

**PATIENT**

Tony Marano

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

MN

AGE

6yr

WEIGHT

8.6kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Dr Caroline Tan

HOSPITAL NAME

Coach Hill Vet Clinic

REFERRING VET

Dr Barker

**INVOICE
24938****DATE**
05/25/2026**PRESENTING CLINICAL SIGNS**

Attending recommended Recheck abd US to monitor increasing Alp. No reports of VD or panting, PUPD

One bp taken 120

P on ursodiol and zentonil

Abnormal PE/Chem/CBC/UA Results: Alkaline Phosphatase 305 Hct 67 T4 wnl Upcr 0.5 to 1.3

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 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole.

A well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured ~ 0.61 cm in diameter. Mild associated cranial right adrenomegaly with mild heterogeneous caudal right adrenal parenchyma and no evidence of mineralization measuring 2.2 cm x 0.6 cm caudal pole 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 mild to 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 mild to moderate, non-dependent variably congealed yet non-organized debris. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Tony Marano	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta and lumen gas sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenojejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.
BREED	
Yorkshire Terrier Mix	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
SEX	<i>Pancreas</i>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
6yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.6kg	Primary
INTERPRETED BY	<ul style="list-style-type: none">• Hepatopathy - sonographically consistent with the benign criteria/ vacuolar or cholestatic hepatopathy• Mild congealed non-organized gallbladder debris- not consistent with mature mucocele• Static mild pancreatic remodeling -age variant, mild remodeling owing to previous inflammation, possible mild chronic pancreatitis• Static mild non-specific chronic renal changes• Gastric ingesta -most consistent with food echogenicity• Non-specific duodenojejunal mucosal speckling -patient variant, possible low-grade chronic non-specific enteritis• Mildly enlarged nodular right adrenal gland - benign hyperplasia vs adenomatous change, emerging right adrenal tumor felt less likely, yet not excluded
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Assuming normal clotting status, screening hepatic FNA cytology could be considered, primarily to assess for non-obvious inflammation. Concurrent monitoring for recurrent gastrointestinal signs as well as UPC is recommended. Adrenal testing with LDDST as well as monitoring of systemic BP for evidence of hypertension, given nodular right adrenal gland with concurrent sonographic monitoring for evidence of progressive right adrenomegaly or nodular changes is recommended.
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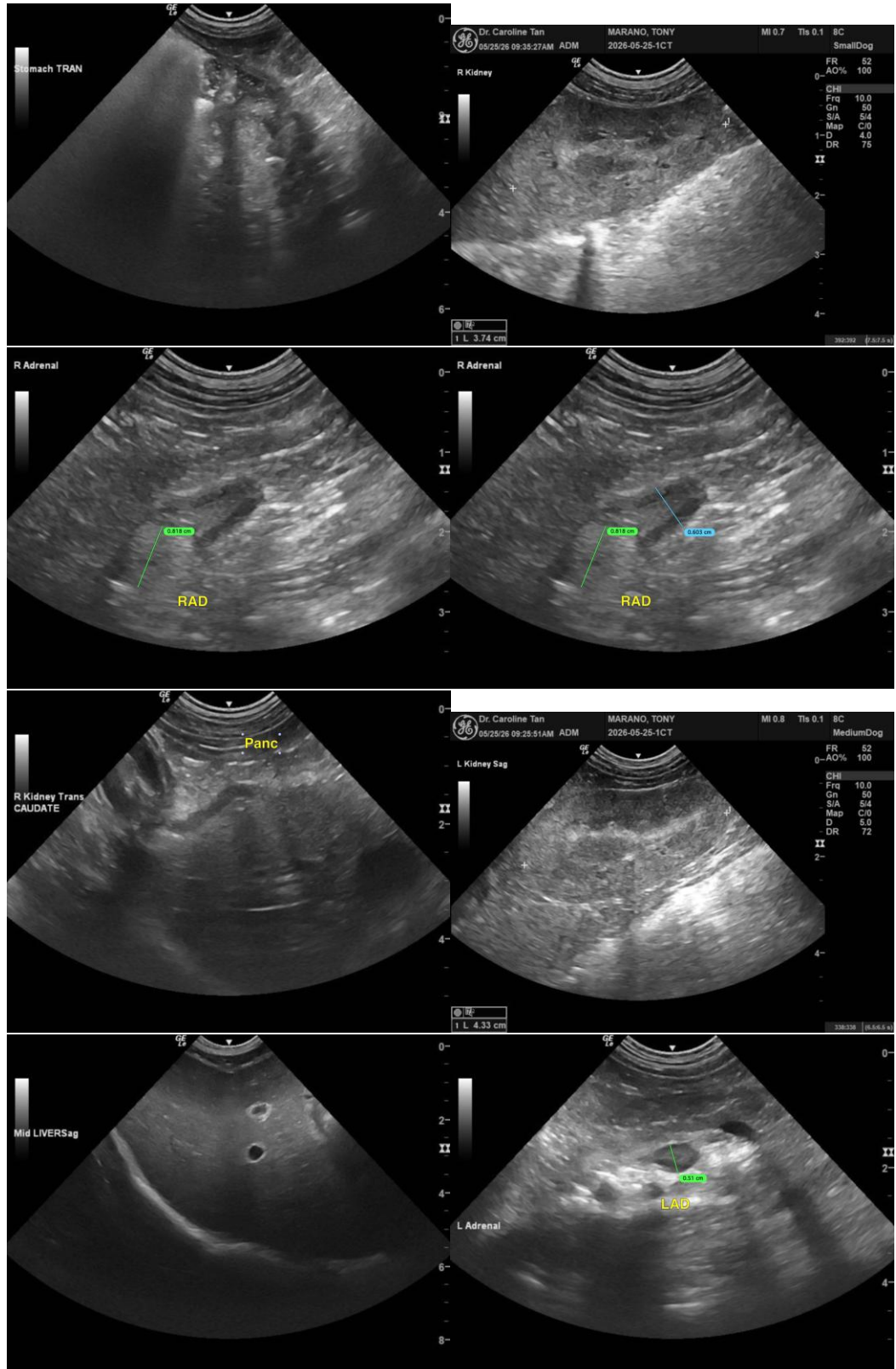
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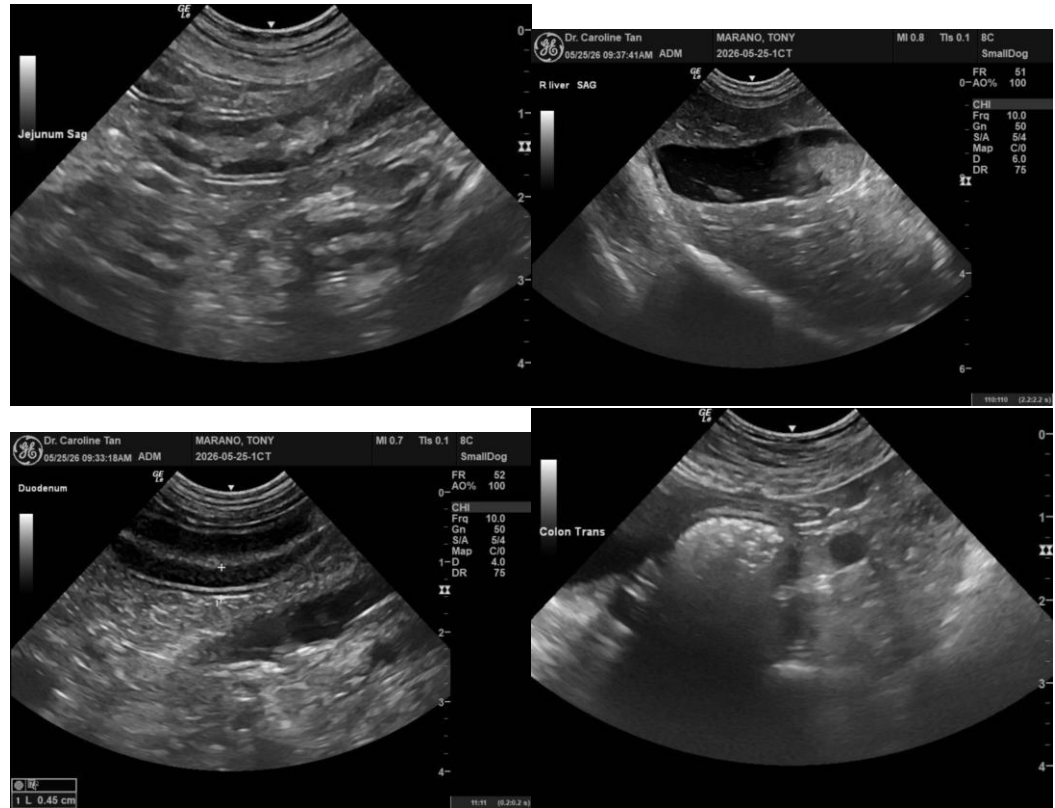
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr Caroline Tan

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

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