



PATIENT

Sugar Maynard

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

11yr

WEIGHT

11.98lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Christina Wagner

INVOICE

24416

DATE

04/07/2026

PRESENTING CLINICAL SIGNS

- Progressive ALP elevation starting in 2/2023
- Possible increased thirst per owner
- Chronic soft stools
- Abnormal PE/Chem/CBC/UA Results: Cranial organomegaly CBC -Monocytes 869 -- Platelets 598k Chem --Creat 0.4 --ALP 2189 - prev 1050 (Nov 2025) --Chol 417 - prev 357 (Nov 2025) UA - USG 1.006, benign sediment T4 - 1.7 4Dx - negative for all Fecal - NOS, antigen negative

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 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged with mild intact asymmetrical adrenal capsule contour and subtle non-homogenous parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.57 cm in diameter. 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 mild to possible moderately 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-organized primarily gravity dependent non-homogenous 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 variably echogenic to focally hypoechoic 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 semi formed to soft 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

- Hepatopathy- subjective benign, sonographically suggestive of vacuolar /cholestatic hepatopathy in conjunction with progressive ALP elevation
- Non-organized gallbladder debris (non-mucocele)
- Mild age-related renal changes
- Bilateral mild adrenomegaly
- Normal gastrointestinal tract/ colon with gastric ingesta and semi-formed to soft fecal matter in colon - gastric ingesta consistent with variably echogenic food echogenicity
- Small hyperechoic splenic nodules- most consistent with benign myelolipomas with potential for nodular hyperplasia or emerging splenic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST recommended if clinical signs consistent with Cushing syndrome in conjunction with decreased USG and thrombocytosis. No overt neoplastic criteria. Assuming normal clotting status, hepatic FNA cytology could be considered pending adrenal workup primarily to assess for evidence of non-obvious inflammation. Hepatosupportive medications may prove beneficial with concurrent novel protein or hydrolyzed diet trial and high colony count probiotic. Empirical deworming is suggested despite negative fecal.



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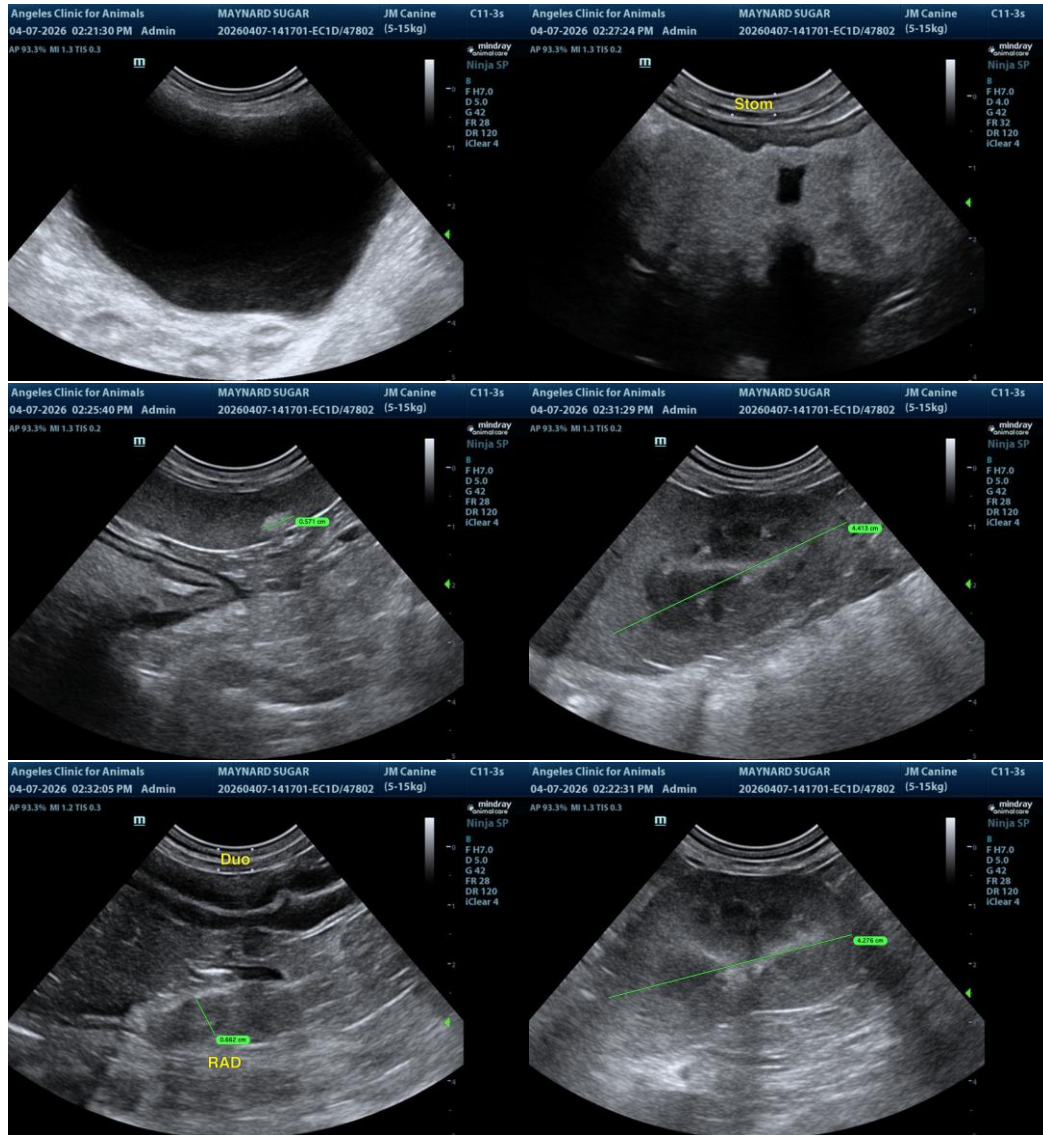
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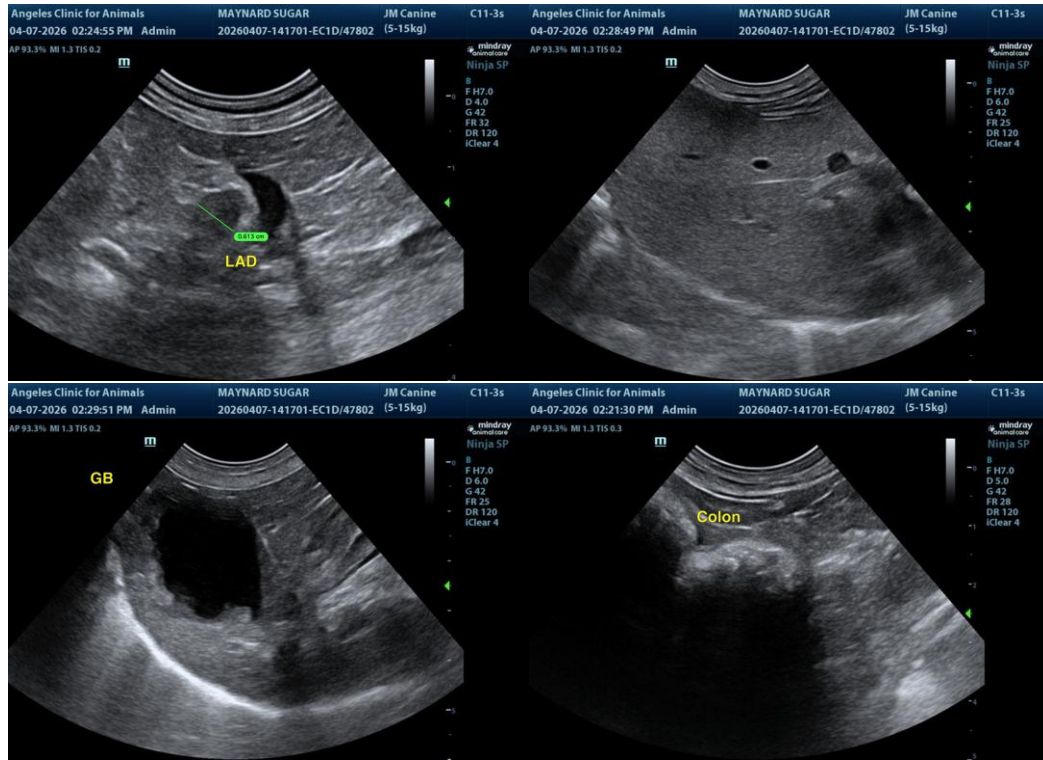
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com

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