PATIENT
Dalilah Follen

SPECIES
Canine

BREED
Puggle

SEX
FS

AGE
16yr

WEIGHT
19.9lb

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME
Norfolk County Veterinary Service

REFERRING VET
Christina Poor, BVetMed

INVOICE
24330

DATE
03/29/2026

PRESENTING CLINICAL SIGNS

- Hyporexia, weight loss, PD, dental disease. BUN 345, Tbilli 2.5, ALT 163, TP 8.4. On amoxicillin, maropitant
- *Sedated with butorphanol, alfaxalone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Non-homogenous hyperechoic nodules were present in the left cranial and caudal pole with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The left caudal pole nodule measured 0.82 cm x 0.72 cm. Generalized left adrenomegaly. The left adrenal gland measured overall 1.9 cm length x 0.72 cm caudal pole width.

The right adrenal gland exhibited generalized enlargement with non-homogenous hyperechoic nodular parenchyma. No evidence of mineralization. The right adrenal gland measured 2.4 cm length x 1.2 cm width.

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

Subjective mild hepatomegaly. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized non-dependent debris. The cystic and common bile ducts were normal.

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. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.33 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract
- Mild pancreatic remodeling
- Mild hepatopathy
- Non-organized gallbladder debris
- Bilateral variably enlarged nodular adrenal glands- hyperplasia, adenomatous change, unilateral /bilateral adrenal tumors possible
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal pathology as a contributing factor to the patient's weight loss and gastrointestinal signs. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a GI panel to include PLI/TLI/cobalamin/folate is recommended. The current clinical signs do not overly suggest Cushing syndrome, yet adrenal screening if clinical signs are non-reported or arise may be considered. Serial monitoring of systemic BP for hypertension which may suggest pheochromocytoma is recommended. If hypertension is present urine metanephrine level may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Gastrointestinal support with sonographic monitoring of the adrenal glands and reassessment if persistent or progressive gastrointestinal signs is recommended.

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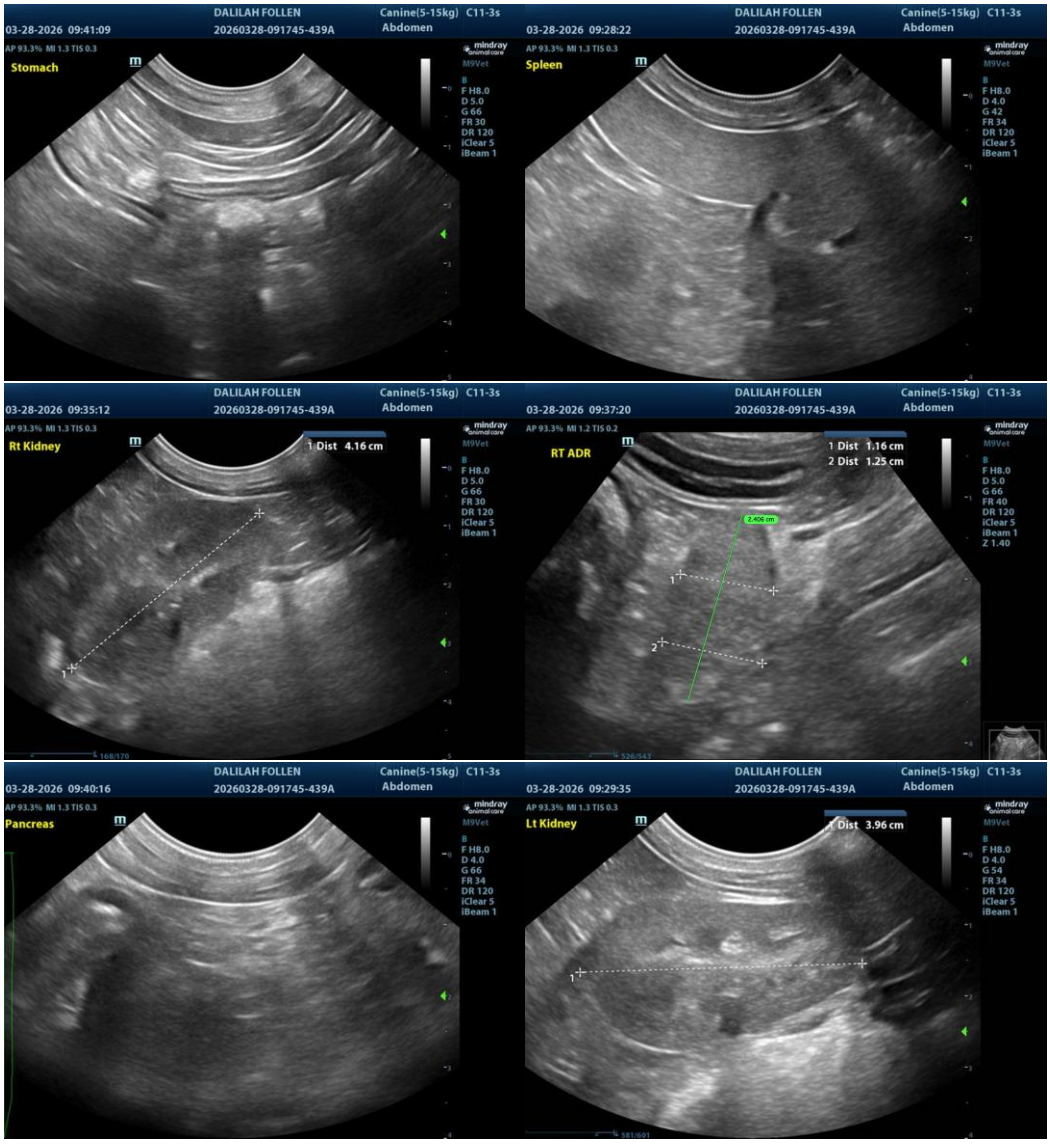

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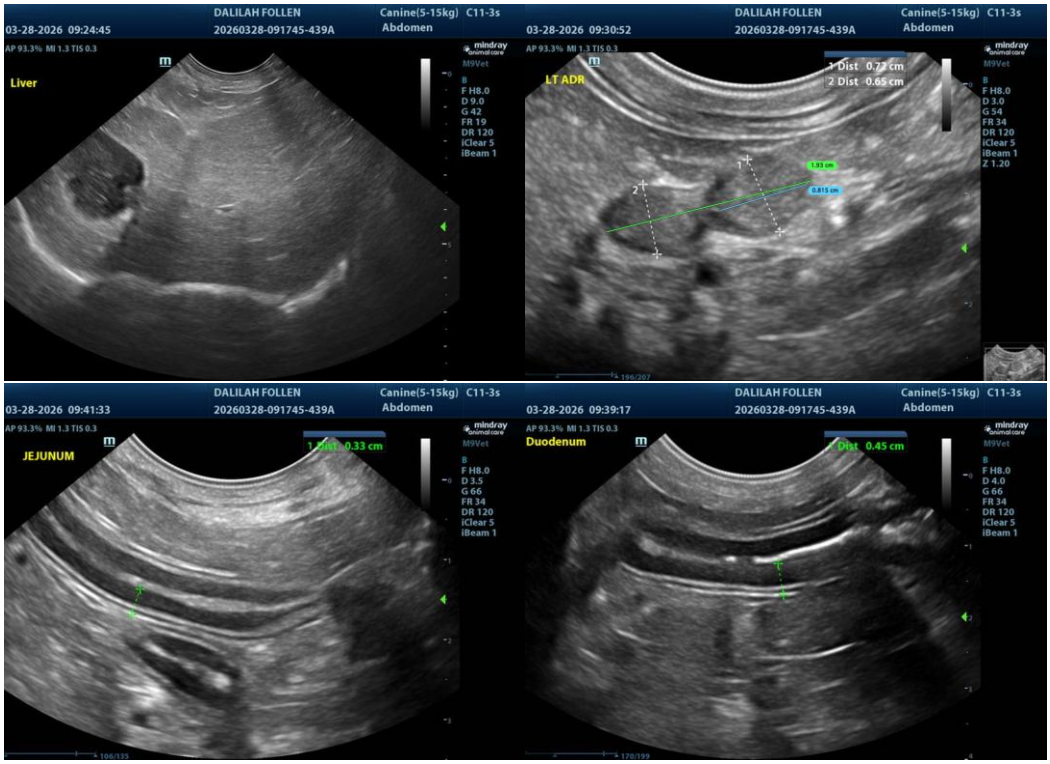

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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