



PATIENT

Ricco Sandhu

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Neutered Male

AGE

13 Years

WEIGHT

24.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Farzaneh Azizi

INVOICE

15524

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Patient presented for acute lameness and BW showed elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: mild lymphocytosis on CBC Chem: Elevated urea and Albumin ALT 140 (10-125); ALKP >2000 (23-212)

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.

No obvious pathology visualized in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic or iliac thrombus.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present along with focal areas of medullary mineral. The left kidney measured 6.3 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

A mildly expansive primarily homogenous to hyperechoic nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.4 cm x 1.1 cm in diameter. The caudal pole of the left adrenal gland was mildly enlarged measuring 0.80 cm width.

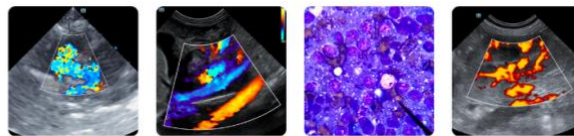
The right adrenal gland revealed a mildly expansive, nonhomogenous mass occupying the mid to cranial right adrenal gland with associated capsule distortion measuring 3.0 cm x 2.5 cm. Non-thickened intact caudal right adrenal pole measured 0.64 cm width.

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 revealed generalized hepatomegaly. 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. A caudally expanding asymmetrical isoechoic to nonhomogenous mass was present exhibiting intra-mass nodular to cystic area. The mass measured approximately 9.0 cm x 5.6 cm.



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

Gastrointestinal

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.

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.

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 overt lymphadenopathy was present. Perihepatic hyperechoic omentum and minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with caudally expanding mass.
- Mild congealed gallbladder debris (non-mucocele).
- Right adrenal mass with concurrent left adrenal nodule.
- Perihepatic hyperechoic omentum and minor effusion.
- Bilateral mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic mass/parenchyma FNA cytology is recommended for further clarification.

The right adrenal mass is almost certainly consistent with primary or metastatic neoplastic criteria with potential for unilateral/bilateral hyperplasia, adenomas or emerging bilateral adrenal tumors. Monitoring of systemic blood pressure for evidence of hypertension, which may potentially allude to pheochromocytoma is recommended. Three view chest radiographs are recommended. Abdominal CT could be considered for further clarification.



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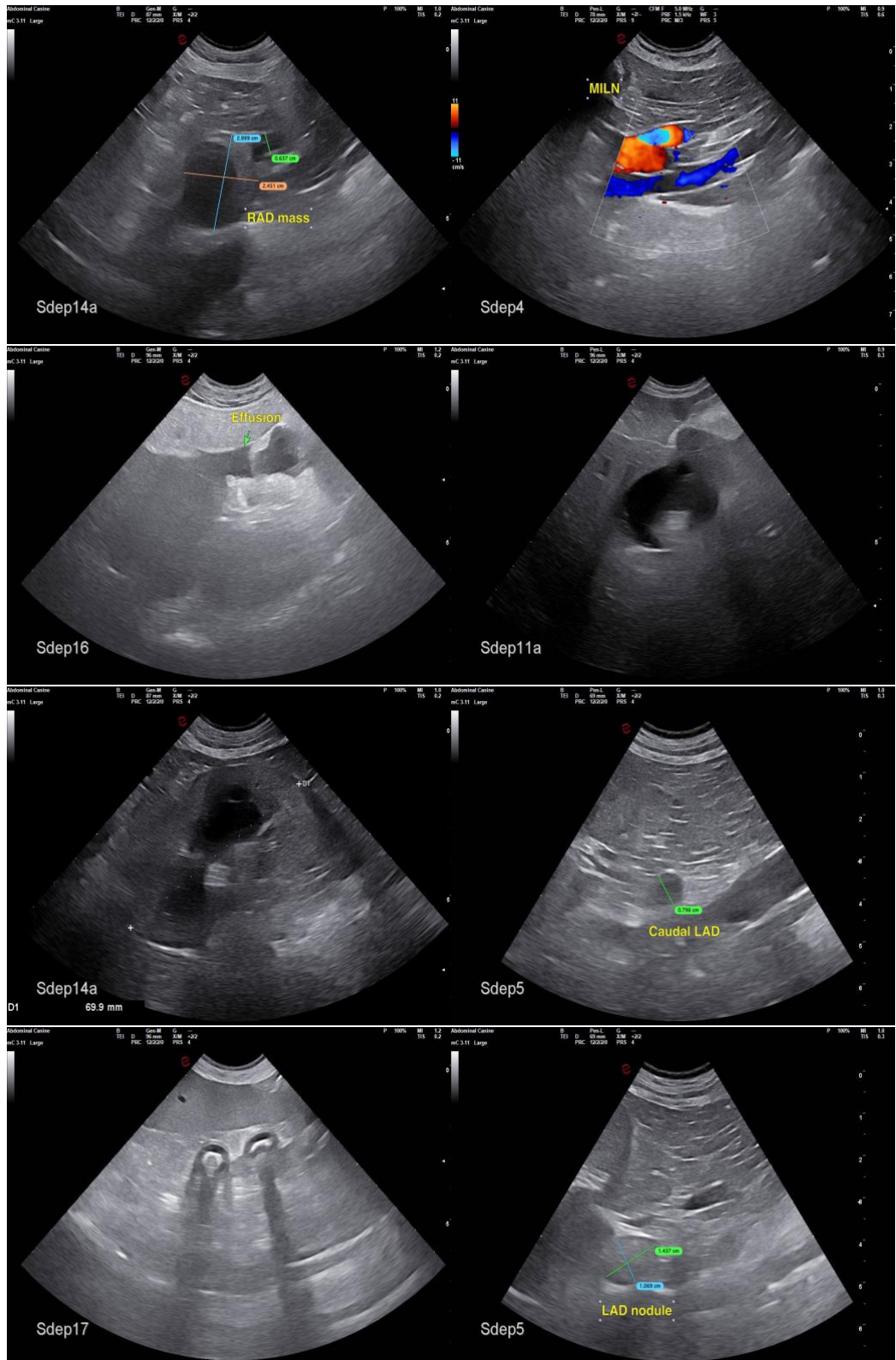
Dr. Farzaneh Azizi

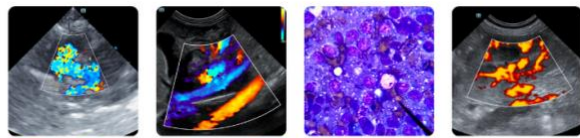
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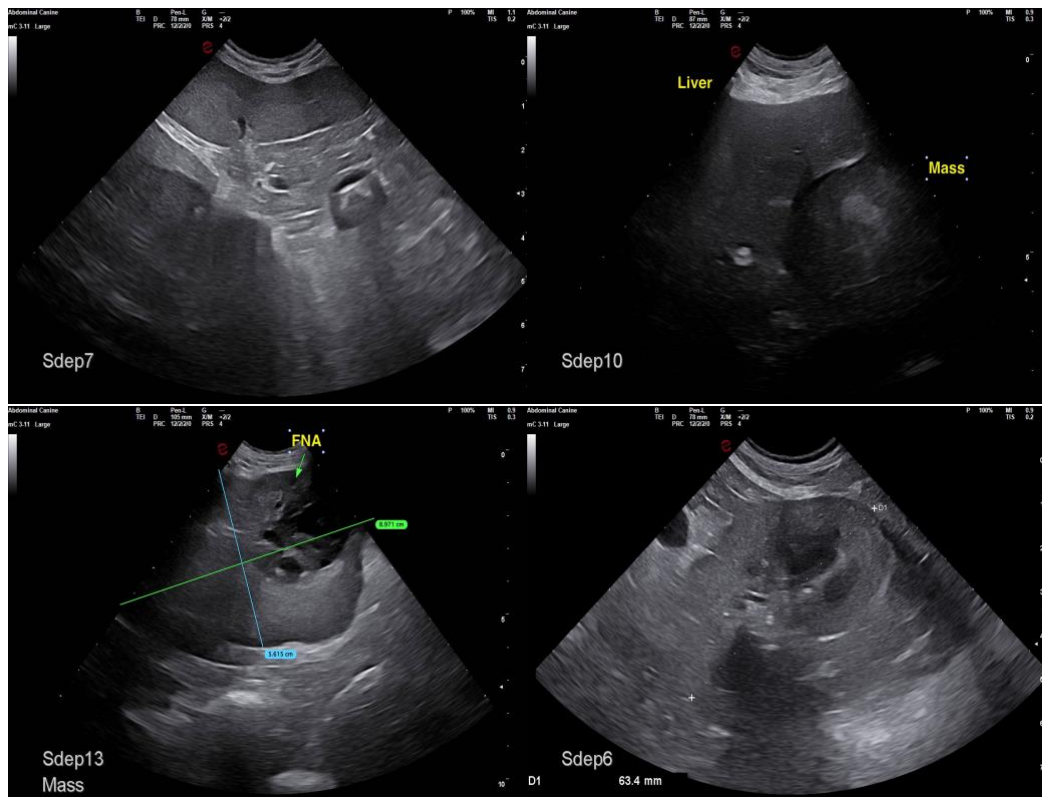
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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