



PATIENT

Delilah Tweet

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

13yr

WEIGHT

14.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood AC

REFERRING VET

Ruth Loomis

INVOICE

24557

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

P very PU/PD

Abnormal PE/Chem/CBC/UA Results: ALK PHOS 1103 5-131 IU/L HIGH UPC 3.4 / quiet sediment

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.

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 4.8 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.66 cm width in the caudal pole.

The left adrenal gland was enlarged in size with non-homogenous hypoechoic parenchyma measuring 3.3 cm x 1.6 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented possible borderline enlarged in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. Discrete parenchymal nodular changes were present. Subjective adequate vascular volume. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid 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 pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-uniform discretely nodular liver.
- Mild non-organized gallbladder debris (non-mucocele).
- Bilateral adrenomegaly with suspect left adrenal mass.
- Non-specific mild chronic renal changes.
- Chronic pancreatitis / fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full adrenal workup with LDDST in conjunction with serial monitoring of systemic BP for evidence of hypertension, given adrenomegaly to possible emerging left adrenal mass is recommended. If hypertension is present, urine metanephrine level is indicated to assess for potential pheochromocytoma. Further assessment of the liver may include screening hepatic FNA cytology assuming normal clotting status and bile acid profile. However, no obvious evidence of intrahepatic or extrahepatic macroscopic shunt. Monitoring of UPC with PLN therapy if persistent UPC > 2.0 without concurrent azotemia is recommended. Supportive care for chronic pancreatitis if concurrent clinical signs is recommended.

Pending adrenal workup, sonographic monitoring of the bilateral adrenal glands, specifically the left adrenal gland for evidence of progressive enlargement is indicated.



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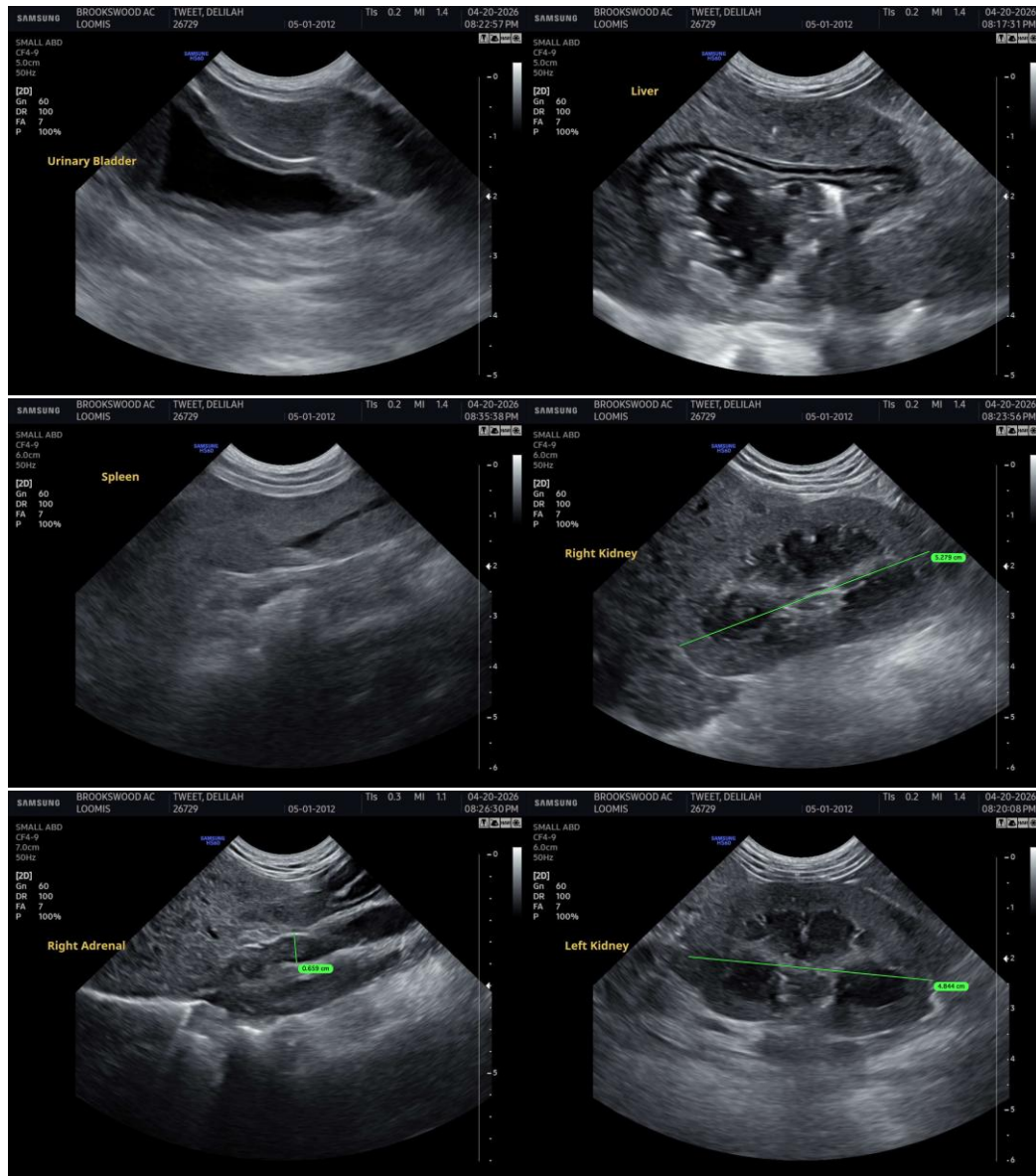
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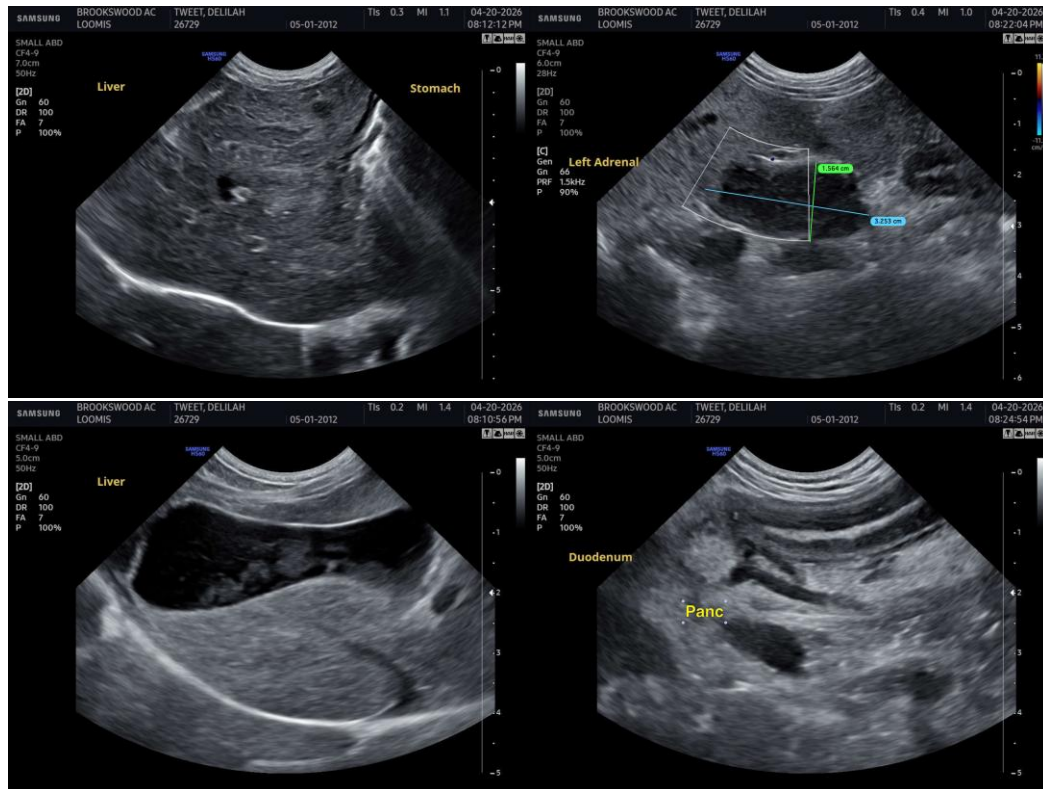
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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