



PATIENT

Raven Schulz

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Spayed Female

AGE

10 Years

WEIGHT

7.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

16369

DATE

05/19/26

PRESENTING CLINICAL SIGNS

Presenting for annual examination and ongoing monitoring of liver enzyme elevations. History of mild weight loss over recent months despite normal appetite and increased exercise, Noted increased panting and occasional episodes of sluggishness.

ASSESSMENT 1. Suspected hyperadrenocorticism (Cushing's disease) r/o hypothyroidism vs. medication effect. 2. Mild weight loss r/o metabolic disease (Cushing's disease, hypothyroidism) vs. increased exercise. 3. Mild to moderate abdominal distension r/o hyperadrenocorticism vs. other metabolic disease. 4. Delayed hair regrowth at right rear limb surgical site r/o endocrine disease (hypothyroidism, hyperadrenocorticism) vs. post-surgical changes. Diagnostics: 1. ALK Phos - prior 1300, rechecked April 28th 2026: 98 2. GGT - 54 3. ALT - 139

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. Medullary mineral to small renoliths without evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.75 cm width at the caudal pole. The right adrenal gland measured 0.73 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 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.

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.



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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 or peritoneal effusion was present.

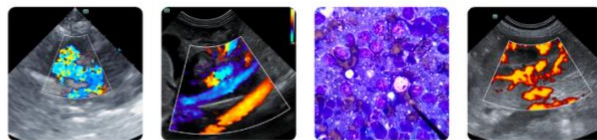
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Chronic renal changes with medullary mineral to small renoliths.
- Mild nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract/area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST is recommended if clinical signs are consistent with Cushing's syndrome. No evidence of abdominal tumors or peritonitis. The liver suggests benign criteria such as metabolic/ vacuolar or cholestatic hepatopathy given ALP Elevation. FNA cytology of the liver could be considered primarily to assess for non-obvious inflammation and pending adrenal workup. Hepatosupportive medications may prove beneficial. A GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs to assess for occult disease as a contributing factor to the weight loss may be considered.





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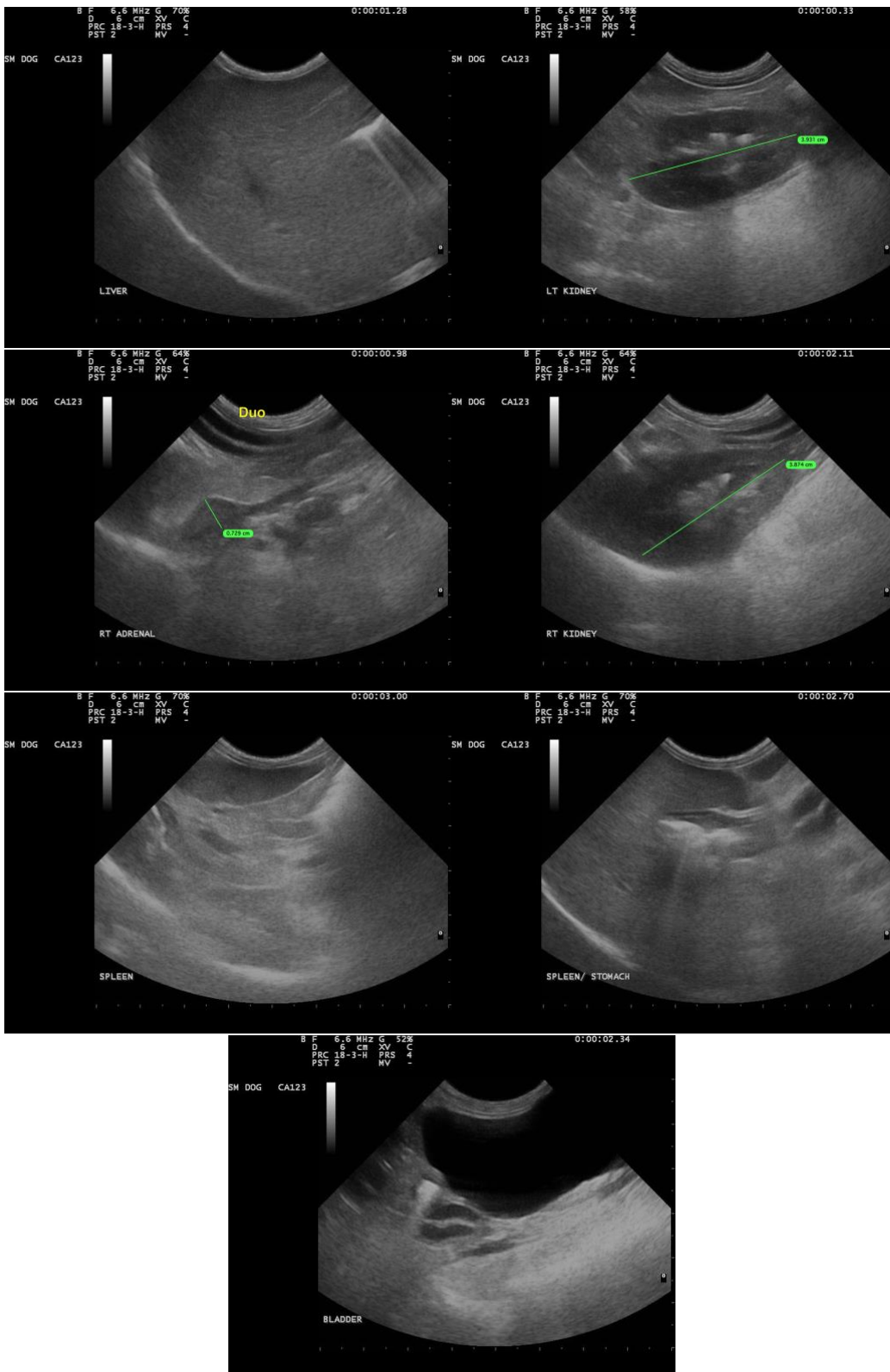
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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