



PATIENT

Charlie Horrigan

SPECIES

Canine

BREED

Cattle Dog

SEX

Male Neutered

AGE

11y

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

13255

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Owned by an employee (LVT) and has severe gingivitis and halitosis. Presented for COHAT, diagnosed with chronic ulcerative stomatitis.
- Grade 2/6 systolic murmur

Abnormal PE/Chem/CBC/UA Results: Cardiologist performed echo- Stage B1 mitral dz CBC reveals mild non regen anemia and dilute urine. Urine cortisol: creatinine is 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 changes 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 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 7.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left and right adrenal glands were enlarged in size exhibiting intact mild asymmetrical capsule contour and mild hyperechoic nodular changes. The left adrenal gland measured 2.1 cm width at the caudal pole. The right adrenal gland measured ~1.2 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. Multiple, small, well-defined, symmetrical, hyperechoic nodules were present. Concurrent perihilar medial capsule fibrosis. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented mild / moderate / significant enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma



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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. Solitary, non-capsule deforming, mild, hyperechoic ventral intraparenchymal nodule was present measuring 3.2 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild, hyperechoic intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Bilateral enlarged nodular adrenal glands
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral adrenal hyperplasia, functional vs non-functional adenomas or possible emerging unilateral/bilateral adrenal tumors possible. Monitoring systemic BP for evidence of hypertension with urine metanephrine level if hypertension is present which may suggest possible pheochromocytoma is recommended. Monitoring of urine, cortisol, creatinine ratio is suggested with full adrenal workup if clinical signs consistent with Cushing's Syndrome arise. The non-criteria for the overall liver and liver nodule is favored, i.e. vacuolar hepatopathy and nodular hyperplasia or lipogranuloma. Potential for emerging to low-grade neoplastic liver nodule thought less likely. Sonographic monitoring of the liver nodule and bilateral adrenal glands is recommended.



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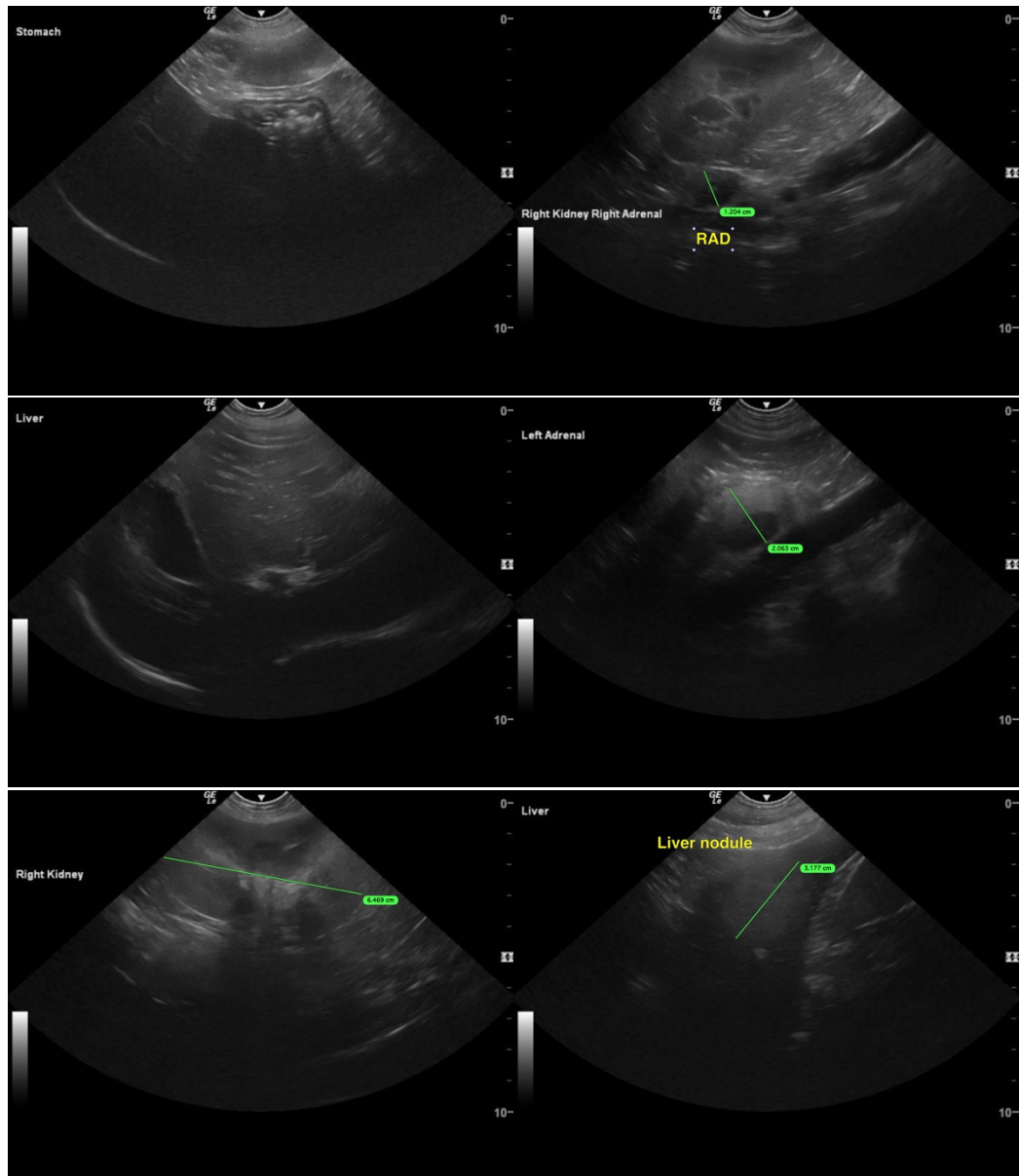
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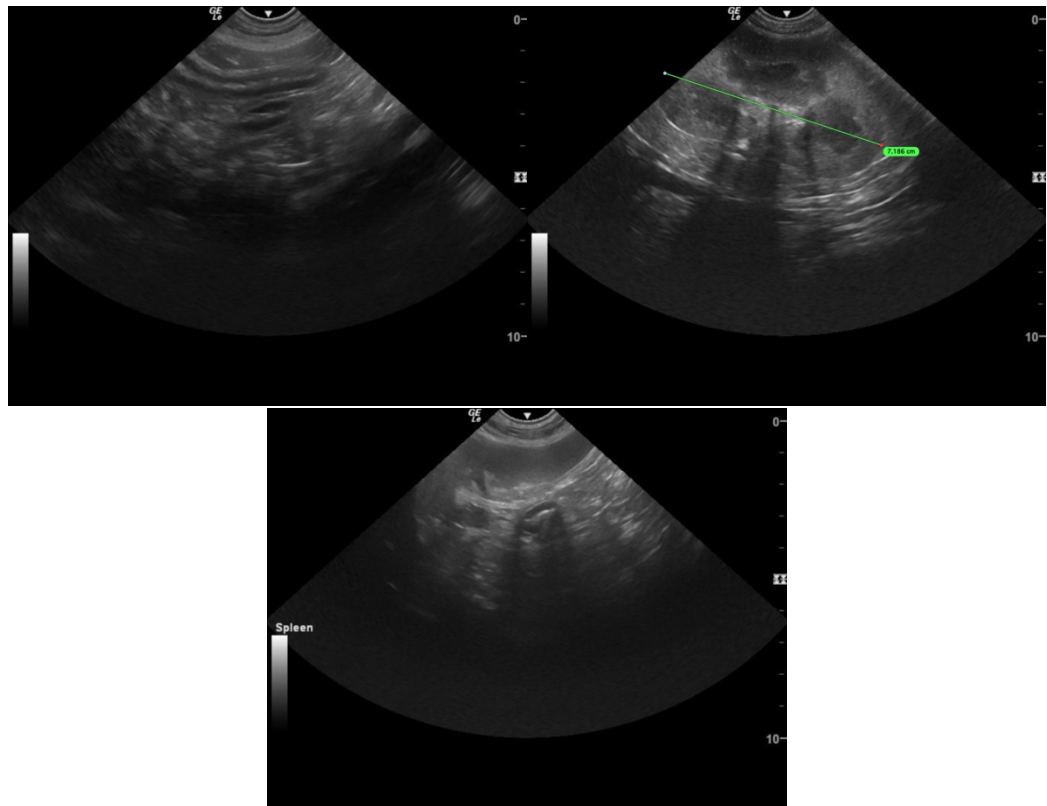
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com