

PATIENT

Zoey Sosa

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

12Y, 3M, 1W

WEIGHT

13.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Yolanda Lopez

INVOICE

74036

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- Zoey Sosa, a 12-year-old spayed female Labradoodle, presents for a recheck ultrasound to monitor a history of chronic pancreatitis, hepatic nodules, and left adrenal megaly. Recent laboratory findings include elevated ALP, ALT, spec cPL, and slightly elevated calcium.
- The patient has a history of chronic pancreatitis with persistently elevated spec cPL, which has been managed with supportive treatment and a low-fat diet. An ultrasound performed on December 19, 2025, showed findings consistent with chronic pancreatitis, which were noted to be similar to a previous scan from August 20. The recommended management for the chronic pancreatitis was to feed small, frequent meals of a low-fat diet to reduce potential flare-ups.
- The ultrasound from December 19, 2025, also revealed hepatic nodules and left adrenal megaly, with the appearance of these findings being similar to the prior study. The most likely etiology for the hepatic nodules was considered to be incidental nodular hyperplasia. The left adrenal megaly was thought to most likely represent reactive hyperplasia, with emerging neoplasia considered an unlikely differential. The patient was noted to be asymptomatic for this condition.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was enlarged in size with maintained symmetrical capsule contour. Mild nonhomogeneous to mildly hyperechoic nonmineralized to indistinctly nodular parenchyma measuring 2.5 cm length x 0.91 cm at the cranial pole and 0.96 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary visualized non capsule deforming hyperechoic nodule measuring 0.50 cm diameter was present. 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



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thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodule tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented mild to moderately enlargement 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. Intermittent discrete hypoechoic non capsule deforming nodules were present. Example of liver nodule measured 0.83 cm diameter.

The gallbladder was non-distended in size with thin walls and mild nonorganized gallbladder 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 without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

The parenchyma of the pancreas was mildly hyperechoic nonhomogeneous 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.

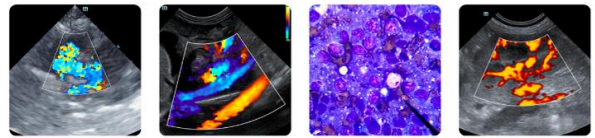
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Static hepatopathy and previously noted intraparenchymal nodules.
- Static left adrenomegaly.
- Chronic pancreatitis.

Secondary Findings

- Age related renal changes with mild medullary mineral.
- Small hyperchoic splenic nodule – consistent with benign criteria i.e., myelolipoma.



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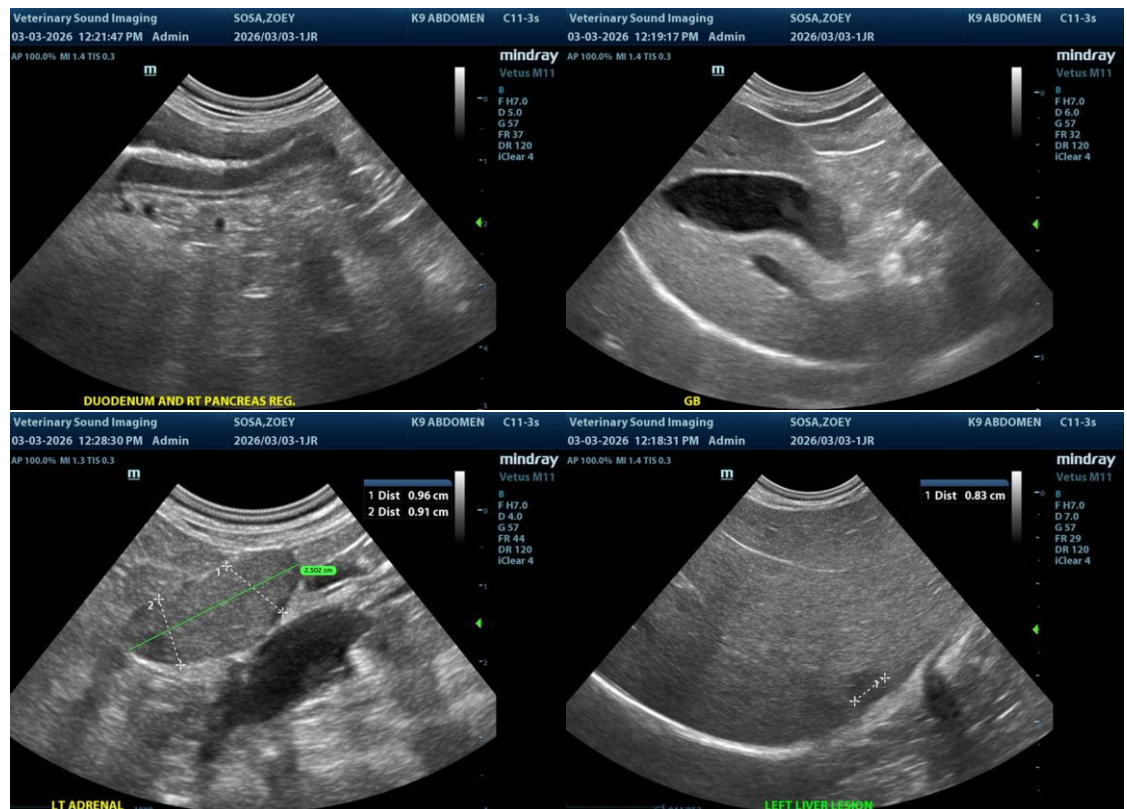
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic findings compared to the previous study without overt evidence of progression likely indicative of benign previously noted to static abnormalities.

Adrenal workup recommended if clinical signs consistent with Cushing's syndrome are nonreported or arise. Monitoring of systemic BP for hypertension which may potentially allude to left pheochromocytoma is recommended.

Given mild hypercalcemia and assuming normal clotting status, screening hepatic FNA cytology could be considered. Otherwise, hepatosupportive medications, if not currently instituted, and as needed supportive care for chronic pancreatitis with sonographic monitoring or recheck if evidence of progressive hepatopathy, signs suggestive of progressive chronic pancreatitis, or adrenal disease.





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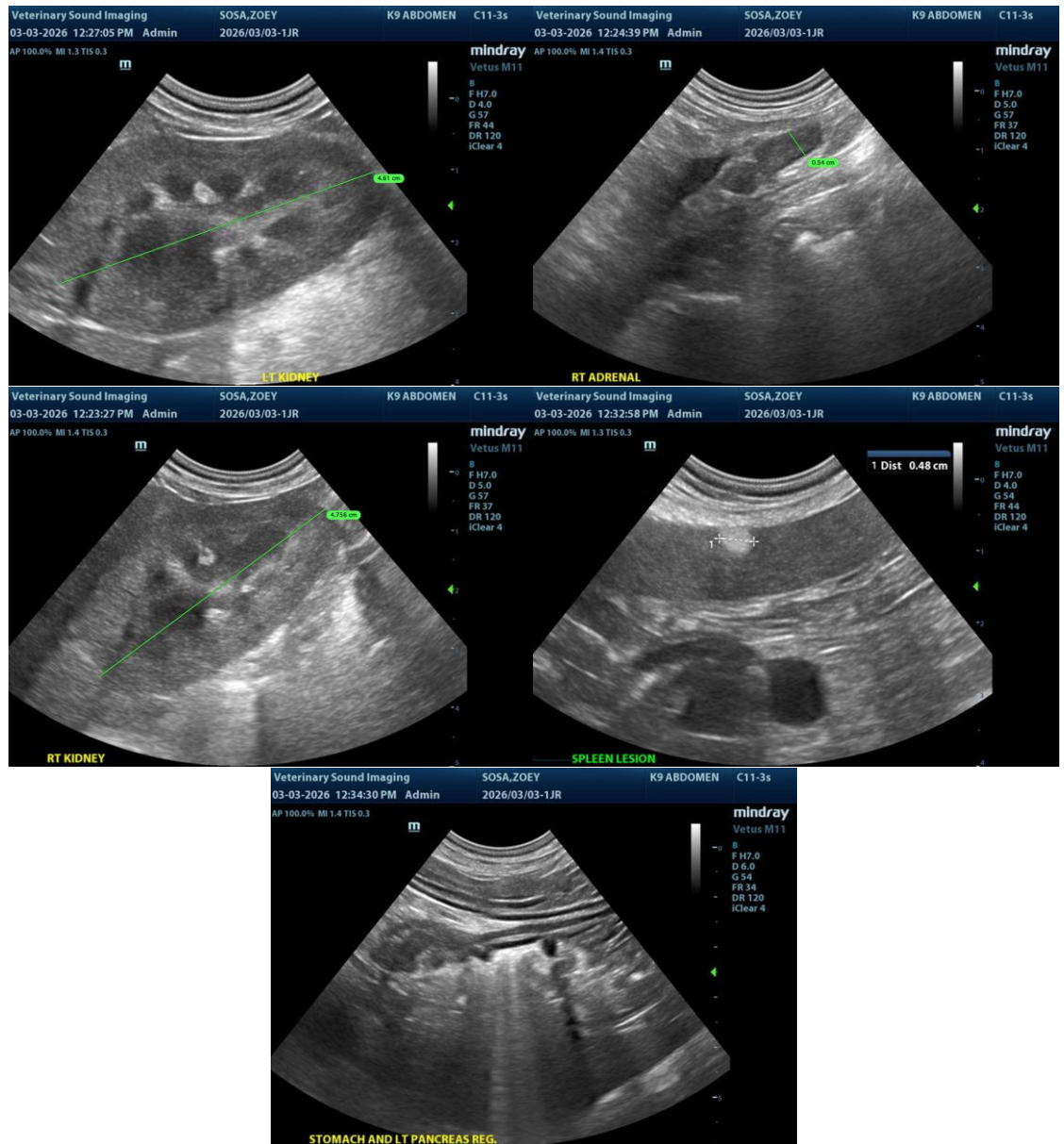
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com