

PATIENT

Weezie Vigil

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

13 Years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield
DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Dr. Terra McSwain
DVM

INVOICE

14103

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- No reported symptoms
- Increasingly elevated ALP with trends:

Abnormal PE/Chem/CBC/UA Results: ALP elevations - 11-20-2025: 337 - 10-20-2025: 344 - 12-20-2026: 570 - CBC 2/2026: platelets 566 - Chemistry 2/2026: Na 163

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 aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The adrenal glands presented with significant to asymmetrical enlargement with asymmetrical capsule contour and heterogeneous indistinctly nodular parenchyma with no overt mineralization. The right adrenal gland measured 4.1 cm length x 3.2 cm width. The left adrenal gland measured 4.9 cm length x 3.1 cm width.

Spleen

The spleen presented normal in size and contour with several mildly expansive nonhomogenous hypoechoic splenic nodules with an example measuring 1.4 cm in diameter.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with nonhomogenous remodeled parenchyma exhibiting intermittent to multiple discrete hypoechoic nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gravity dependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



PATIENT

Weezie Vigil

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. Mild duodenojejunal hyperechoic mucosal speckling was present.

SPECIES

Canine

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

Pancreas

BREED

Pug

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.

Free Abdomen

SEX

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

Primary Findings

- Enlarged nonhomogenous liver exhibiting intermittent to multiple discrete intraparenchymal nodules- chronic vacuolar hepatopathy, inflammatory disease, remodeling, hyperplasia, cholestasis, neoplasia are all potentials.
- Nonorganized gallbladder debris (non-mucocele).
- Mildly expansive splenic nodules- hyperplasia, hematopoiesis, inflammation, granulomas, primary or metastatic neoplasia are all possible.
- Bilateral enlarged nonhomogenous adrenal glands- bilateral adrenal tumors, significant hyperplasia, functional versus nonfunctional adenomatous changes or potential combination.
- Mild chronic renal changes.

WEIGHT

12 kg

Secondary Findings

- Nonspecific mild intestinal mucosal speckling.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. CT evaluation for further assessment or for evidence of nonobvious adrenal vascular invasion is recommended.

IMAGING PERFORMED BY

Dr. Patti Mayfield
DVM

Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology are warranted for further assessment. Hepatosupportive medications may prove beneficial. Although non-specific, the intestinal mucosal speckling may be associated with non-specific enteritis. Correlation with clinical history is recommended.

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Dr. Terra McSwain
DVM

INVOICE

14103

DATE

03/05/26



PATIENT

Weezie Vigil

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

13 Years

WEIGHT

12 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Patti Mayfield
DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

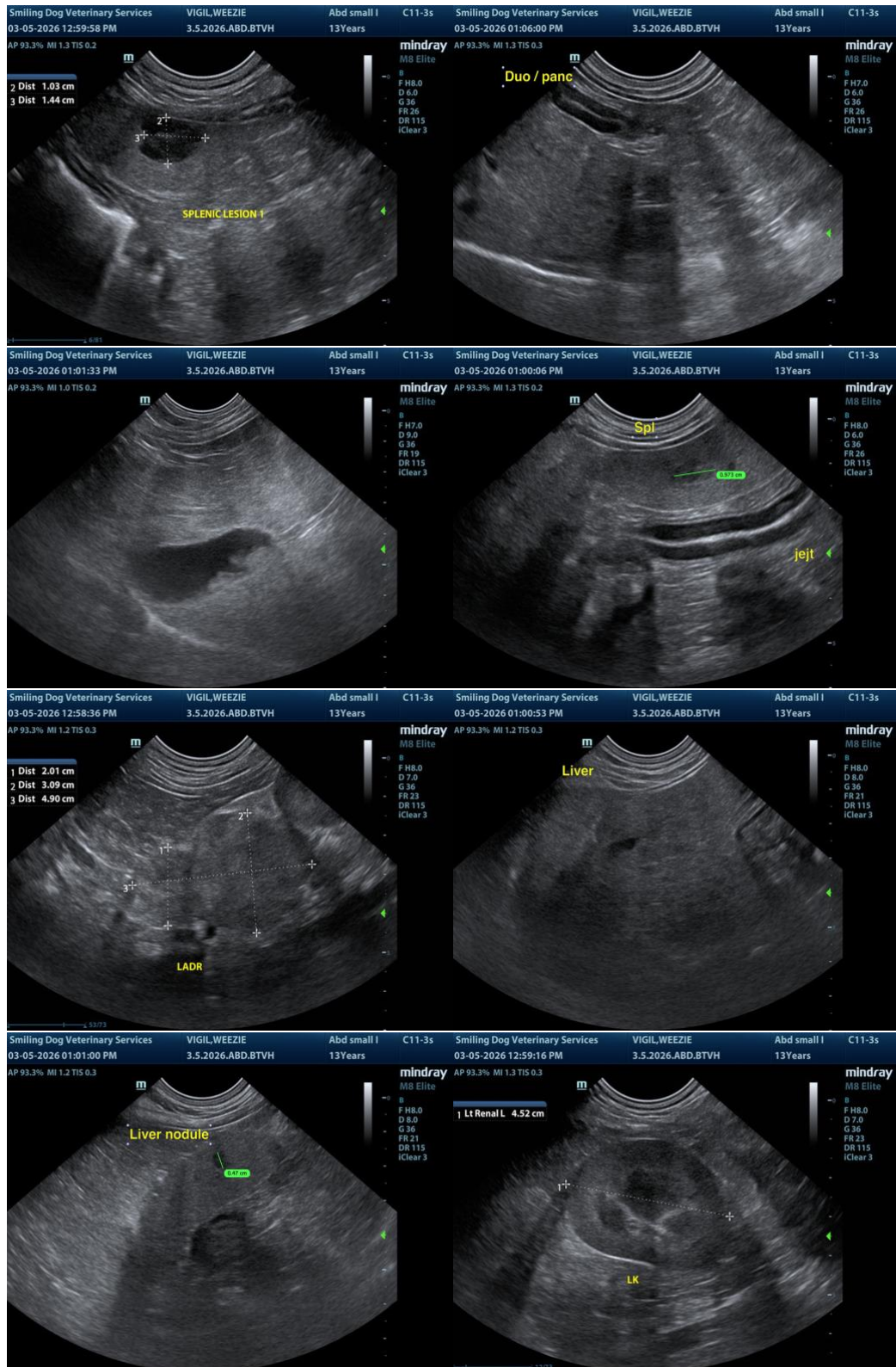
Dr. Terra McSwain
DVM

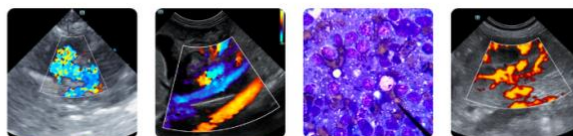
INVOICE

14103

DATE

03/05/26





PATIENT

Weezie Vigil

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

13 Years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield
DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Dr. Terra McSwain
DVM

INVOICE

14103

DATE

03/05/26



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