

PATIENT

Oscar Parnis

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

14 Years 6 Months

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Glamorgan Animal
Clinic

REFERRING VET

Dr. Heather Murphy

INVOICE

14760

DATE

03/30/26

PRESENTING CLINICAL SIGNS

Hx cardiac murmur. No CS. PU/PD. Distended abd. Isosthenuria. Attending concerned with Cushing's. LDDS normal vs renal vs paraneoplastic and recommended ultrasound. P is not on meds currently. BP on torb 167/118

Abnormal PE/Chem/CBC/UA Results: Elevated Alp alk LDSS normal

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.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 cm in length. Areas of medullary mineral and intermittent small cortical cysts were present.

Adrenal Glands

Asymmetrically enlarged nonhomogenous left adrenal gland exhibiting pinpoint hyperechoic parenchyma foci. The left adrenal gland measured 3.0 cm x 1.5 cm.

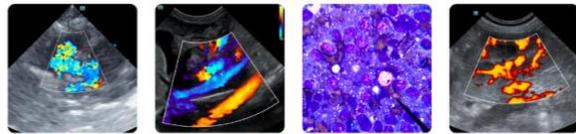
The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.56 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Multifocal pinpoint hyperechoic parenchyma foci were present which may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild / moderate coarse echotexture and subjective mild



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parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild primarily peripheral lumen variably congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach revealed a nonhomogenous caudal gastric body wall lesion with potential for fluid component to the lesion not definitively excluded. Mild surrounding perigastric inflammation primarily around the caudal stomach. The lesion measured approximately 2.5 cm in diameter. Adjacent thickened stomach wall exhibiting intact to indistinct wall layer detail primarily secondary to subjective thickened gastric mucosa. The thickened stomach wall measured 0.70 cm to 0.80 cm wall width. The stomach contained mild retained anechoic fluid without overt obstruction to pyloric outflow.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

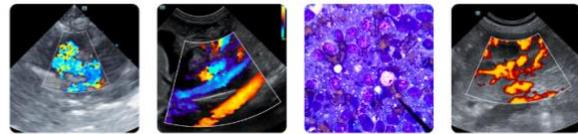
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass exhibiting suspect pinpoint parenchymal mineralization.
- Enlarged nonhomogenous liver.
- Early immature gallbladder mucocele.
- Stomach wall lesion with mild gastric stasis- wall lesion may indicate neoplasia, necrosis, abscess, granuloma or other.
- Chronic renal changes exhibiting medullary mineral and small cortical cysts.
- Remodeled pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass is almost certainly consistent with neoplastic criteria. Serial blood pressure measurements are warranted if hypertension is present. Urine metanephrine level is indicated to assess for pheochromocytoma. If patient appears cushingoid, recheck adrenal workup with LDDST is warranted. Biopsy of the stomach wall lesion for histopathology and culture/sensitivity are required for further clarification. Abdominal CT for further assessment of the left adrenal gland and stomach wall lesion or for evidence of non-obvious vascular invasion or metastasis would be ideal. Three view chest radiographs and hepatosupportive medications such as Denamarin and Ursodiol are recommended.



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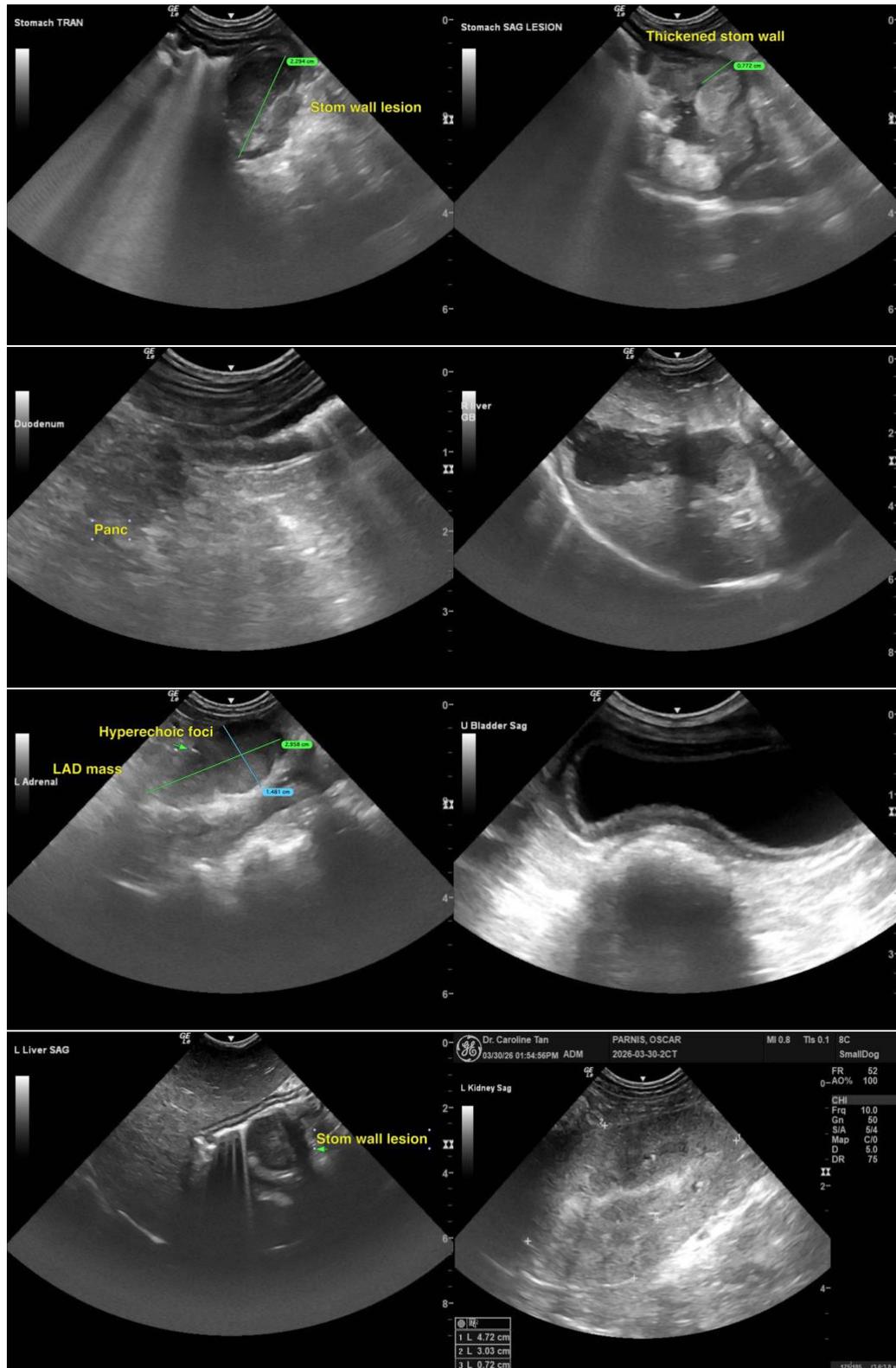
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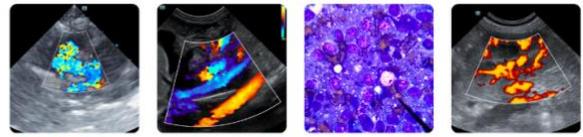
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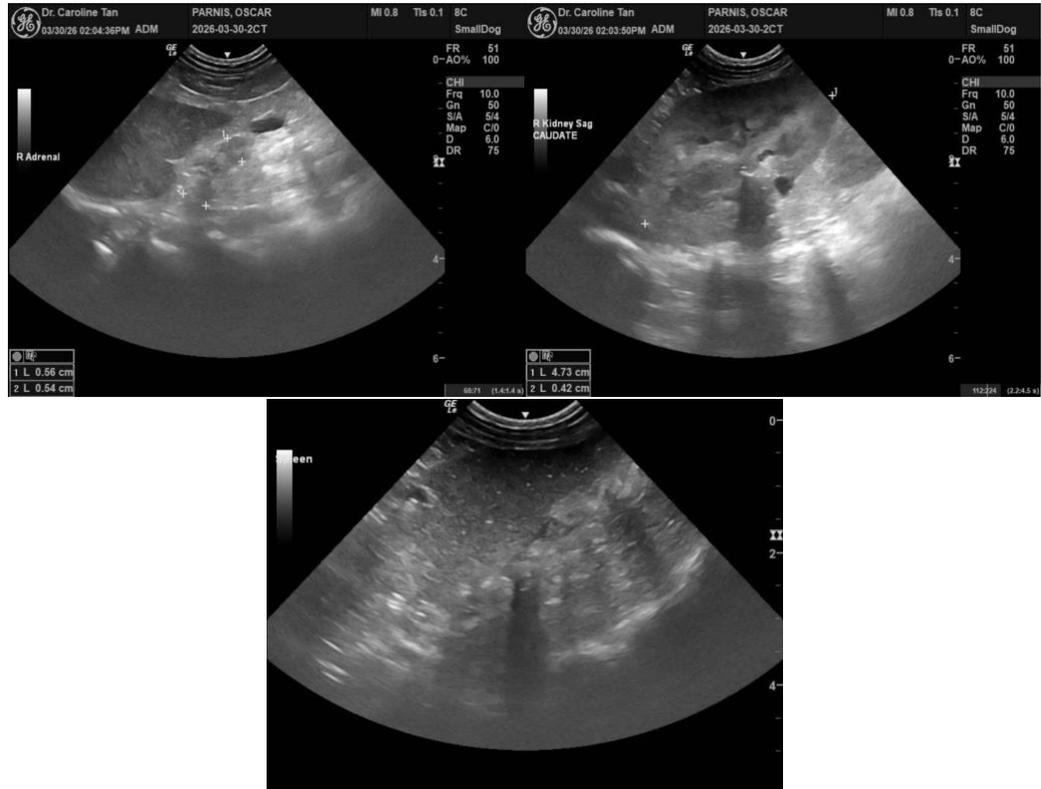
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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