



PATIENT

Kerry Lord

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

13y

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

13263

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Patient recently had LDDST due to pu/pd

Abnormal PE/Chem/CBC/UA Results: PE: no remarkable findings CBC/CHEM: ALKP 1485 (increased more since being on denamarin) LDDST: pre 7.2 4Hr 6.5 8Hr 10.3 Fecal: Neg U/A May 2025- uti

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine which prohibited full evaluation of the bladder wall. Diffuse, thickened urinary bladder wall with mild asymmetrical luminal surface contour and non-homogeneous, possibly focally cystic polyploid lesion was present appearing to derive from the apical wall measuring ~1.0 cm in diameter. Urinary bladder wall measured 0.63 cm width. The visible proximal urethra to a depth of 3.0 cm exhibited normal tone and structure.

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 5.1 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.71 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. Solitary, well-defined, symmetrical, hyperechoic nodule were present primarily perihilar measuring 1.0 cm in diameter. Mild asymmetrical perihilar medial capsule contour. 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 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 distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge



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was present. No current evidence of pericholecystic inflammation or effusion. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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.

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

- Bilateral adrenomegaly
- Benign splenic nodule – consistent with myelolipoma
- Benign hepatopathy pattern
- Non-inflamed gallbladder mucocele
- Age-related renal changes
- Gastric ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of adrenal tumors or neoplastic criteria. Continued hepato-supportive medications with serial sonographic monitoring of the adrenal glands and gallbladder if progressive cholestasis. Empirical therapy for pituitary dependent hyperadrenocorticism with monitoring of clinical response is recommended.



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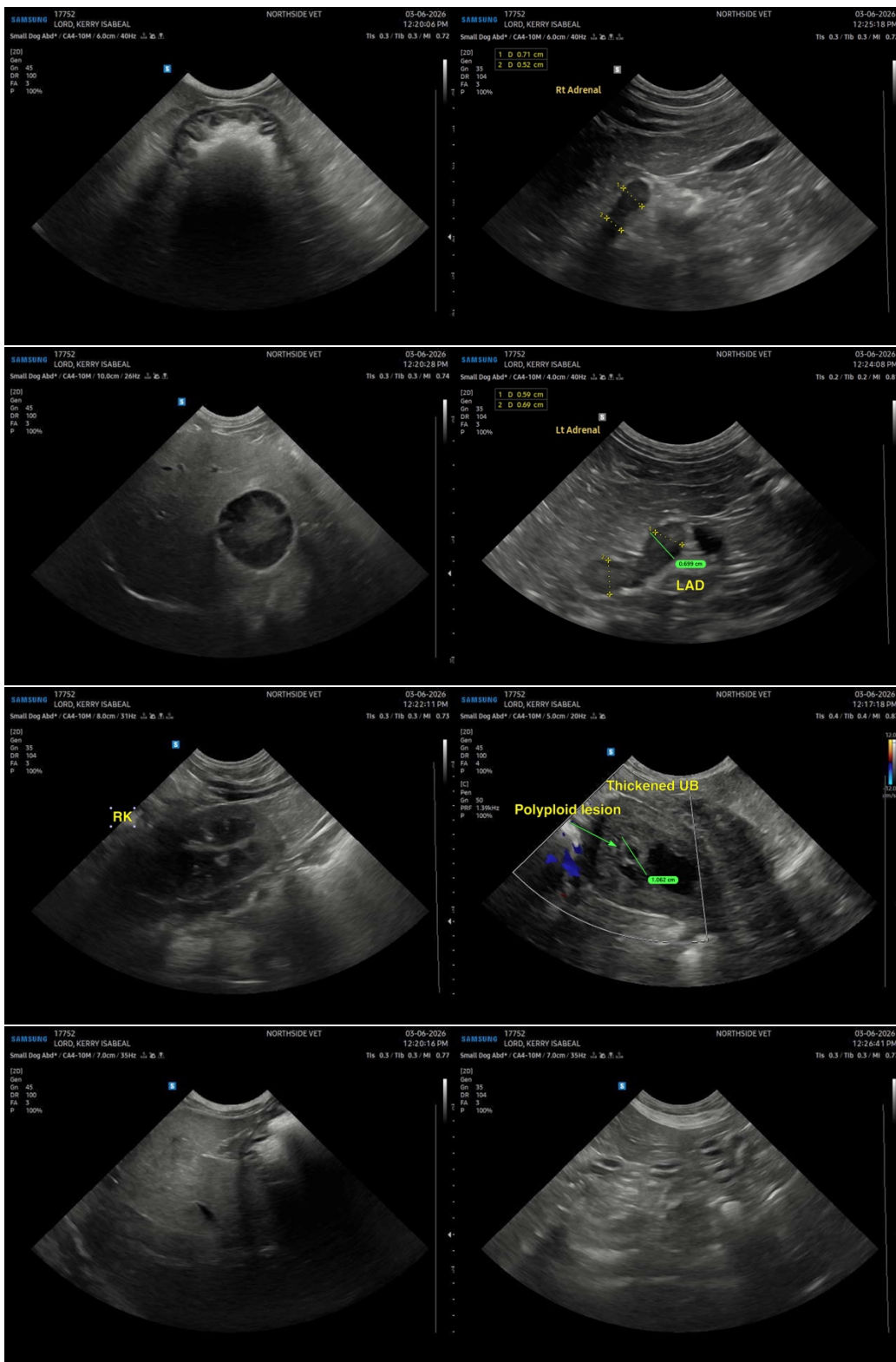
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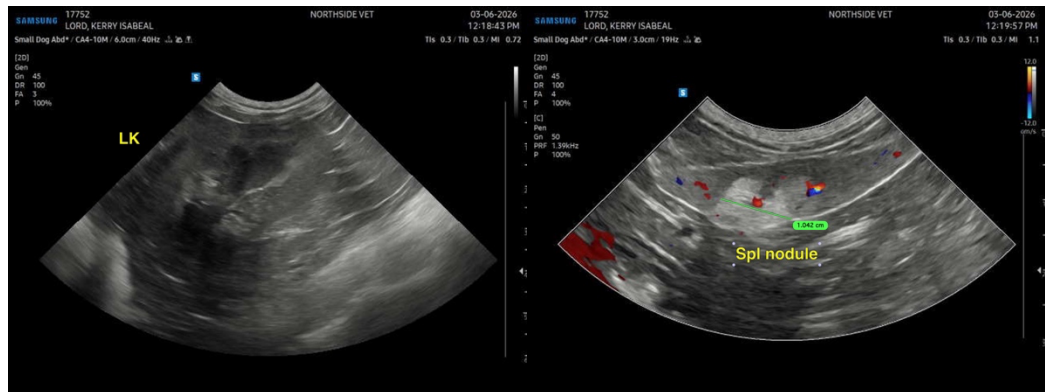
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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