



PATIENT

Pearlie Mae Hopkins

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nikki Wright DVM

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Nikki Wright DVM

INVOICE

14601

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- Employee pet - presented for anorexia and weight loss. Problem list:
- Anorexia
- Alopecia and dull coat
- Weight loss
- Elevated liver enzymes
- Second Degree AV block, chronic - see cardiopet report 2025
- Heart Murmur, chronic suspect chronic valve disease - see rads and cardiopet report 2025
- Dental disease - not a candidate for elective anesthetic procedures

Abnormal PE/Chem/CBC/UA Results: • ALT 300, ALP 219 - recheck pending • USG 1.022 • High TP 7.6 - recheck pending • LDDS test jan 2026: resting cortisol - 8.3, 4hr - 1.1, 8hr - 0.6 (not consistent with Cushing's)

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths were present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged exhibiting nonhomogenous mildly hyperechoic nonmineralized parenchyma. The left adrenal gland measured 3.1 cm length x 1.8 cm width.

The right adrenal gland was indistinctly visualized exhibiting potential for concurrent asymmetrical enlargement and nonhomogenous parenchyma. The right adrenal gland potentially measured 1.5 cm in diameter.

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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and



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moderate to variable parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Potential indistinct hepatic nodular changes.

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.

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

- Chronic renal changes exhibiting medullary renoliths.
- Left adrenal mass with possible concurrent right adrenomegaly.
- Hepatopathy exhibiting parenchymal remodeling and potential indistinct parenchymal nodules.
- Normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland is almost certainly consistent with neoplastic criteria with potential for bilateral adrenal tumors, variable bilateral adrenal hyperplasia, functional versus non-functional adenomatous change is also possible. Given negative adrenal testing, serial monitoring of systemic blood pressure for evidence of hypertension, which may potentially allude to pheochromocytoma is recommended. If hypertension is present, urine metanephrine level is suggested.

Chronic vacuolar or cholestatic hepatopathy, inflammatory disease, hyperplasia, parenchymal remodeling are all potentials. Possible early hepatic metastasis given suspect adrenal neoplasia cannot be definitively excluded. Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered.



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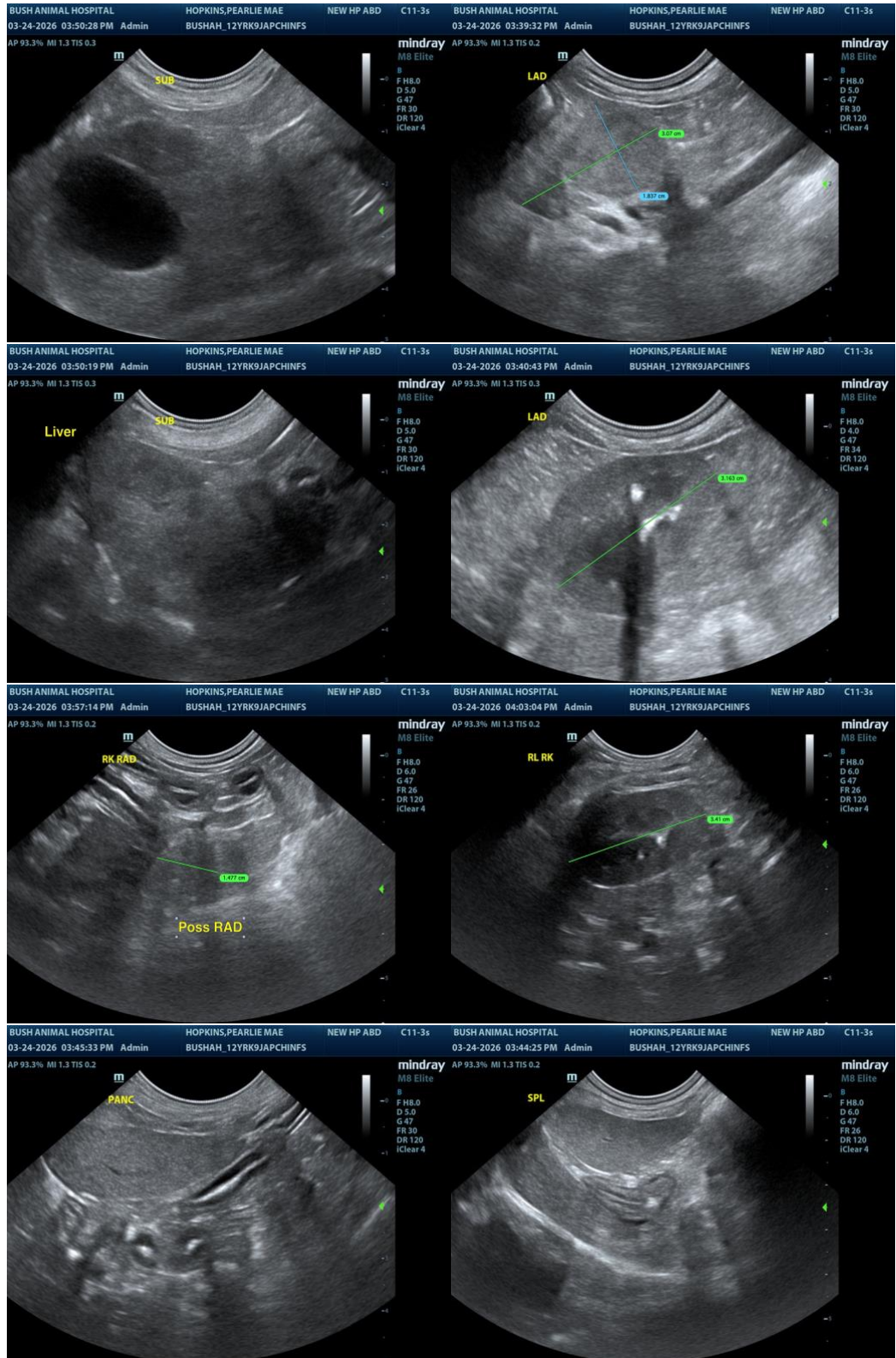
Dr. Nikki Wright DVM

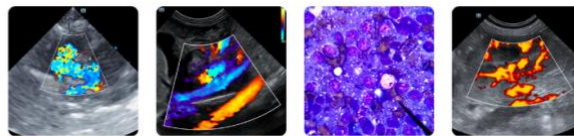
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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