



## PATIENT

Hudson Oestreicher

## SPECIES

Canine

## BREED

G. Shorthaired  
Pointer

## SEX

FS

## AGE

14 yrs

## WEIGHT

35.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Rodriguez

## INVOICE

10733

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

History:

- Cushings. wt loss

Abnormal PE/Chem/CBC/UA Results: ALT: 232, ALK: 2951, Pot: 5.9, sod: 145, Chlor: 110, USG: 1.027, rods>100. ACTH stim: pre 1.6, post: 3.5.

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate, minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were asymmetrically enlarged in size, exhibiting nonhomogeneous, indistinctly nodular adrenal parenchyma. The left adrenal gland measured 1.1 cm width in the caudal pole and 1.5 cm width in the cranial pole. The right adrenal gland measured 0.86 cm width in the caudal pole.

### *Spleen*

The spleen was normal in size and contour exhibiting mild heterogeneous parenchyma. Intermittent, non-capsule deforming, nonhomogeneous to hypoechoic splenic nodules were present, with an example measuring 1.2 cm in diameter.

### *Liver/ Gallbladder*

A mixed echogenic to nodular, focally cystic, caudal expanding liver mass appearing to primarily occupy the mid-left liver was present, measuring at least 10.0-11.0 cm in diameter. Suspect concurrent mid-liver, thinly walled, intraparenchymal cyst was noted, measuring ~2.9 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with 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

- Liver mass with probable mid-liver hepatic cyst
- Nonorganized gallbladder debris (non-mucocele)
- Heterogeneous spleen with splenic nodules
- Chronic renal changes
- Enlarged nonhomogeneous nodular adrenal glands – more prominent in the left adrenal gland
- Sonographically unremarkable gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is highly suggestive of neoplastic criteria, i.e., carcinoma with potential for multicentric hepatosplenic neoplasia / metastasis. Benign splenic nodules, i.e., lymphoid hyperplasia, hematopoiesis, etc., are possible. Further assessment may include, assuming normal clotting status, hepatic mass and splenic nodule FNA cytology.

Bilateral nodular adrenal hyperplasia or adenomatous change is suspected, although emerging left adrenal neoplastic criteria is not definitively excluded.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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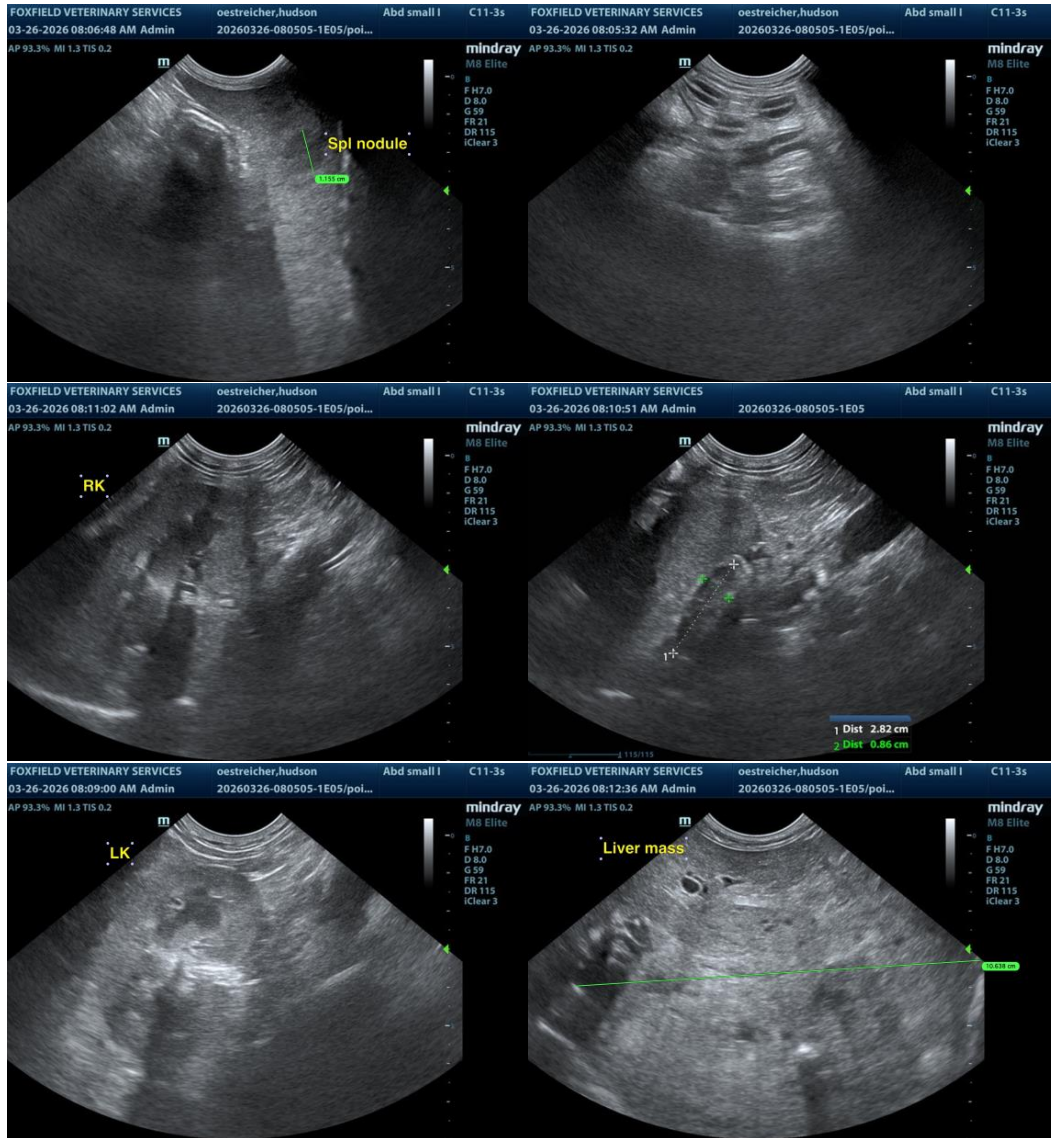
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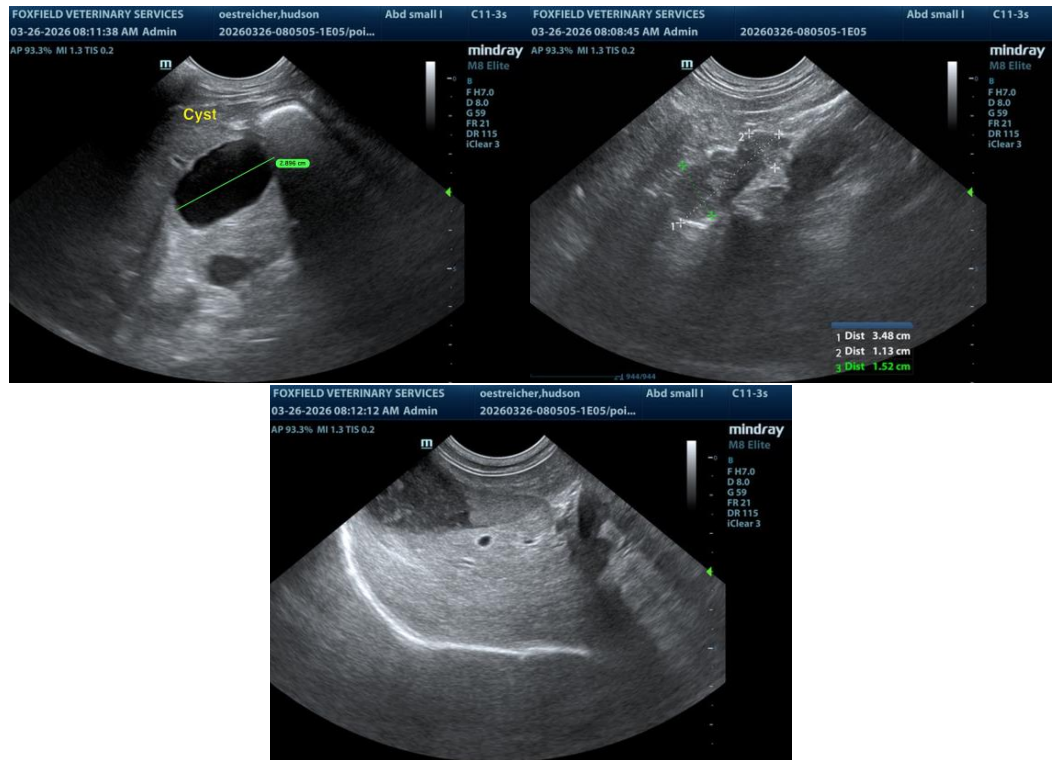
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)