



PATIENT

Dafodill Bergan

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino Veterinary Care

REFERRING VET

Dr. Tom Johnson

INVOICE

16604

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Cushingoid P. Hx liver enzyme elevation, with more recent trend upwards.

5/15/2026 - Chem21 - ALT 769 <-- 797 in 1/2026, ALKP 753 <-- 767 in 1/2026, GGT 130, AST 135, Magnesium 2.7, Chol 835, Triglycerides 1244, IRIS stage 1 renal values. CBC - PLT 1113. TT4 - 2.1/WNL. UA - 1.042, pH 8, 3+ proteinuria. Accuplex - negx4. Pre-cortisol 9.7, post-ACTH cortisol 1.8 (Trilostane monitoring). 5/29/2026: UPCR pending. BP 140-153mmHg systolic doppler (anxious).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged with symmetrical contour and minor nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

The spleen presented normal in size with symmetrical contour. Diffuse hyperechoic splenic parenchyma with discrete hypoechoic non-capsule deforming intraparenchymal nodules. Normal splenic vascularity.

Liver & Gallbladder

The liver presented mildly enlarged with areas of asymmetrical capsular contour. Marked non-uniform, non-homogenous, variably hyperechoic remodeled hepatic parenchyma exhibiting significant coarse echotexture and non-visualized portal vascular borders.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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.



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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.

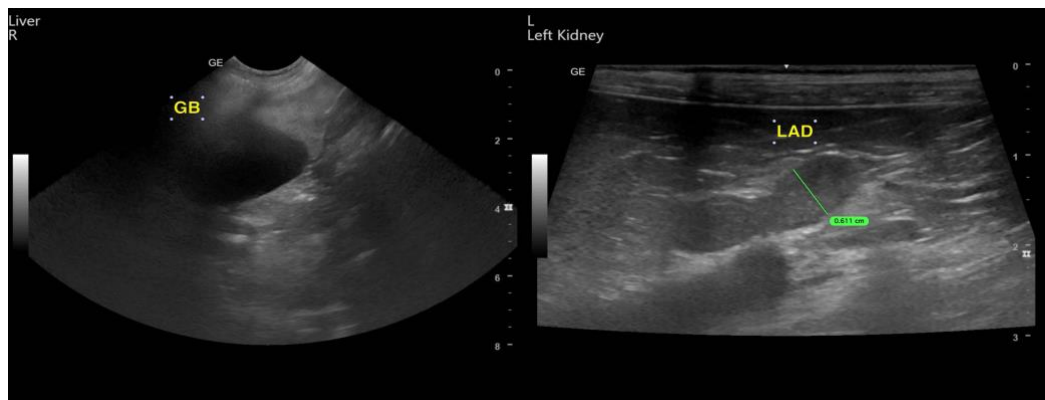
ULTRASONOGRAPHIC FINDINGS

- Diffuse hyperechoic splenic with subtle hypoechoic intraparenchymal nodules.
- Marked non-uniform nonhomogenous hyperechoic liver.
- Normal gallbladder.
- Mild bilateral adrenomegaly.
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic vacuolar hepatitis and cholestasis given patient history, infectious, inflammatory, immune-mediated hepatic disease, marked hyperplasia, fibrosis, concurrent lipidosis, neoplasia are all potentials. Diffused hyperechoic splenic parenchyma owing to underlying metabolic or endocrine disease, splenitis, splenic neoplasia are possible.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology. The bilateral adrenal glands are consistent with pituitary-dependent hyperadrenocorticism without evidence of adrenal neoplastic criteria. Hepatic +/- splenic biopsy may be required for a definitive diagnosis. Hepatosupportive medications with serial sonographic monitoring for evidence of progressive hepatosplenic parenchymal changes or pathology would be more conservative. Correlation with pending UPC is recommended.





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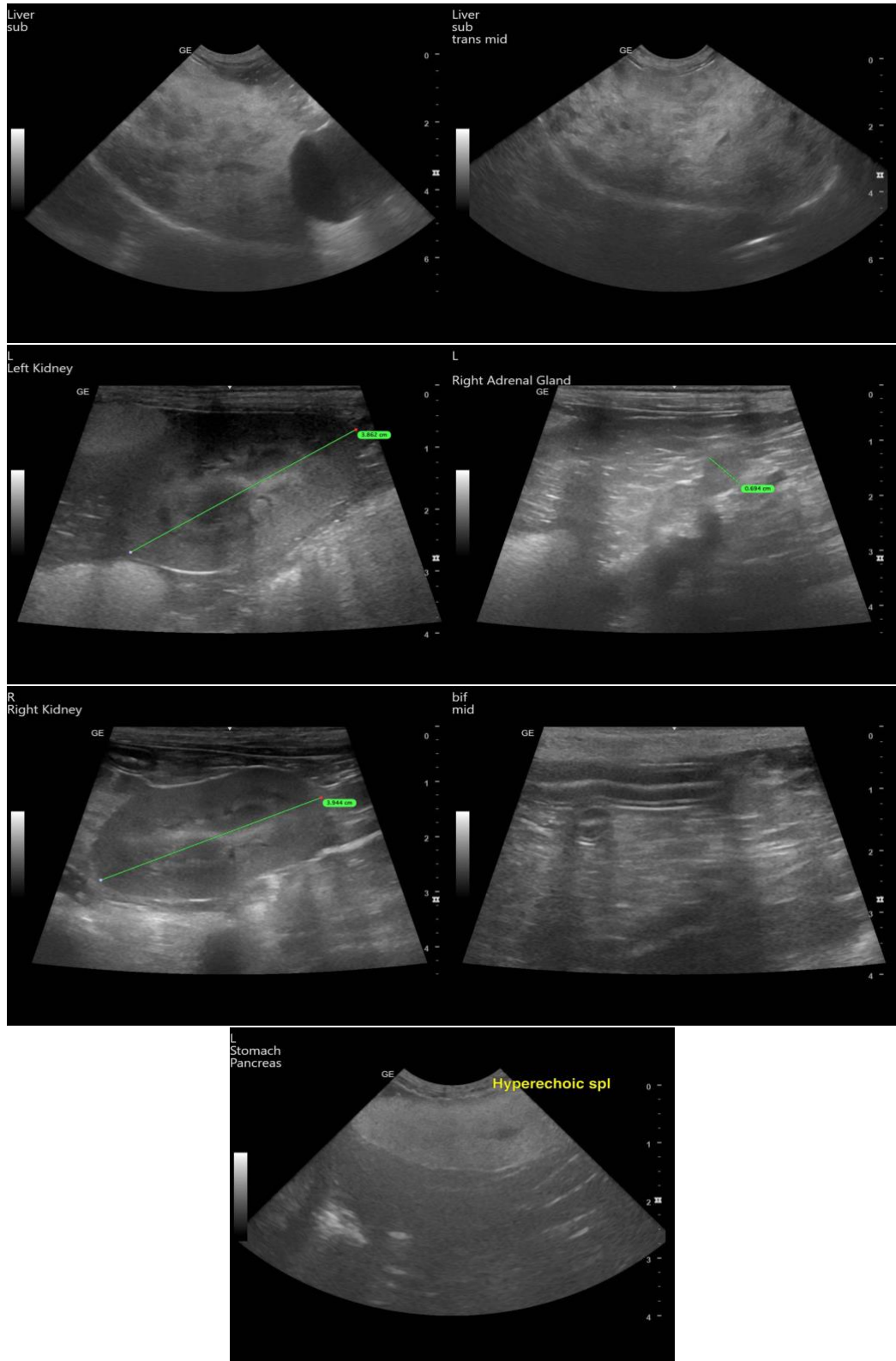
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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