



PATIENT

Dudley Gorr

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

13Y, 8M

WEIGHT

24lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Narrowsburg
Veterinary

REFERRING VET

Dr. Hess

INVOICE

75217

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Decreased appetite and vomiting, possibly triggered by doxycycline and temparil P – discontinued several days ago. Wheezing and congestion sounds, treated for bronchitis.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT and Alk Phos

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 changes was noted.

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

The area of the iliac trifurcation was 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. The left kidney measured 5.4 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with nonhomogeneous pinpoint hyperechoic parenchyma measuring approximately 3.8 x 1.7 cm.

The right adrenal gland was overtly normal in size, position, and shape with a uniformly hypoechoic parenchyma measuring 2.0 cm length x 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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. Discrete hypoechoic, intermittent, small, parenchymal nodules as well as a caudate lobe thinly walled cyst were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with normal wall. Echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

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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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine empty with no signs of ileus, obstruction, or foreign material. Pinpoint to segmental hyperechoic intestinal mucosal speckling was present.

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Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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A soft tissue structure was present in the cranial abdomen caudal vena cava at the level of the adrenal glands measuring 4.1 cm x 2.0 cm. The soft tissue structure was most consistent with left adrenal vascular invasion with potential for caudal vena cava thrombus.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting discrete parenchymal nodules and solitary cyst.
- Early immature gallbladder mucocele.
- Mild chronic renal changes.
- Left adrenal mass with evidence of vascular invasion.
- Sonographically normal gastrointestinal tract with subtle intestinal mucosal speckling.

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Secondary Findings

-

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

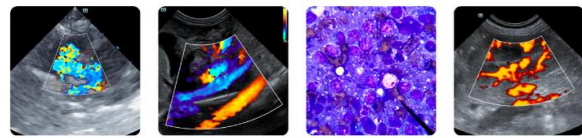
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The left adrenal mass is consistent with neoplastic criteria and evidence of vascular invasion. Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's syndrome. Monitoring of systemic BP for hypertension which may allude to pheochromocytoma indicated.

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Vacuolar, cholestatic, inflammatory hepatopathy with discrete nodular hyperplasia, hematopoiesis, early primary or metastatic hepatic neoplasia are all potentials. Further assessment may include liver FNA cytology, assuming normal clotting status.

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Mild enteritis in conjunction with mild intestinal mucosal speckling possible. Hepatogastrointestinal support indicated.

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Assuming no pathology on three-view chest radiographs, abdominal CT for further assessment of the left adrenal mass would be ideal.

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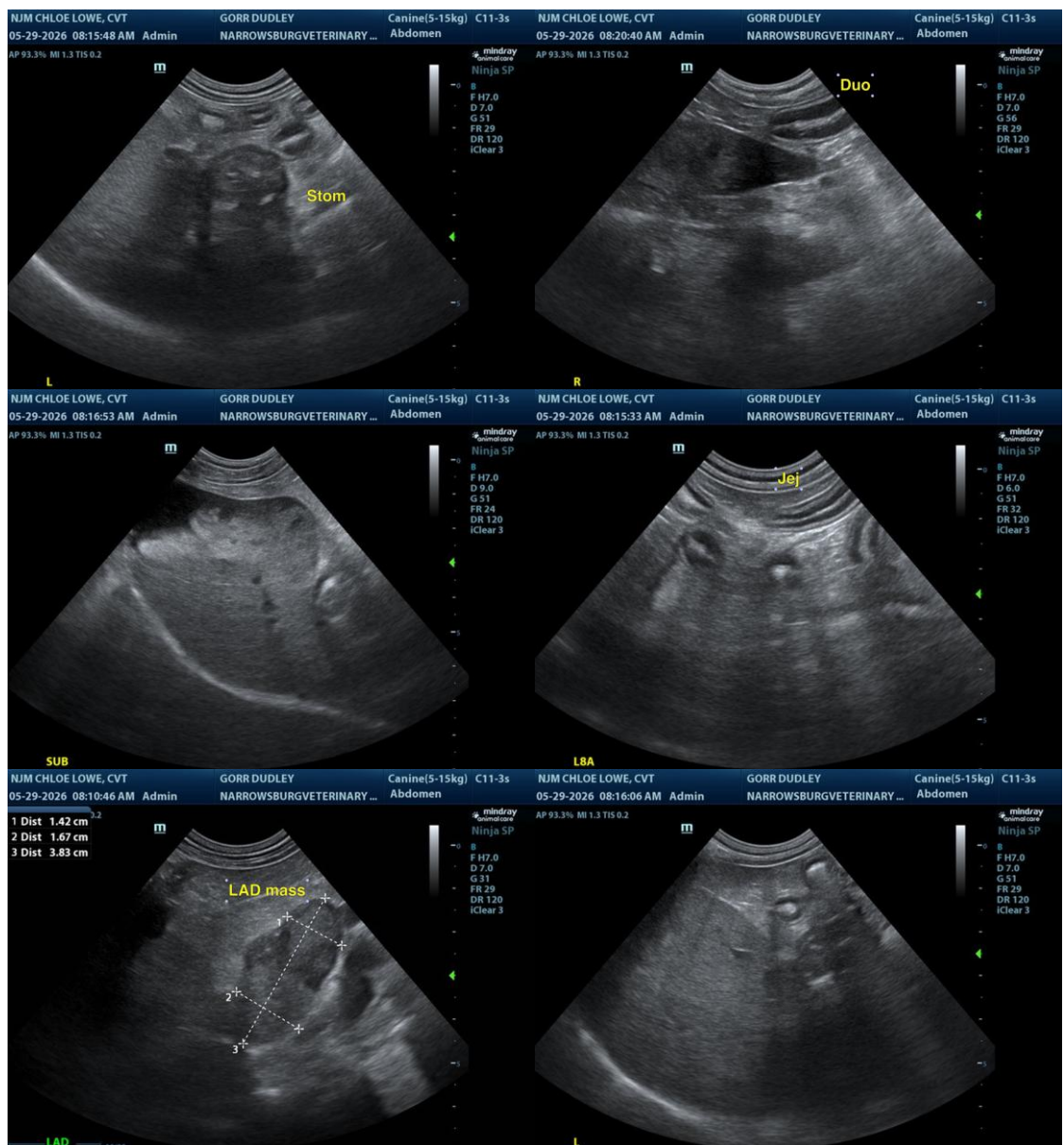
Dr. Hess

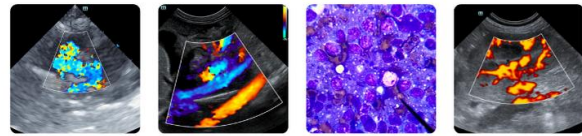
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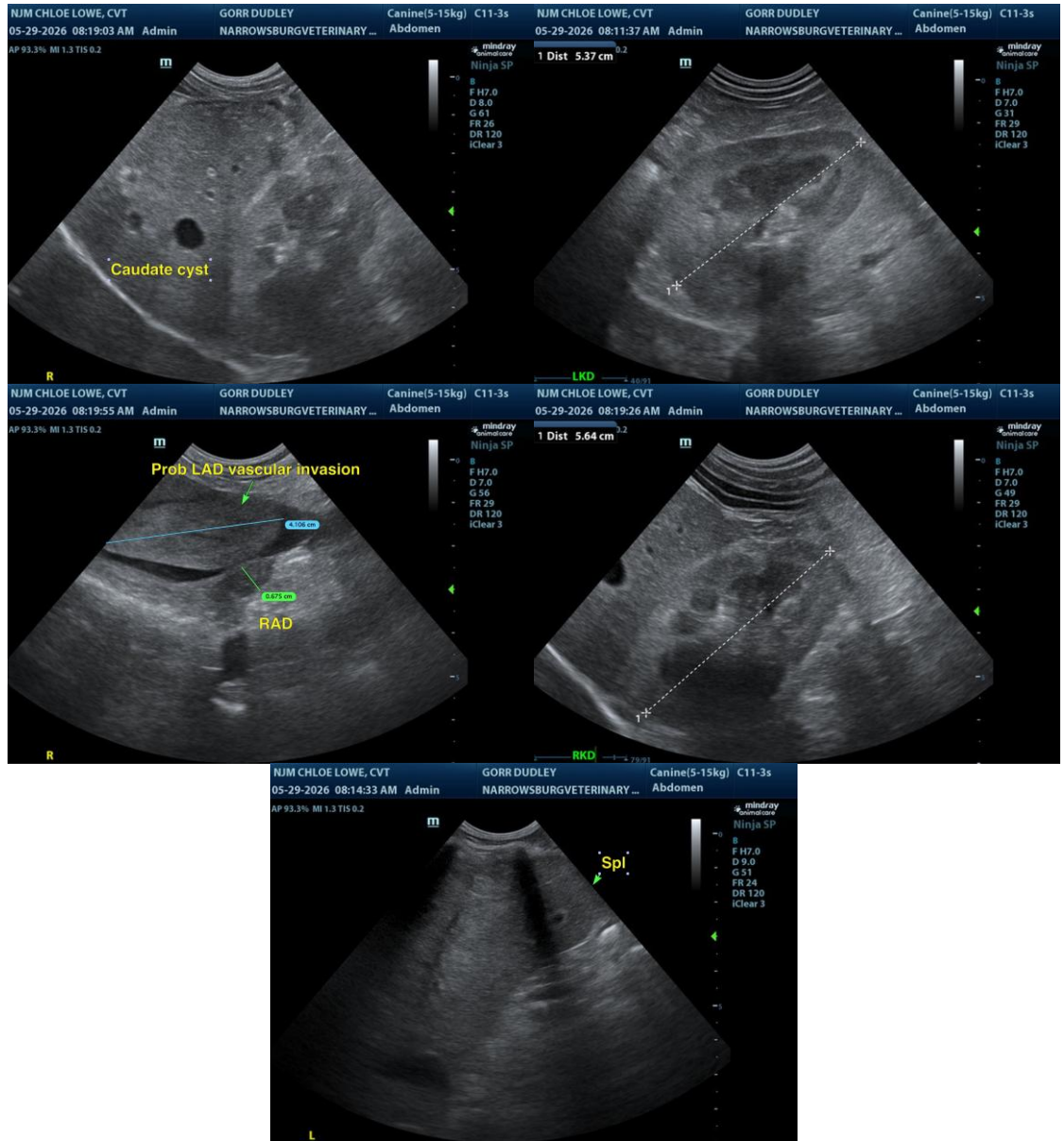
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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