



## PATIENT

Kipster Parma

## SPECIES

Canine

## BREED

Yorkshire Terrier  
Mix

## SEX

MN

## AGE

11y, 7m

## WEIGHT

27.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers,  
VMD

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Susan Zhang, DVM

## INVOICE

10781

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

CBC/chem/T4 3/26--mild thrombocytosis and normal ALP, elevated cholestrol and triglycerides are elevated, Tbili 0.4 but 2+ hemolysis and 4+ lipemia; radiographs showed significant hepatomegaly with progression from rads previous year. 1st AM UA--UPC 0.1 USG 1.023. Hx calcium ox stones with cystotomy but none seen on rads. Hx of dilute urine Jan USG 1.008 at ER UA but no sediment was attached, no abx were dispensed though. IS on c/d food. US mainly for workup of hepatomegaly and possible PUPD. P Is otherwise doing well at home.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. Small, dependent lumen calculus vs. accumulated mineral was noted, measuring 1.2 cm diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

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. Mild bilateral medullary mineral was noted. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole. The right adrenal gland was mildly enlarged in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width.

### *Spleen*

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple well-defined, symmetrical, hyperechoic nodules were present, with an example measuring 1.1 cm in diameter in the medial parenchyma to perihilar. A concurrent, noncapsular-deforming, lateral, hypoechoic splenic nodule was present, measuring 0.60 cm 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 enlarged in size. Normal hepatic vascular volume was present. No evidence of vascular anomaly. 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.



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in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.

### *Pancreas*

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*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Benign hepatomegaly.
- Mild nonorganized gallbladder debris (non mucocele).
- Variably echogenic splenic nodules – hyperechoic nodules suggestive of benign myelolipomas, hypoechoic splenic nodule is nonspecific and may indicate lymphoid hyperplasia, hematopoiesis, or emerging neoplasia.
- Mild right adrenomegaly, normal left adrenal gland.
- Pancreatic remodeling.
- Small urinary bladder calculus vs accumulated mineral.
- Mild chronic renal changes exhibiting mild medullary mineral.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's Syndrome in combination with mild thrombocytosis and decreased urine specific gravity. Spec cPL is suggested to assess for evidence of chronic pancreatitis if concurrent clinical signs are present.

Assuming normal clotting status and using a 25-gauge needle, hypoechoic splenic nodule FNA cytology is warranted for further clarification vs. serial sonographic monitoring. Hepatosupportive medications are recommended if persistent / progressive cholestasis.



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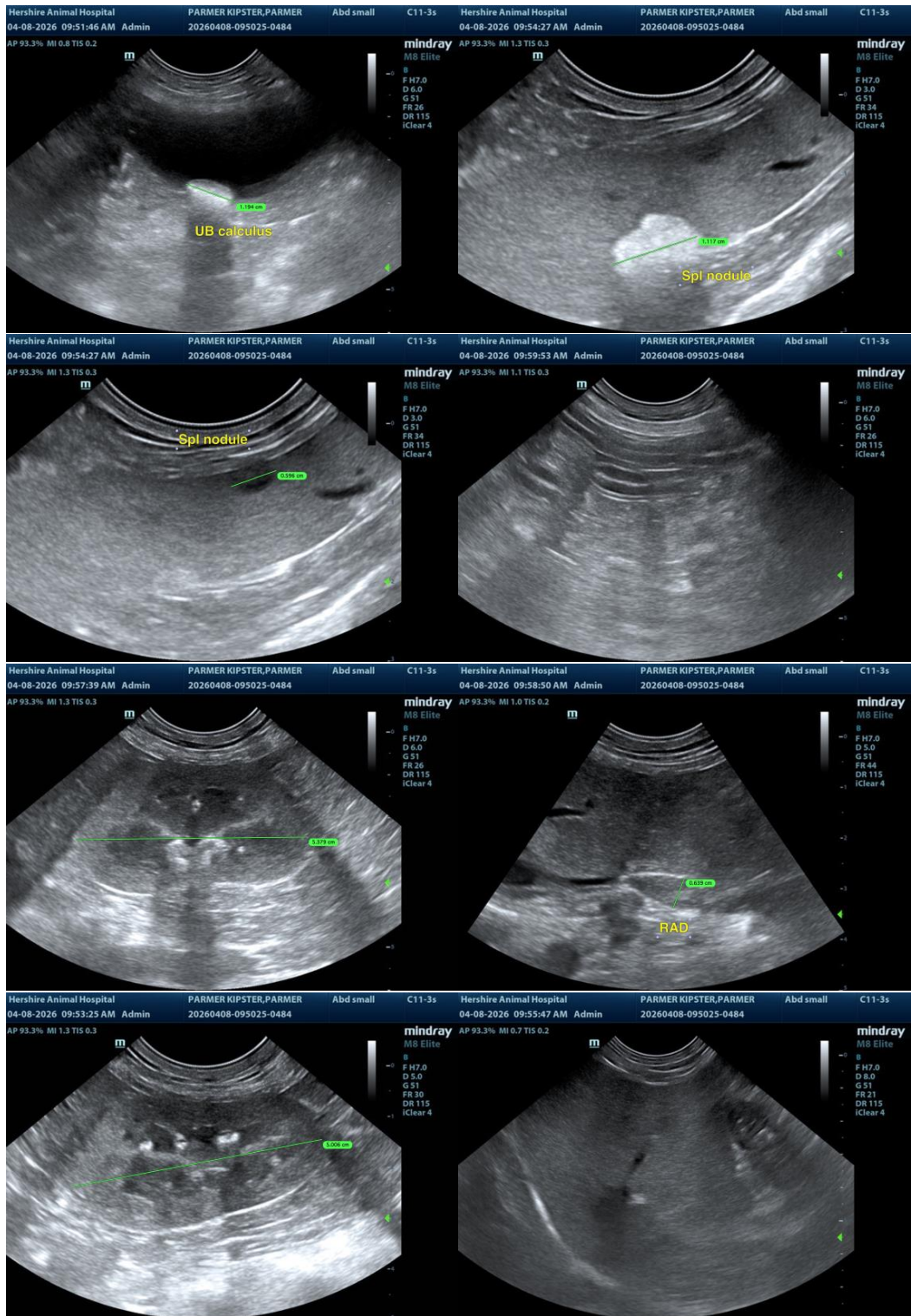
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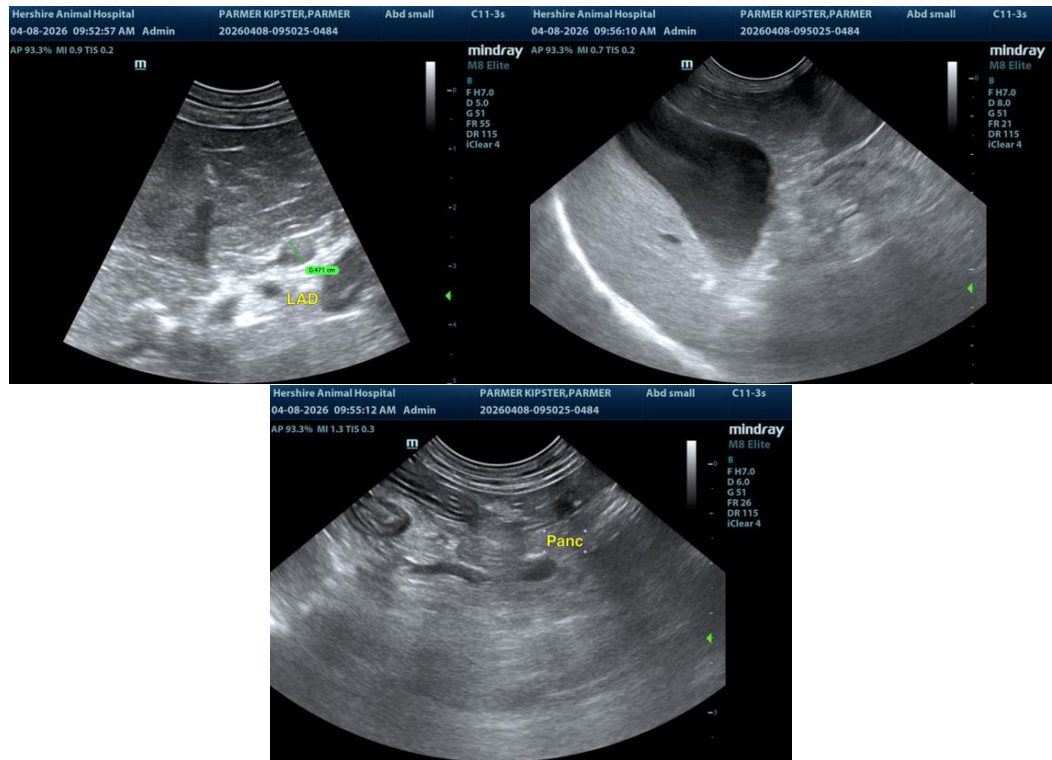
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)