

PATIENT

Maddie Harshany

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

10 Years

WEIGHT

32.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

14065

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Work-up for Cushing's

Abnormal PE/Chem/CBC/UA Results: LDDST: 4.4, 6.4, 4. USG: 1.038, Urine protein/creat ratio: 1.2, alk: 2695, BUN: 30,

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.

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 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 5.4 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size with nonhomogenous pinpoint to discrete hyperechoic parenchyma. The left adrenal gland measured 3.2 cm x 1.9 cm width.

The right adrenal gland was subnormal in size with symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole. Potential for left adrenal vascular invasion is not excluded.

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 subjective mild to possible moderately 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. 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.

The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Left adrenomegaly with subnormal right adrenal gland- highly consistent with left adrenal mass.
- Hepatopathy- consistent with benign criteria.
- Early immature gallbladder mucocele.
- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal CT for further clarification of the left adrenal gland and assessment for surgical resection would be ideal. Otherwise, empirical therapy for Cushing's syndrome with serial monitoring of the left adrenal gland for evidence of progression as well as systemic BP for evidence of hypertension is recommended.

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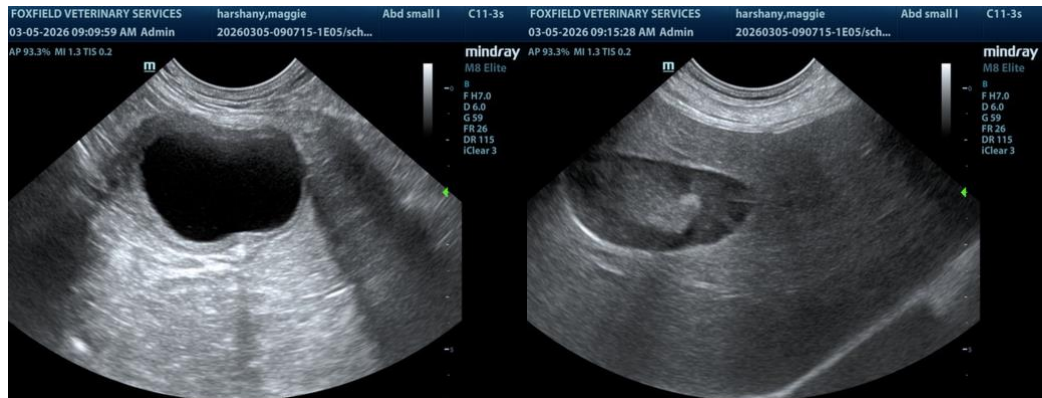
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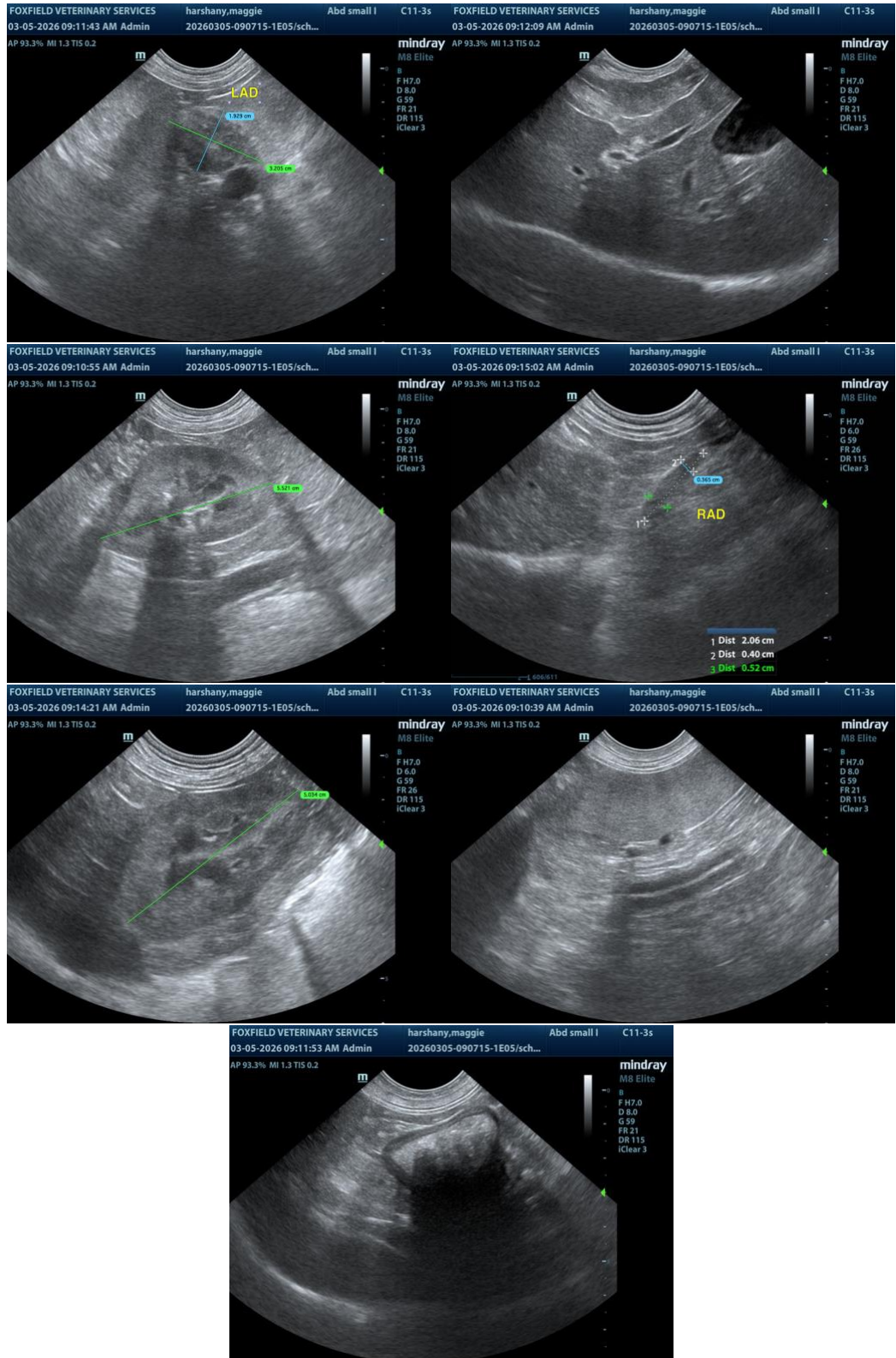
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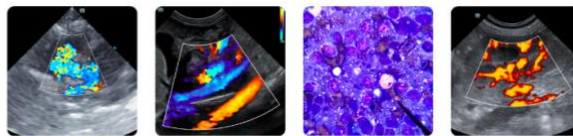
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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