



## PATIENT

Kenai Faulkner

## SPECIES

Canine

## BREED

Lab Mix

## SEX

FS

## AGE

12yr

## WEIGHT

37.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patti Mayfield, DVM

## HOSPITAL NAME

Broken Top Veterinary  
Hospital

## REFERRING VET

Terra McSwain, DVM

## INVOICE 24455

DATE  
04/10/2026

## PRESENTING CLINICAL SIGNS

- Patient has no active clinical signs aside from weight gain  
  
- Previous AUS (SonoPath review Sept, 2025) yielded concern for mucometra, hydrometra, or pyometra. Patient was spayed within the week and has been doing reportedly well.

- PPH: Hypothyroid

Abnormal PE/Chem/CBC/UA Results: PE: NSF 3/20/26: - ALT: 237 (H) - ALP: 545 (H)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the previous uterus or bilateral ovaries.

Normal size and margination were 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 7.7 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width at the caudal pole.

The right adrenal gland was borderline enlarged with an indistinct mid to cranial non-homogenous non-mineralized nodule measuring 1.1 cm x 0.74 cm. The right adrenal gland measured 0.81 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. Intermittent irregular variably hyperechoic nodules were present throughout the cranial to caudal parenchyma exhibiting subtle distal acoustic shadowing. An example measured 1.3 cm in diameter. A non-capsule distorting hypoechoic non-homogenous caudal splenic lesion measuring 1.8 cm in diameter was present. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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## Liver/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized masses or nodules were present. Normal vascular volume. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mildly shadowing ingesta with no signs of 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatopathy exhibiting mild parenchyma hyperechogenicity- vacuolar, cholestatic, inflammatory, hyperplastic hepatopathy with occult neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)
- Hyperechoic mildly shadowing splenic nodules with non-specific hypoechoic caudal splenic lesion- hyperechoic myelolipomas with potential emerging mineralization, granulomas, chronic splenic infarcts, caudal splenic hypoechoic hyperplasia, hematopoiesis, acute infarct with potential for neoplasia possible
- Borderline enlarged indistinctly nodular right adrenal gland- hyperplasia, functional vs non-functional emerging adenomatous change, emerging right adrenal tumor thought less likely yet not excluded
- Mild age related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using 25ga needle, hepatic parenchyma and hypoechoic splenic lesion FNA cytology warranted for further clarification. The right adrenal gland is of nonspecific clinical importance given no reported clinical signs that may suggest adrenal disease. Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing syndrome arise. Serial monitoring of systemic BP for hypertension as well as sonographic monitoring of the right adrenal gland and spleen for evidence of progressive pathology is recommended. Hepatosupportive medications may prove



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beneficial.

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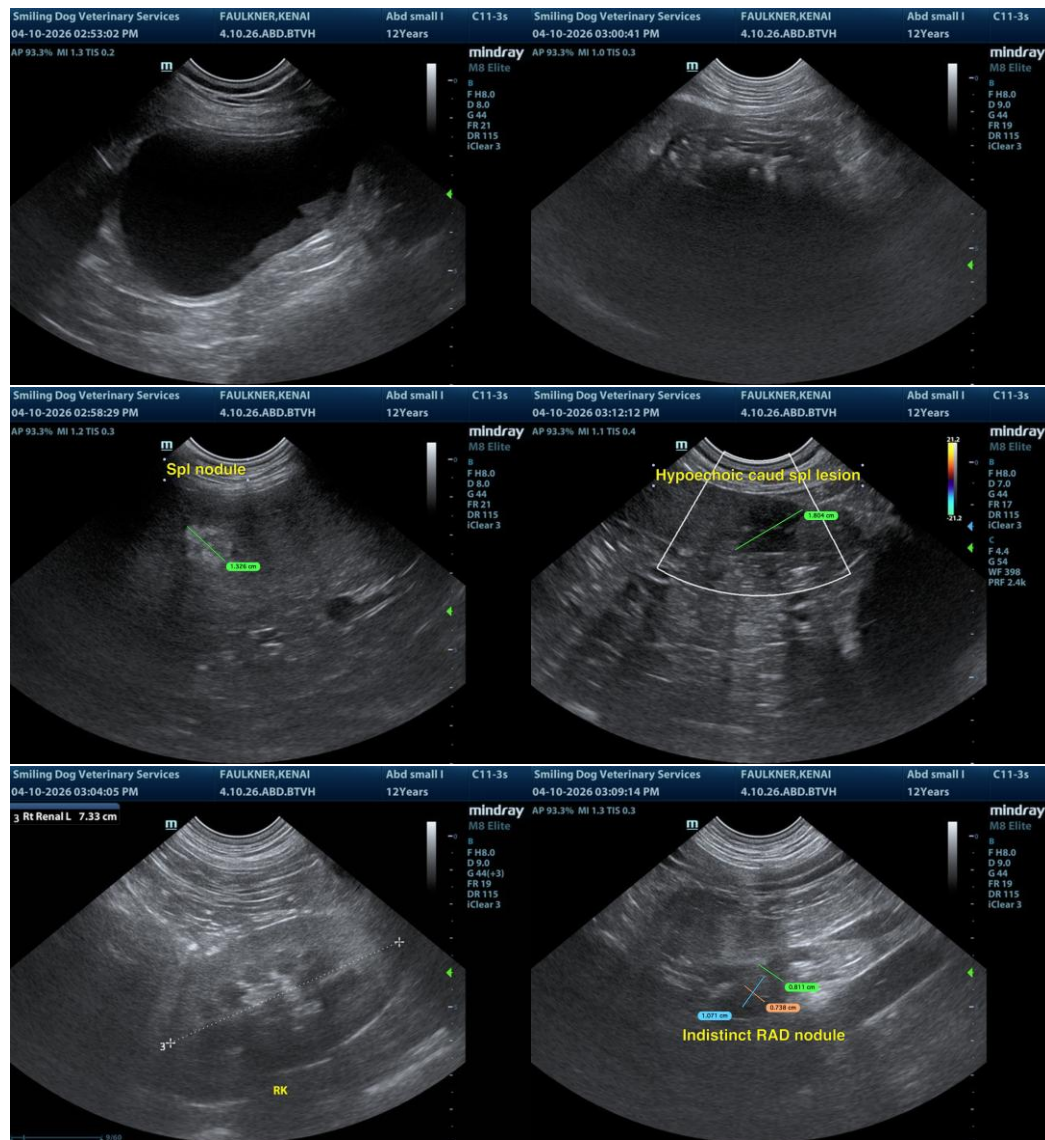
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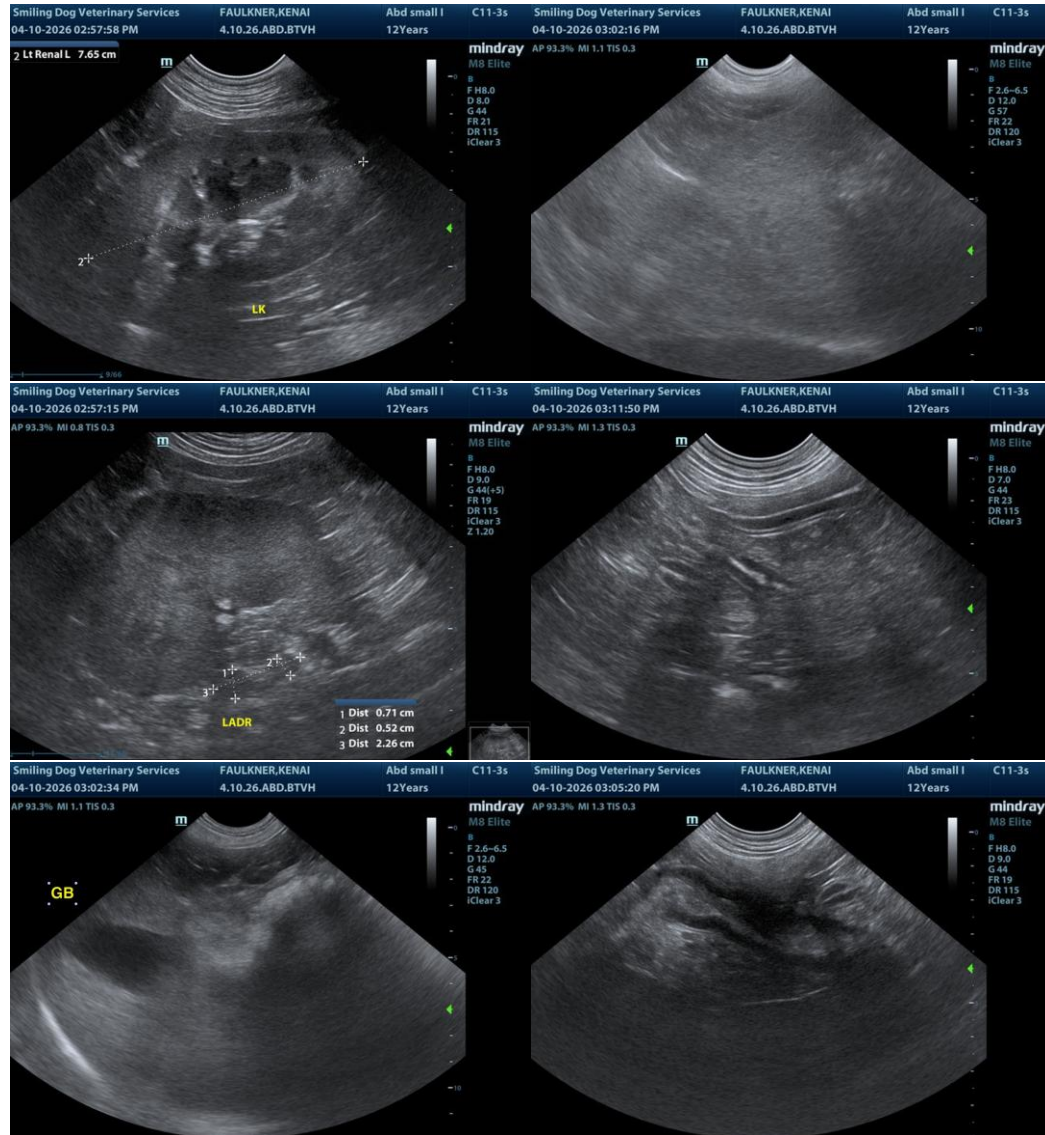
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)