



PATIENT

Baylee Segal

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12yr

WEIGHT

41.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

24651

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

Progressive elevation of ALP and GGT noted on routine blood panel performed the time of annual exam. Other liver parameters were WNL. Both ALP and GGT were elevated, although to a lesser extent on blood panel 5/2025, LDDST performed at that time was not supportive of hyperadrenocorticism. Chronic polyphagia, but no pu/pd or other clinical signs of Cushing's, no other concerns reported.

Abnormal PE/Chem/CBC/UA Results: ALP=1026 (5-160) U/L, GGT=50 (0-13) U/L, SDMA=15 (0-14) ug/dL, BUN and creatinine are WNL

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 6.0 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands were indistinctly visualized, exhibiting subjective mild non-homogenous parenchyma and bilateral mild enlargement. The left adrenal gland measured 1.0 cm width at the caudal pole. The right adrenal gland measured 0.83 cm width at the caudal pole.

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

Generalized hepatomegaly. Symmetrical to rounded contour, variable non-homogenous parenchyma exhibiting intermittent discreet hyperechoic intraparenchymal nodules and variable coarse echo texture. Normal vascular volume. No visualized masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and moderate dependent to non-dependent, variably congealed, possibly peripherally adhered debris. Focal to minor areas of suspect entrapped mucus within the gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta 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

- Enlarged non-homogenous liver with discreet hyperechoic intraparenchymal nodules
- Immature gallbladder mucocele
- Mild chronic renal changes
- Bilateral adrenomegaly, more prominent in left adrenal gland

Secondary

- Mild progressively shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck LDDST warranted given time frame from previous negative test and if clinical signs consistent with Cushing syndrome including decreased USG. No evidence of post-hepatic obstruction. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for non-obvious inflammation or less likely occult neoplasia, Hepatosupportive medications including Denamarin and ursodiol are recommended.

Sonographic monitoring of the gallbladder if evidence of progressive hepatopathy or cholestasis as well as the bilateral adrenal glands for evidence of progressive enlargement is recommended. If documented NPO or with concurrent gastrointestinal signs, 12-hour fast and sonographic reassessment of the stomach is recommended.



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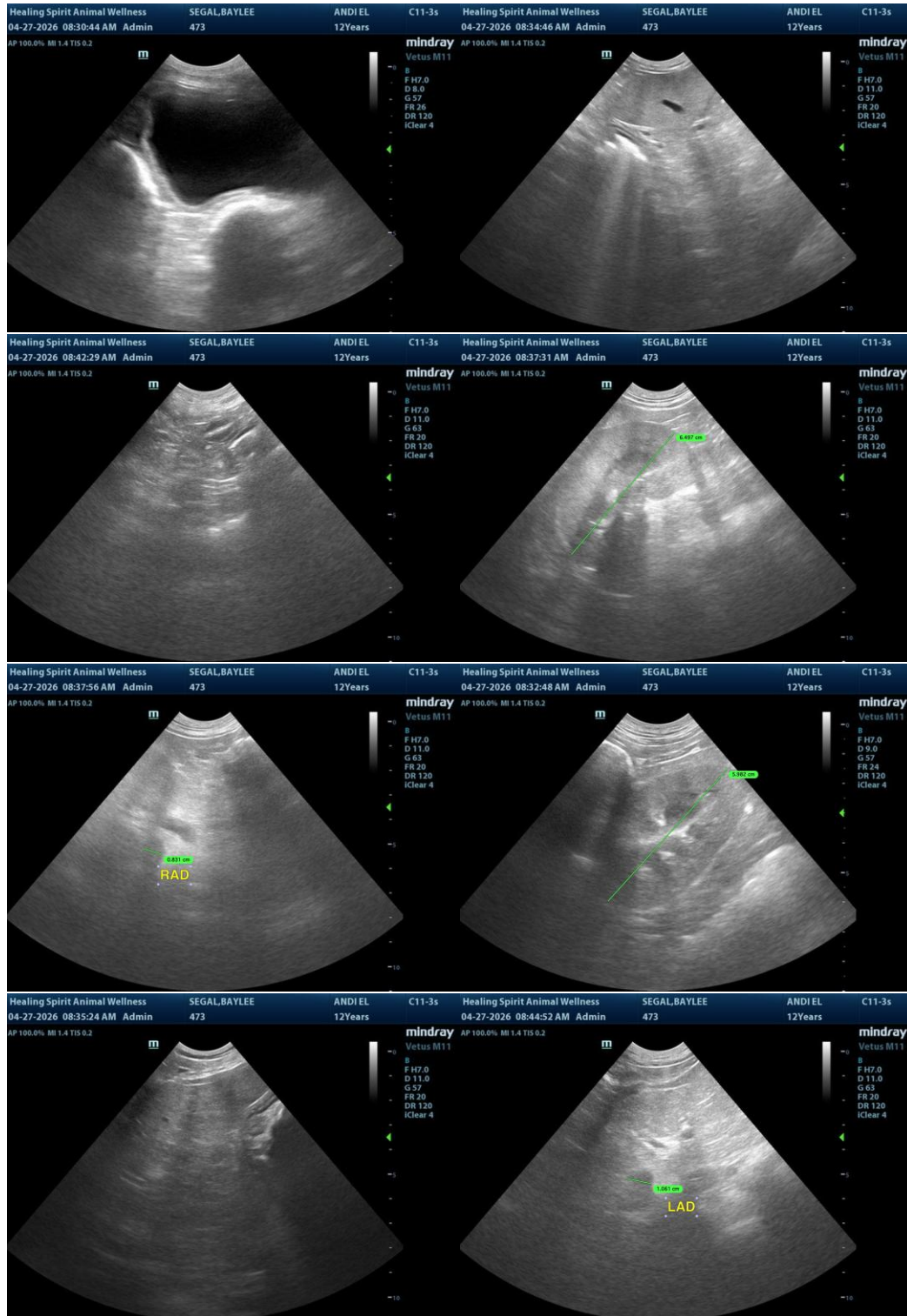
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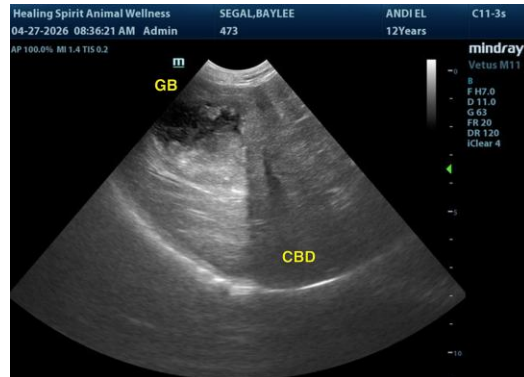
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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