



**PATIENT**

Sally Vets

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

15.04 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Corvallis Veterinary  
Hospital

**REFERRING VET**

Dr. Gross

**INVOICE**

15517

**DATE**

04/27/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Pet has a history of atopy, KCS, malassezia yeast infection, and pododermatitis. Pet in on Heska allergy injections, cyclosporine ocular meds, Cytopoint, Apoquel, and recently maropitant since the last visit. She presented 4-20-26 for weight loss and decreased appetite and intermittent vomiting. Pet also presented for pruritus, vomiting after drinking water, weight loss. On PE we noted pigmentary keratitis and yellow ocular discharge, lichenification, 2/3 periodontal disease, 2/6 systolic murmur, extensive dander and hyperkeratosis, small, pigmented mass in left ear canal. There is some concern pet might not be getting cyclosporine eye drops and Apoquel as directed. Owner also does not like to use medicated shampoo. **ABNORMAL Labwork Values** Pets CBC shows a leukocytosis of 34,500. anemia at 32%, NRBC's; r/o regenerative anemia, splenic issues, Pet also has an increased platelet count , neutrophilia, bands and polychromatic, anisocytosis, and spherocytes Chem panel shows decreased albumin, increased globulin, increased all phos, T4 wnl UA USG only 1.019 Current Medications Apoquel, Cytopoint, cyclosporine, heska allergy injections Notes to Specialist (if any) We might have a compliance issue with medications.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size while the right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm length x 0.49 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.60 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**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



**PATIENT**

margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Canine

**Gastrointestinal**

**BREED**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

Poodle Mix

**SEX**

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 ileus, obstruction or foreign material.

Spayed Female

Normal visible colon wall layers were present with apparent formed feces in lumen.

**AGE**

**Pancreas**

16 Years

The pancreas presented prominent in size with capsule asymmetry and nonhomogenous mildly hyperechoic parenchyma compared to adjacent mildly hyperechoic omentum.

**WEIGHT**

**Free Abdomen**

15.04 pounds

Medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.0 cm x 0.71 cm.

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**ULTRASONOGRAPHIC FINDINGS**

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- Bilateral chronic renal changes.
- Age-related adrenal glands with borderline left adrenomegaly.
- Non-enlarged mild heterogeneous spleen- subjective benign.
- Hepatopathy- subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).
- Chronic active pancreatitis pattern.
- Sonographically normal gastrointestinal tract.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No overt evidence of neoplastic criteria. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered to assess for occult disease given CBC abnormalities. Correlation of the pancreas with a spec cPL or full GI panel to include PLI, TLI, cobalamin and foliate for evidence of concurrent non-structural small intestinal disease given weight loss is recommended. Three view chest radiographs are indicated if not recently done.

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Adrenal workup is warranted if clinical signs consistent with Cushing's syndrome arise although current clinical presentation given mild left adrenomegaly is unclear. CBC pathology review may be considered. Hepatogastrointestinal support pending additional diagnostics with clinical monitoring is recommended.

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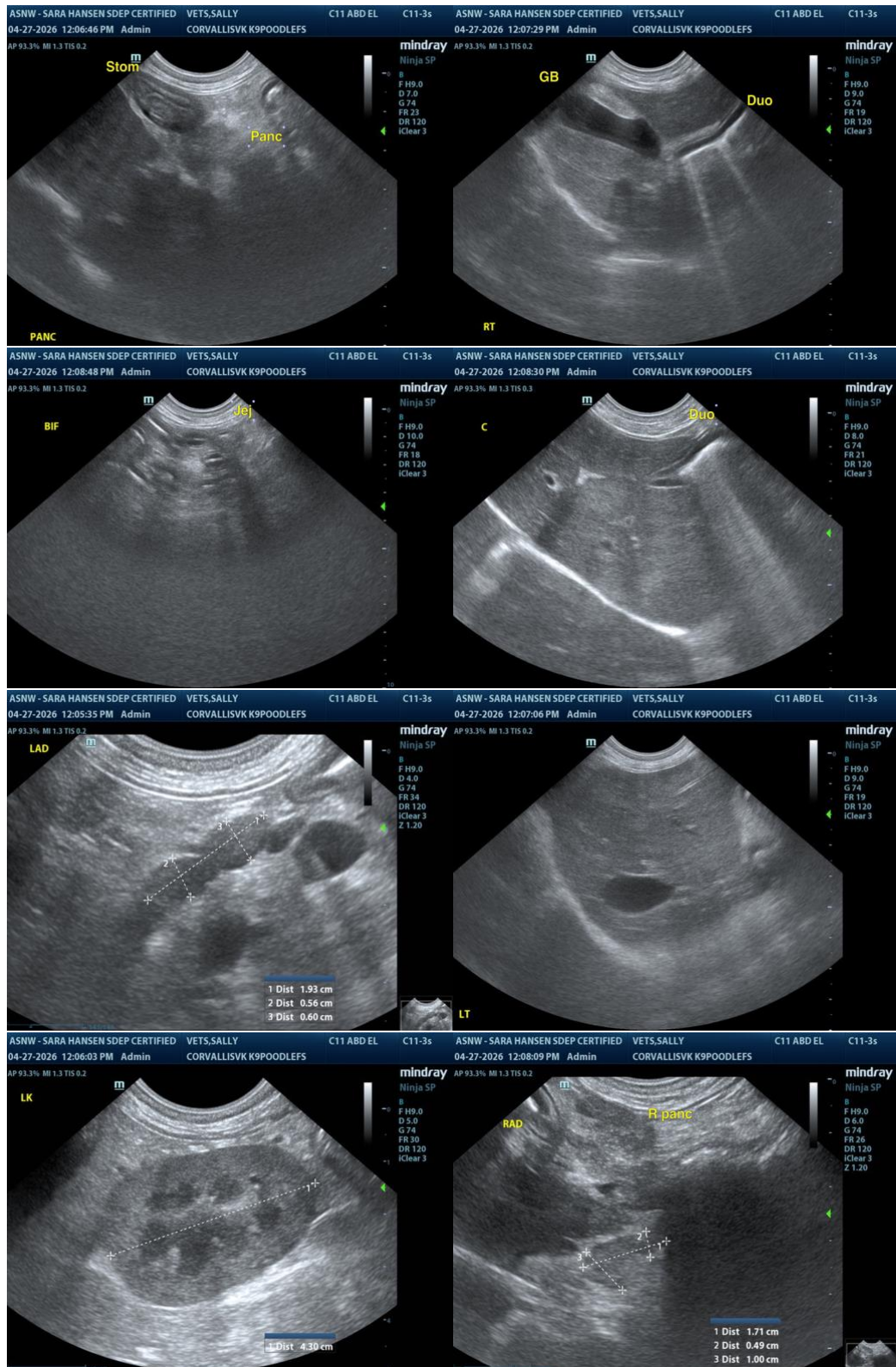
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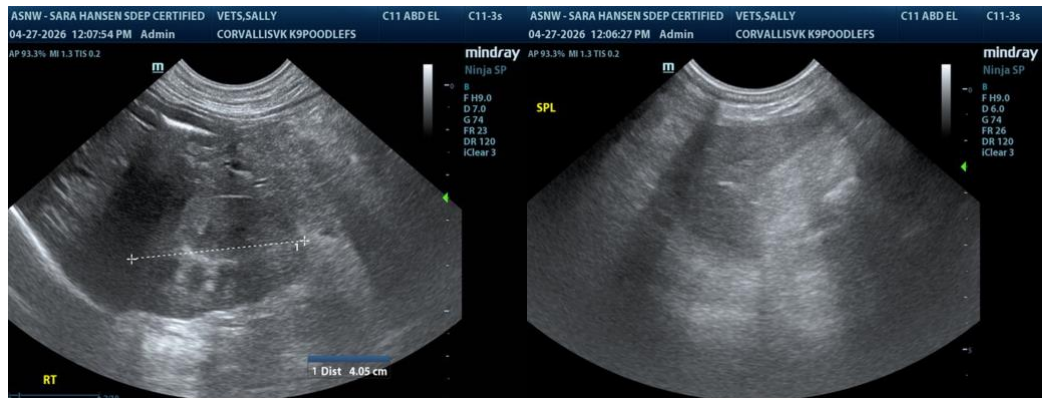
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)