



PATIENT

Lady Reser

SPECIES

Canine

BREED

Collie Mix

SEX

FS

AGE

13yr

WEIGHT

445lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Mark Reser

INVOICE

24654

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

Hx of Cushings, not currently on meds, did not respond to them. Lost other pet in house 2 days ago, and now won't eat well, usually very polyphagic. Vomited twice

Abnormal PE/Chem/CBC/UA Results: PE showed cataracts, distended abdomen. Prev. labs 6 mos ago showed high ALT (147), ALP (308), and BUN (41). Labs today are still pending (sorry).

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

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was enlarged in size with non-homogenous non-mineralized parenchyma and subjective intact asymmetrical capsule contour measuring 3.8 cm x 2.8 cm. The right adrenal gland was not definitively visualized.

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. No evidence of splenic vein thrombus, masses or nodules.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal 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 non-thickened mildly hyperechoic wall and moderate congealed 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 non-shadowing ingesta sonographically suggestive of food echogenicity 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

- Bilateral chronic renal changes
- Left adrenal mass, non-visualized right adrenal gland
- Subjective benign hepatopathy
- Congealed non-organized gallbladder debris with possible chronic cholecystitis
- Mild non-shadowing gastric ingesta
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect right adrenal suppression secondary to left adrenal mass and given clinical history. Significant left adrenal hyperplasia, functional vs non-functional adenoma or neoplasia such as carcinoma, pheochromocytoma or combined etiologies possible. Serial monitoring of systemic BP for evidence of hypertension, which may potentially allude to pheochromocytoma is recommended. Potential for vascular invasion associated with the left adrenal mass not definitively excluded, although no obvious evidence of major organ metastasis. Hepatogastrointestinal support with clinical and as needed sonographic monitoring would be reasonable.



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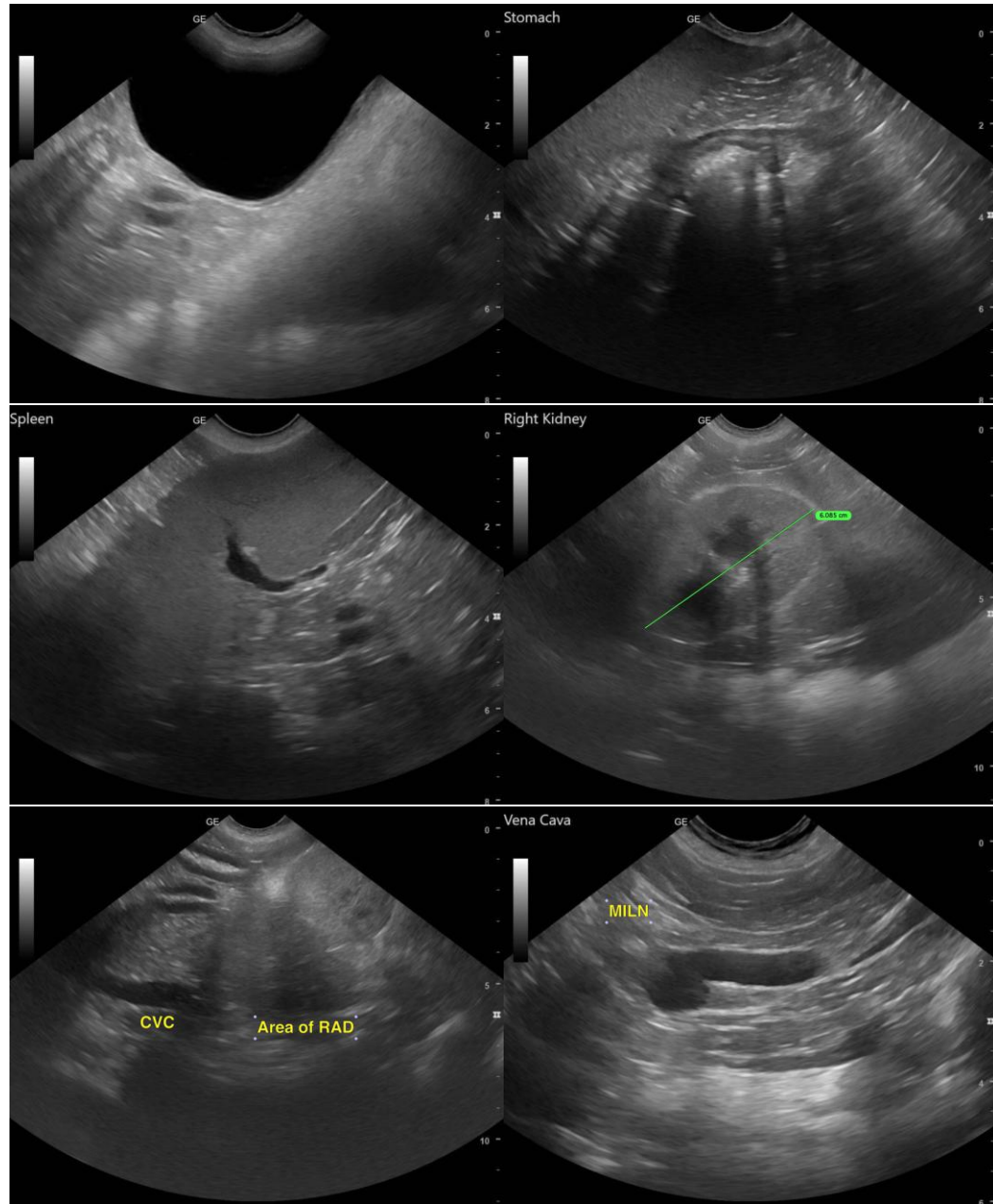
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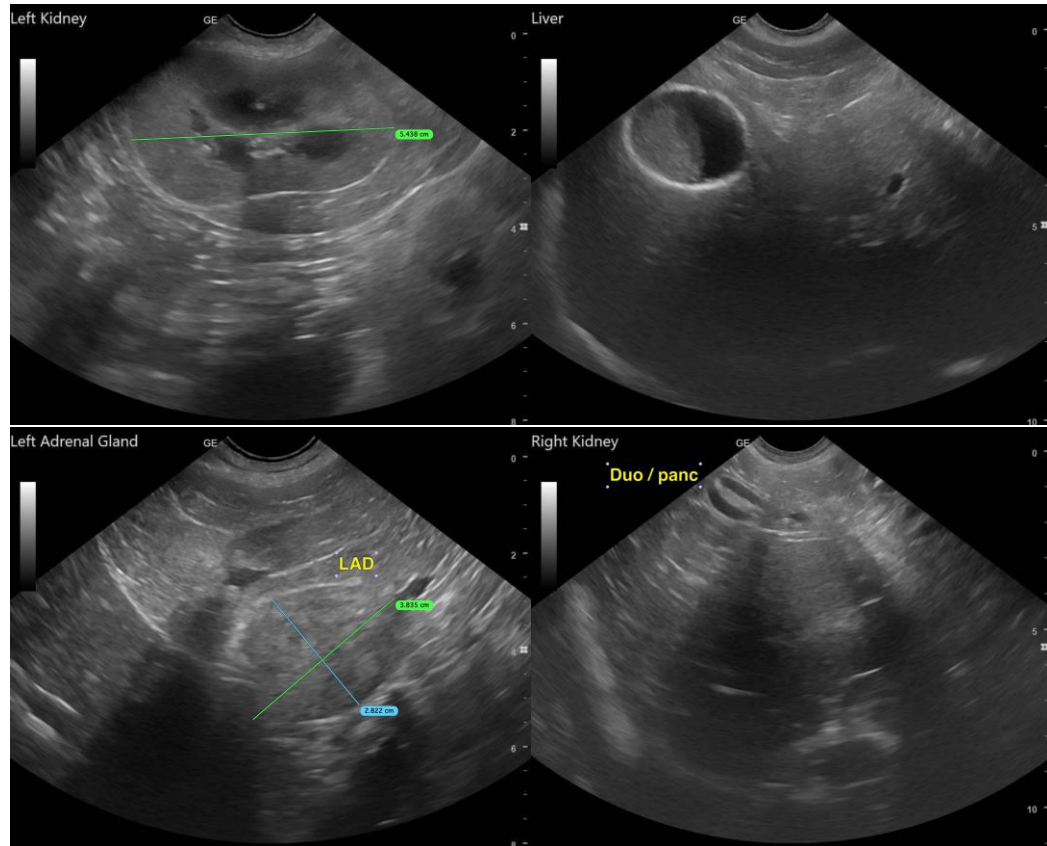
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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