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| PATIENT | PRESENTING CLINICAL SIGNS |
| Max Kouyoumdjian | Bloody diarrhea, distended abdomen |
| | Meds: metronidazole, Propectalin, Vetmedin (MMVD) |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: ^AlKP > 1300, chol 50%, did ACTH stim -> Normal, No evidence of cushings |
| Canine | |
| | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| BREED | Urinary System |
| Mini Schnauzer | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. |
| SEX | |
| MN | 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal hyperechoic cortical foci were present which may indicate pinpoint areas of cortical fibrosis, mineralization, or micro-infarcts. The left kidney measured 5.0 cm in length. The right kidney measured 5.5 cm in length. |
| AGE | |
| 11yr | |
| WEIGHT | The area of the aortic trifurcation was free of pathology. |
| 16.8lb | Adrenal Glands |
| INTERPRETED BY | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole. A discrete non-capsule deforming cranial left adrenal nodule exhibiting mild hyperechoic echogenicity without evidence of mineralization was present measuring 0.64 cm x 0.57 cm. |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Spleen |
| IMAGING PERFORMED BY | 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. |
| Rebecca Hamilton | Liver/Gallbladder |
| HOSPITAL NAME | The liver presented moderate to possible markedly enlarged in size. The parenchyma of the liver was subjectively normal to mildly increased 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 non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a |
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| 04/23/2026 | |



PATIENT

Max Kouyoumdjian

hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

BREED

Mini Schnauzer

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.

The colon walls presented intact yet mild thickened wall layering. Semi formed fecal matter was present in the colon lumen. The descending colon wall measured 0.32 cm in width.

SEX

MN

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.

AGE

11yr

Free Abdomen

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

WEIGHT

16.8lb

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to marked hepatomegaly- subjective benign
- Immature to emerging mature gallbladder mucocele
- Chronic renal changes with hyperechoic cortical foci
- Non-enlarged adrenal glands with small cranial left adrenal nodule-emerging benign hyperplasia, adenoma, less likely emerging tumor
- Pancreatic remodeling
- Mild colitis pattern
- Sonographically unremarkable gastrointestinal tract with mild non-shadowing gastric ingesta

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly is consistent with benign criteria and suggestive of vacuolar/ cholestatic hepatopathy in conjunction with immature to emerging gallbladder mucocele. Mild potential for concurrent hepatic inflammation not definitively excluded. If clinical signs are present in this patient, recheck adrenal workup with LDDST could be considered. Chronic pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation. No overt evidence of neoplastic criteria.

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

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Empirical therapy for colitis with gastrointestinal support and consideration for spec CPL is recommended. Sonographic monitoring of the small left adrenal nodule for evidence of progression as well as the gallbladder for evidence of progressive cholestasis is recommended.

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SPECIES

Canine

BREED

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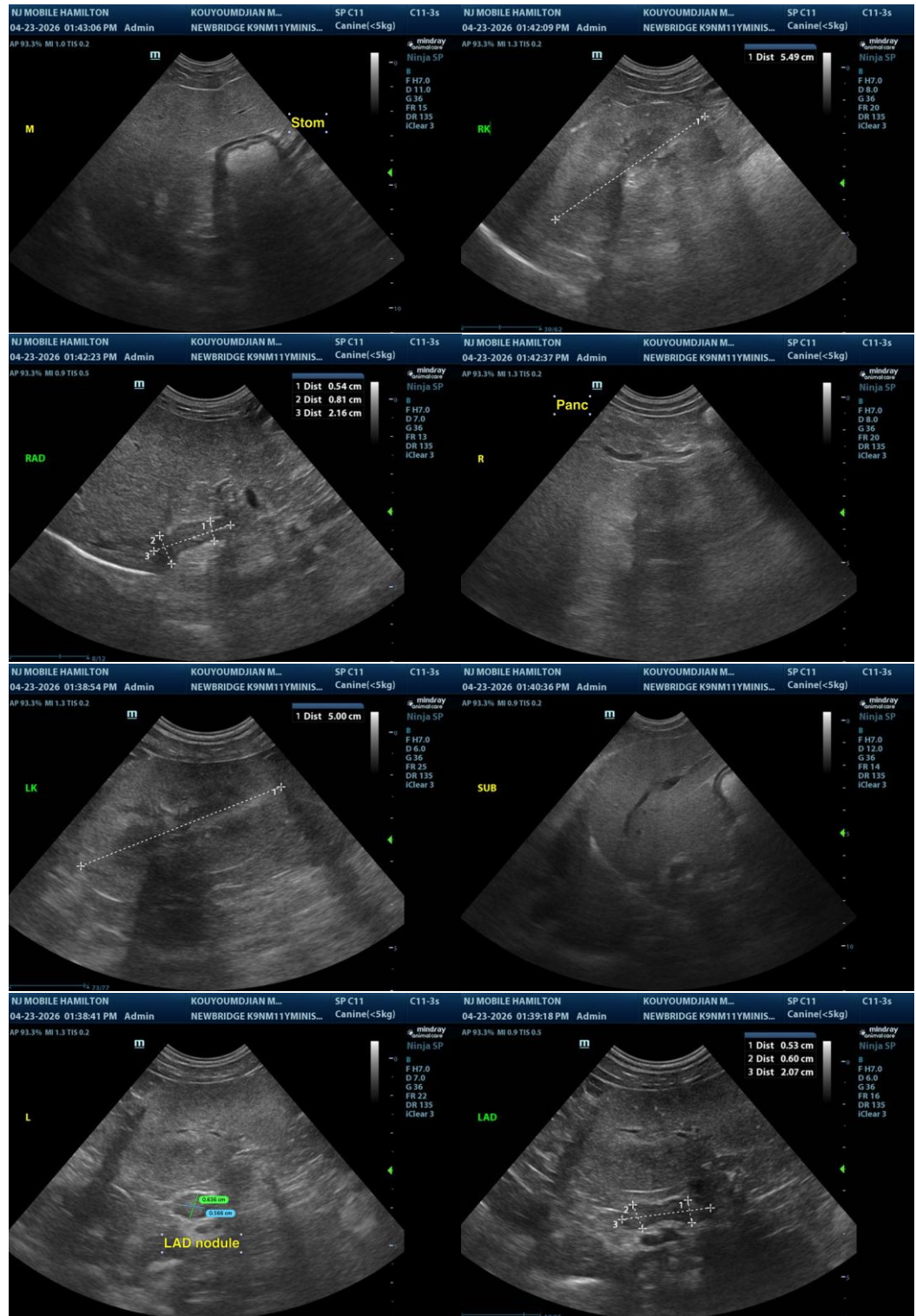
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PATIENT

Max Kouyoumdjian

SPECIES

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BREED

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SEX

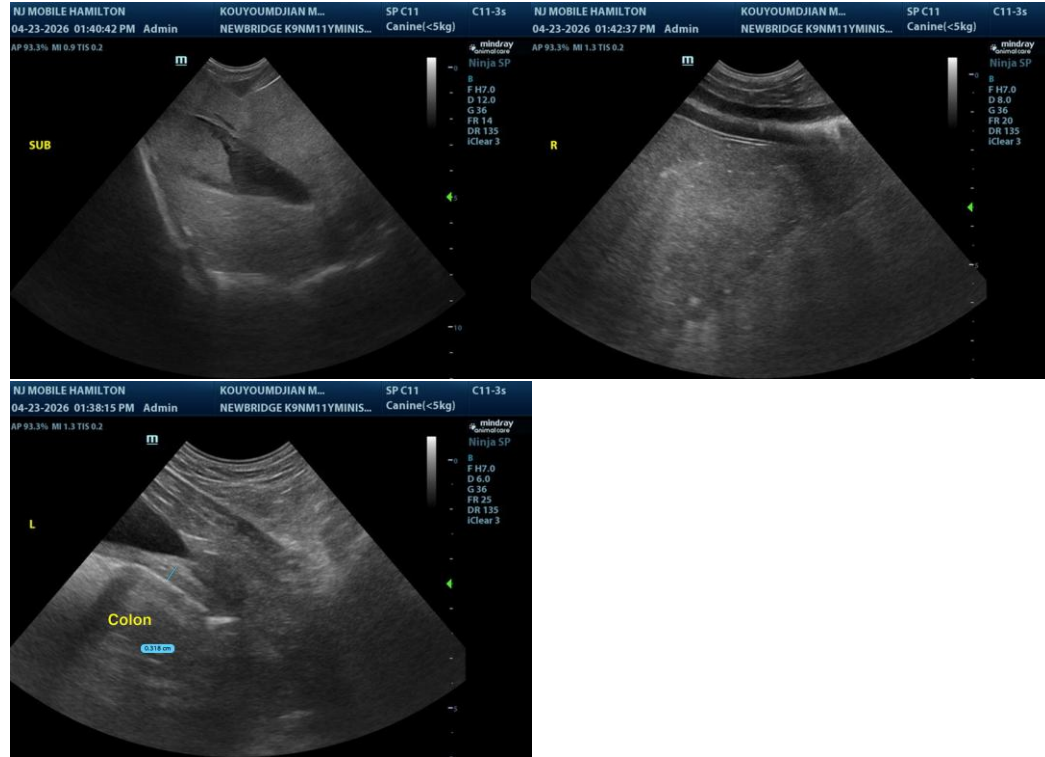
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16.8lb



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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.

IMAGING PERFORMED BY

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