PATIENT

Perdita Moulton

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

9y

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

13262

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Suspicious of Cushing's Disease, history of dental disease and
- mammary masses. Adrenal panel inconclusive.
- Pit 792 (ref 120-412)
- ALP 746 (ref 0-160)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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. Pinpoint to focal areas of medullary was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal glands was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland was mildly enlarged in size. The right adrenal gland exhibited possible parenchymal expansion of the phrenic abdominal vein with associated asymmetrical capsule contour. The right adrenal gland measured 0.96 cm width mid adrenal and 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

Hepatomegaly with symmetrical contour and non-homogeneous, mildly echogenic parenchyma. Discrete, hypoechoic nodules were present. The gallbladder was non distended in size with mild areas of non-dependent, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

PATIENT

Perdita Moulton

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

9y

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

13262

DATE

3/6/26

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. Hyperechoic duodenojejunal mucosal speckling was present. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

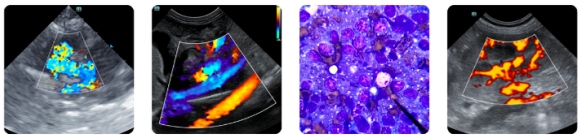
ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogeneous liver with discrete intraparenchymal nodules
- Mild, non-dependent, congealed gallbladder debris (non-mucocele)
- Bilateral enlarged on-homogeneous adrenal glands with possible early right adrenal vascular invasion
- Chronic renal changes exhibiting pinpoint medullary mineral
- Pancreatic remodeling
- Nonspecific duodenojejunal mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most consistent with chronic vacuolar hepatitis with occult neoplasia thought likely. The adrenal glands may indicate hyperplasia, adenomatous change with potential for emerging right adrenal tumor or combination. Recheck adrenal workup in 4-6 weeks with serial monitoring of systemic BP for hypertension as well as sonographic monitoring of the right adrenal gland for evidence of progressive enlargement is recommended. Chronic pancreatitis or nonspecific enteritis may be suspected if gastrointetsinal signs are non-reported or arise. Hepato-supportive medications may prove beneficial with sonographic reassessment of the gallbladder if evidence of progressive cholestasis.

NAVIX DIAGNOSTIX ANIMAL SERVICES



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Perdita Moulton

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

9y

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Wood River AH

REFERRING VET

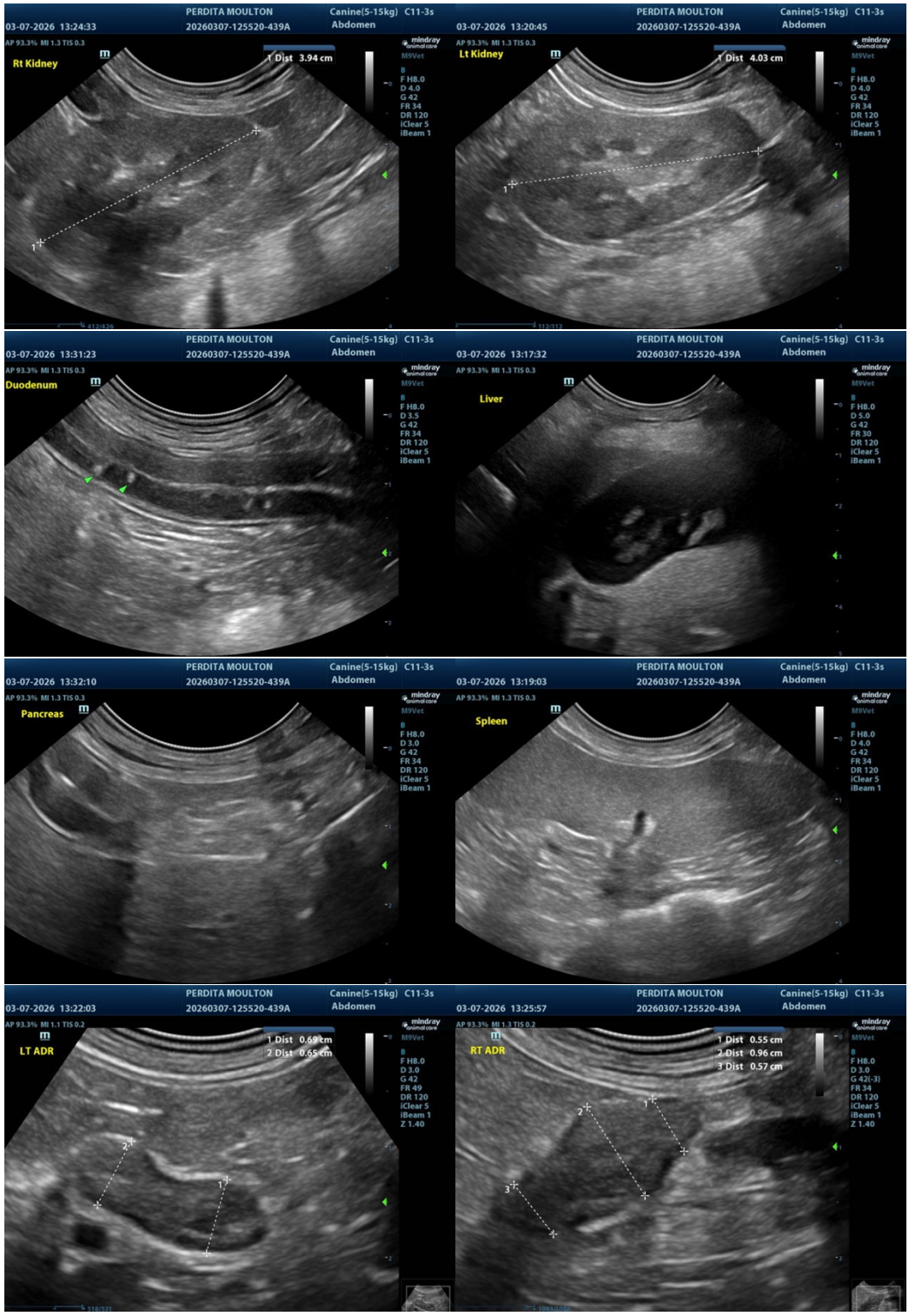
Leah Fischer, DVM

INVOICE

13262

DATE

3/6/26



PATIENT

Perdita Moulton

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

9y

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

13262

DATE

3/6/26

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