



PATIENT

Laira Rodriguez

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

24.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. David Muñoz

INVOICE

15678

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound to confirm Hyperadrenocorticism. Px originally visited rDVM due to PU/PD/PP, potbelly appearance, and alopecia, LDDST was performed and the results were the following: Resting - 6.7ug/dL, 4hr Post Dec - 7.26 ug/dL, 8hr Post Dec - 5.32 ug/dL. rDVM wanted to confirm Adrenal-dependent vs Pituitary-dependent Hyperadrenocorticism. Px is currently only taking Denamarin as hepatic enzyme levels appeared elevated on blood chemistry (bloodwork not provided).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 4.8 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The adrenal glands were mildly enlarged with primarily symmetrical contour and nonhomogenous indistinctly nodular nonmineralized parenchyma with discrete cranial right adrenal nodule measuring 0.62 cm x 0.42 cm. The left adrenal gland measured 1.0 cm width at the caudal pole. The right adrenal gland measured 0.84 cm width at the caudal pole.

Spleen

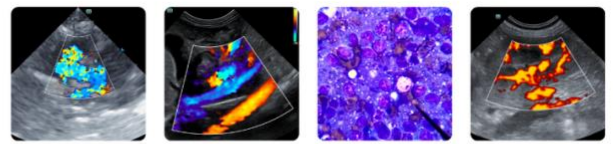
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver revealed subjective mild to moderate 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. Intermittent indistinctly marginated nonhomogenous hyperechoic intraparenchymal nodules were present with an example measuring 1.8 cm in diameter.

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.

Gastrointestinal



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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 or peritoneal effusion was present.

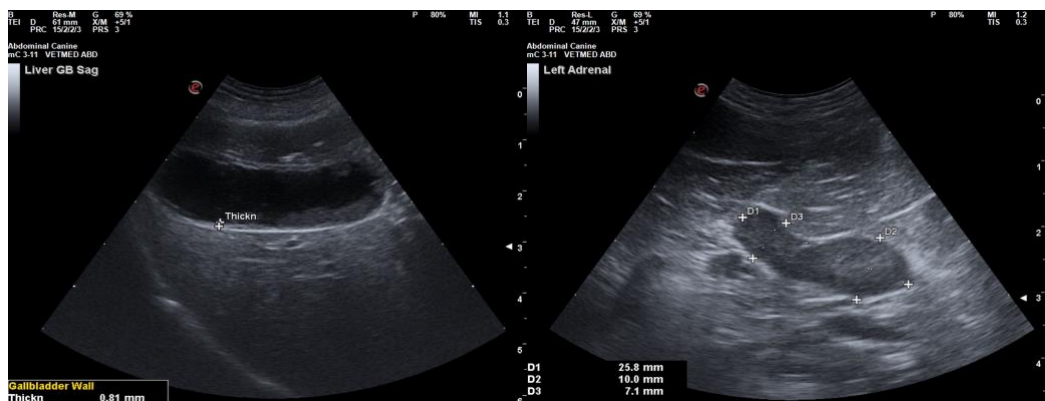
ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with ill-defined mildly hyperechoic intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Bilateral enlarged nonhomogenous indistinct nodular adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall hepatopathy and indistinct liver nodules are likely consistent with benign criteria such as vacuolar or cholestatic hepatopathy with ill-defined areas of nodular hyperplasia or lipogranulomas. Probable bilateral benign hyperplasia or subtle functional versus non-functional adenomatous change, which suggests pituitary dependent hyperadrenocorticism, low-grade to emerging hepatic nodular or adrenal neoplasia is thought less likely yet not technically excluded.

Assuming normal clotting status and using a 25-gauge needle, hepatic nodule FNA cytology could be considered for further clarification. Serial sonographic monitoring of the liver nodules and adrenal glands for evidence of progression would be reasonable. Hepatosupportive medications and therapy for Cushing's syndrome is recommended.





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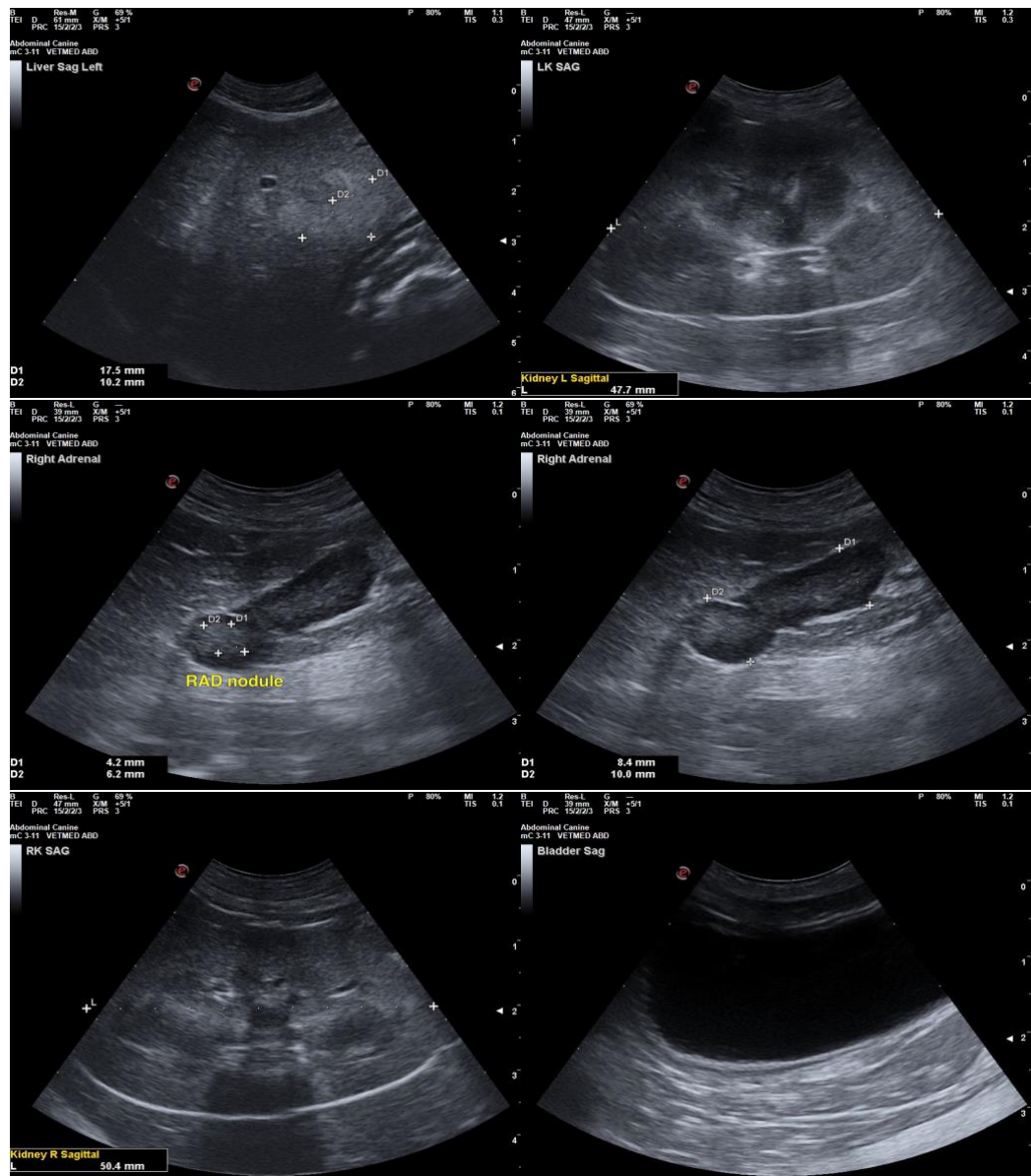
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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