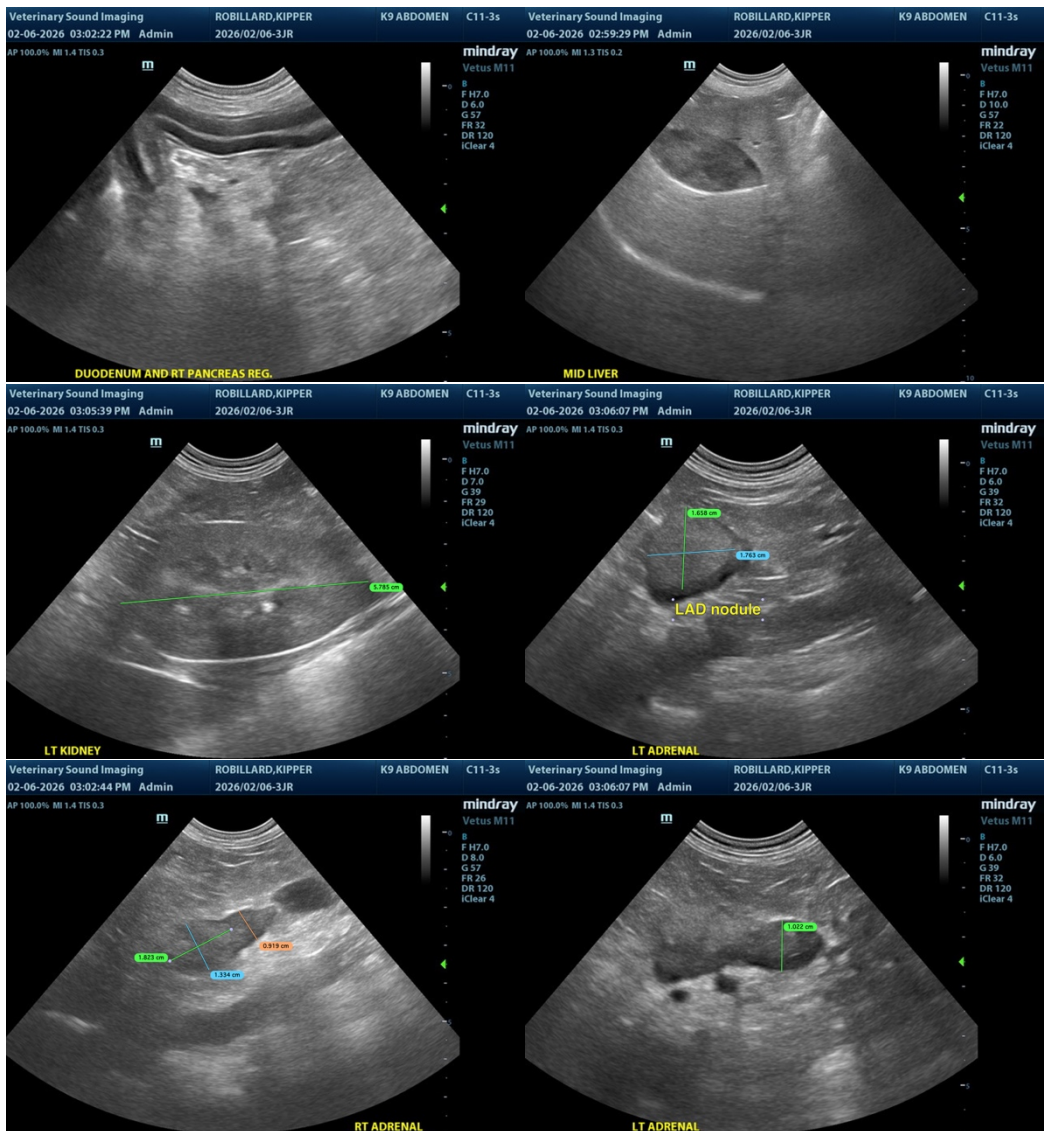
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- Right chronic pancreatitis/pancreatic fibrosis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, similar sonographic findings compared to the previous study without overt evidence of significant progression. Hepato-supportive medications suggested if not currently instituted. Monitoring of systemic BP for evidence of hypertension which may potentially allude to left or right pheochromocytoma is recommended. Sonographic monitoring of the gallbladder if evidence of progressive cholestasis as well as bilateral adrenal glands for evidence of progressive enlargement or nodular change is recommended.





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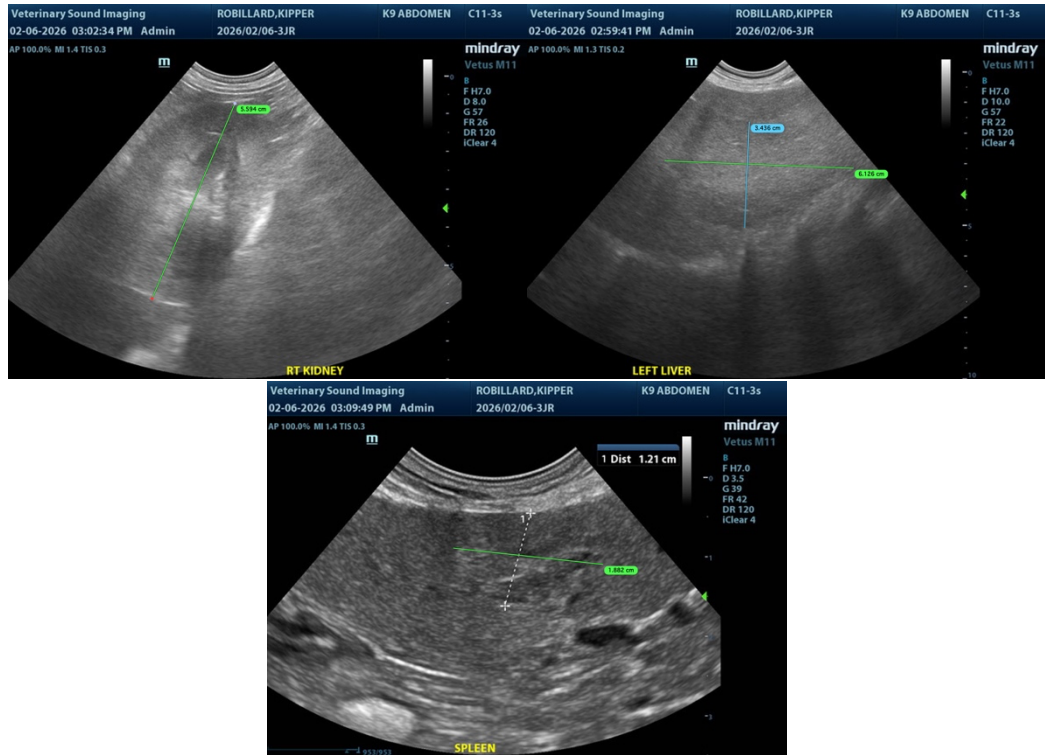
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)