



PATIENT

Rico Rind

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

19.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg
Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

14912

DATE

04/07/26

PRESENTING CLINICAL SIGNS

History of increased liver and pancreas enzymes. 02/03/2026: Persistent mild increase in ALKP and PSL. 03/16/2026: Consistent with Cushing's syndrome based on symptoms and lab findings (elevated ALT, ALP, thrombocytosis, and severe isosthenuria). 03/30/2026: Normal results from LDDST; no evidence of Cushing's syndrome.

PE: Overweight with pot belly. PU/PD/ Chem: ALT (SGPT)145 (12-118 IU/L) Alk Phosphatase 183 (5-131 IU/L) CBC: Platelet Count 427 UA: USG 1.006 LDDST: Cortisol Sample 1 - 5.1 (1.0-5.0 mg/dL) Cortisol Sample 2 - 0.5 (0.0-1.4 mg/dL) Cortisol Sample 3 - 0.4 (0.0-1.4 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended in size prohibiting full evaluation of the bladder wall. Mildly thickened ventral apical and dorsal wall extending into the area of the trigone without obstruction to urine outflow. The 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.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 4.5 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

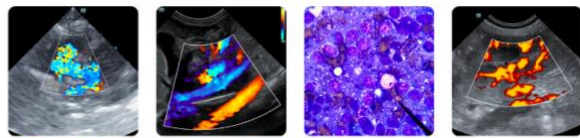
The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole. The right adrenal gland measured 0.81 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent perihilar hyperechoic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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.



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The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, hyperechoic nonshadowing ingesta without signs of obstruction or foreign material.

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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.

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

Pancreas

AGE

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

WEIGHT

19.2 pounds

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Benign hepatopathy pattern.
- Early immature gallbladder mucocele.
- Bilateral adrenomegaly.
- Mild chronic renal changes.
- Mild heterogeneous pancreas.
- Nondistended yet thickened urinary bladder- suggestive of cystitis.

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Secondary Findings

- Gastric ingesta- consistent with food echogenicity.
- Hyperechoic splenic nodules- most consistent with benign myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck adrenal workup could be considered if persistent clinical signs are suggestive of Cushing's syndrome in four to six weeks. Atypical Cushing's syndrome could be a potential consideration in this patient. No obvious evidence of abdominal neoplastic criteria. Hepatosupportive medications may prove beneficial. Baseline renal staging to include urine culture/sensitivity and UPC level if non-inflammatory proteinuria may be considered. Mild chronic pancreatitis and remodeling may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs suggestive of chronic pancreatitis.

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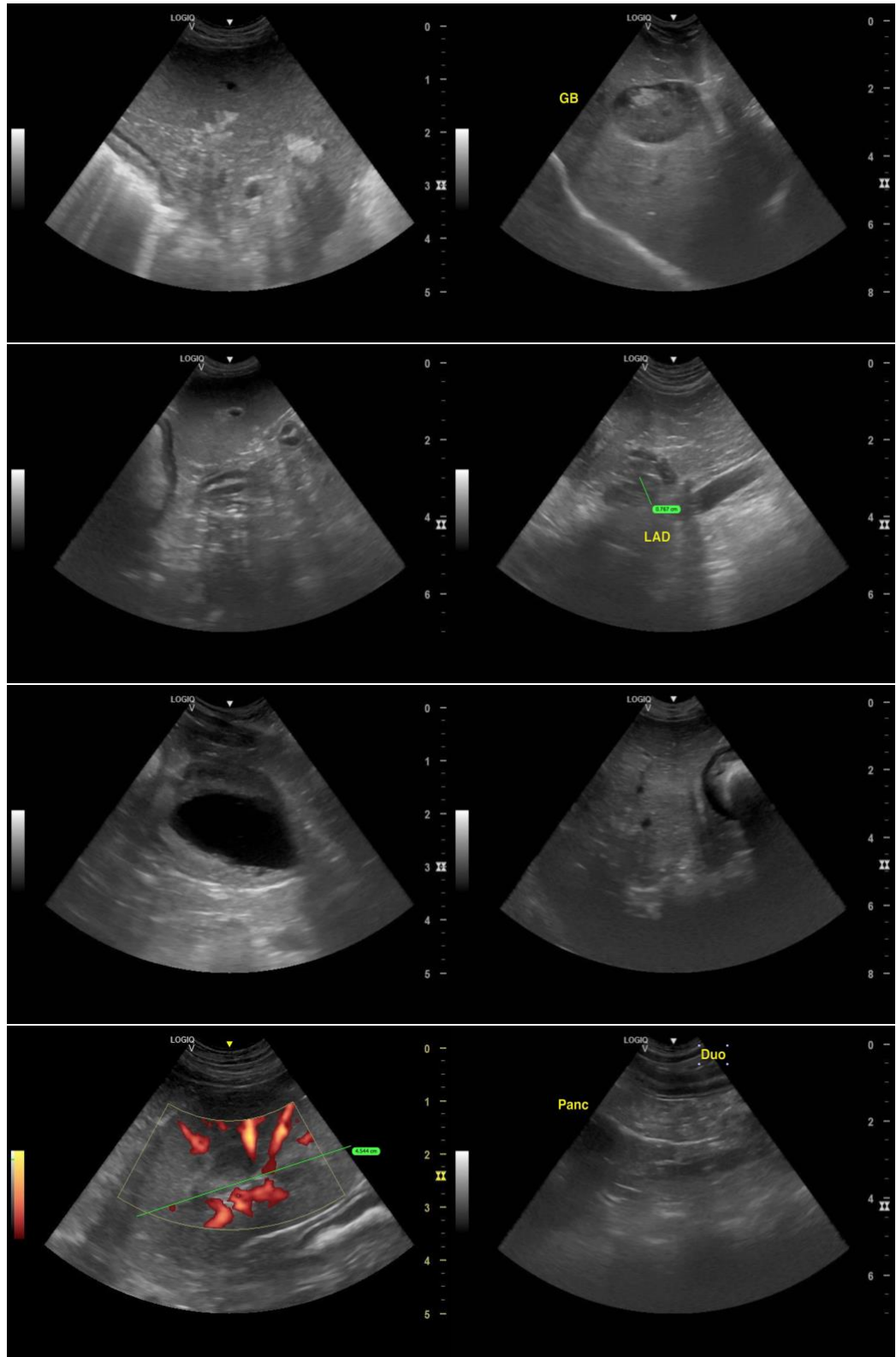
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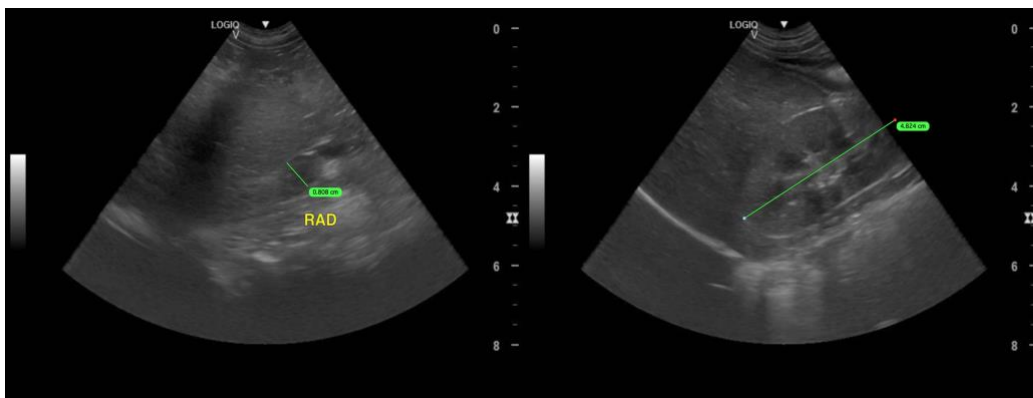
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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