



PATIENT

Cookie Newton

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

16yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Dr. Cardona

INVOICE

24119

DATE

03/05/2026

PRESENTING CLINICAL SIGNS

- history of heart condition, patient was unable to be sedated for ultrasound
- diagnosed with pancreatitis at rDVM 873 CPL
- Moderately elevated kidney values per rDVM

Abnormal PE/Chem/CBC/UA Results: see above

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/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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present. Intermittent small cortical cysts were present. Medullary mineral to small renoliths were present. The left kidney measured 3.4 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was enlarged in size, with intact asymmetrical capsule contour and non-homogenous non-mineralized parenchyma measuring 2.5 cm x 1.9 cm.

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 presented mildly enlarged 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. Small caudate lobe intraparenchymal cyst present. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Focal areas of mild biliary tree mineral. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal to prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes exhibiting medullary renolithiasis, mild pyelectasia and intermittent cortical cysts
- Right adrenal mass
- Mild hepatomegaly exhibiting focal biliary tree mineral and caudate lobe intraparenchymal cyst
- Non-organized gallbladder debris (non-mucocele)
- Chronic pancreatitis pattern with remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is almost certainly consistent with neoplastic criteria. Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Serial sonographic monitoring, assuming patient is not a surgical candidate recommended as vascular invasion is not excluded. Further assessment with CT could be considered.

No overt hepatic primary or metastatic neoplastic criteria. Hepatosupportive medications recommended if evidence of hepatopathy or cholestasis. CKD therapy and as needed supportive care for chronic pancreatitis is recommended.



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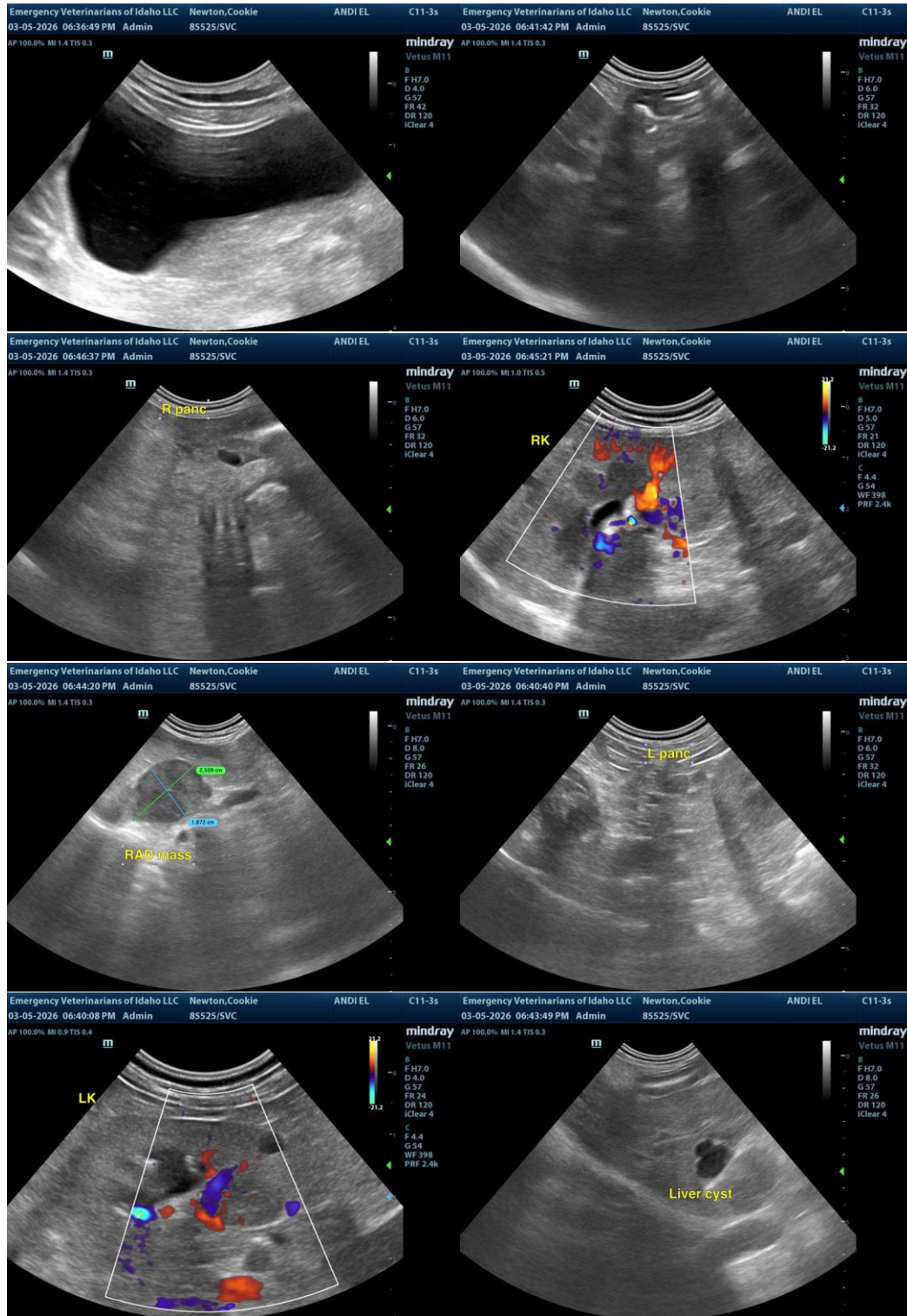
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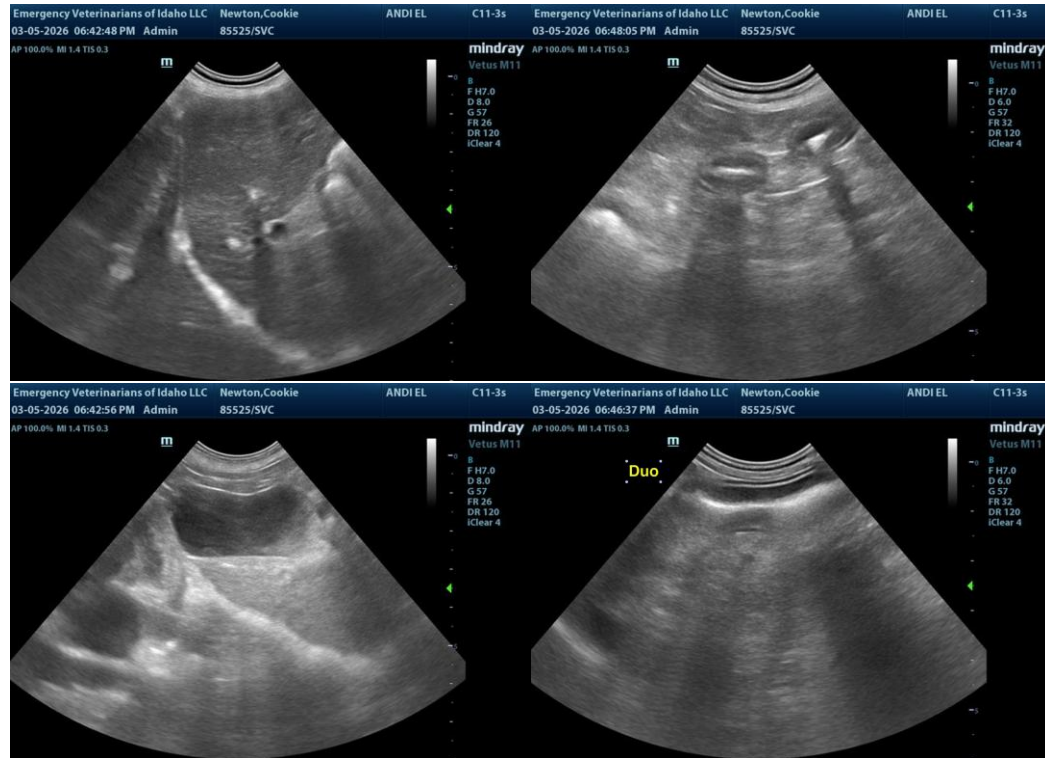
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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