



PATIENT

Abby Brennan

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

S

AGE

12Y

WEIGHT

16lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenaflly Vet Center

REFERRING VET

Dr. Han

INVOICE

74890

DATE

5-6-26

PRESENTING CLINICAL SIGNS

12 YR old, SF. Abby is sedated with DKT 10 minutes before ultrasound. Cushing patient but stopped Vetroyl 1.5 years ago due to low cortisol level while she was on Vetroyl and she is not clinically symptomatic. chronic elevation of alp and urine concentration is 1.029. otherwise, lab work result is pretty normal.

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 emerging renoliths were present. No evidence of pyelectasia was present. A small cortical cyst was present in the left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured borderline enlarged at the caudal pole in light of the patient's body weight measuring 0.61 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured borderline enlarged at the caudal pole in light of the patient's body weight measuring 0.58 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, intermittent, well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma to perihilar region. An example of a splenic nodule measured 0.73 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented subjectively mildly 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 mildly distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present.



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No current evidence of pericholecystic inflammation or effusion. The common bile duct was not visualized.

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.

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 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

- Hepatopathy – sonographically consistent with benign criteria.
- Gallbladder mucocele.
- Bilateral borderline adrenomegaly.
- Chronic renal changes exhibiting medullary mineral/emerging renoliths and small left kidney cortical cyst.
- Hyperechoic splenic nodules – consistent with benign criteria i.e., myelolipomas, hyperplasia, or possible emerging mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver suggests benign vacuolar or cholestatic hepatopathy in conjunction with elevated ALP and presence of gallbladder mucocele.

Recheck adrenal workup could be considered if clinical suspicion of Cushing's syndrome yet current nonclinical signs and urine specific gravity not overtly suggestive of definitive Cushing's syndrome criteria.

Serial monitoring of the gallbladder mucocele going forward indicated with consideration for prophylactic cholecystectomy indicated as the gallbladder is not likely to respond to supportive or prophylactic therapy with hepatosupportive medications.

No evidence of abdominal or specifically adrenal neoplastic criteria.



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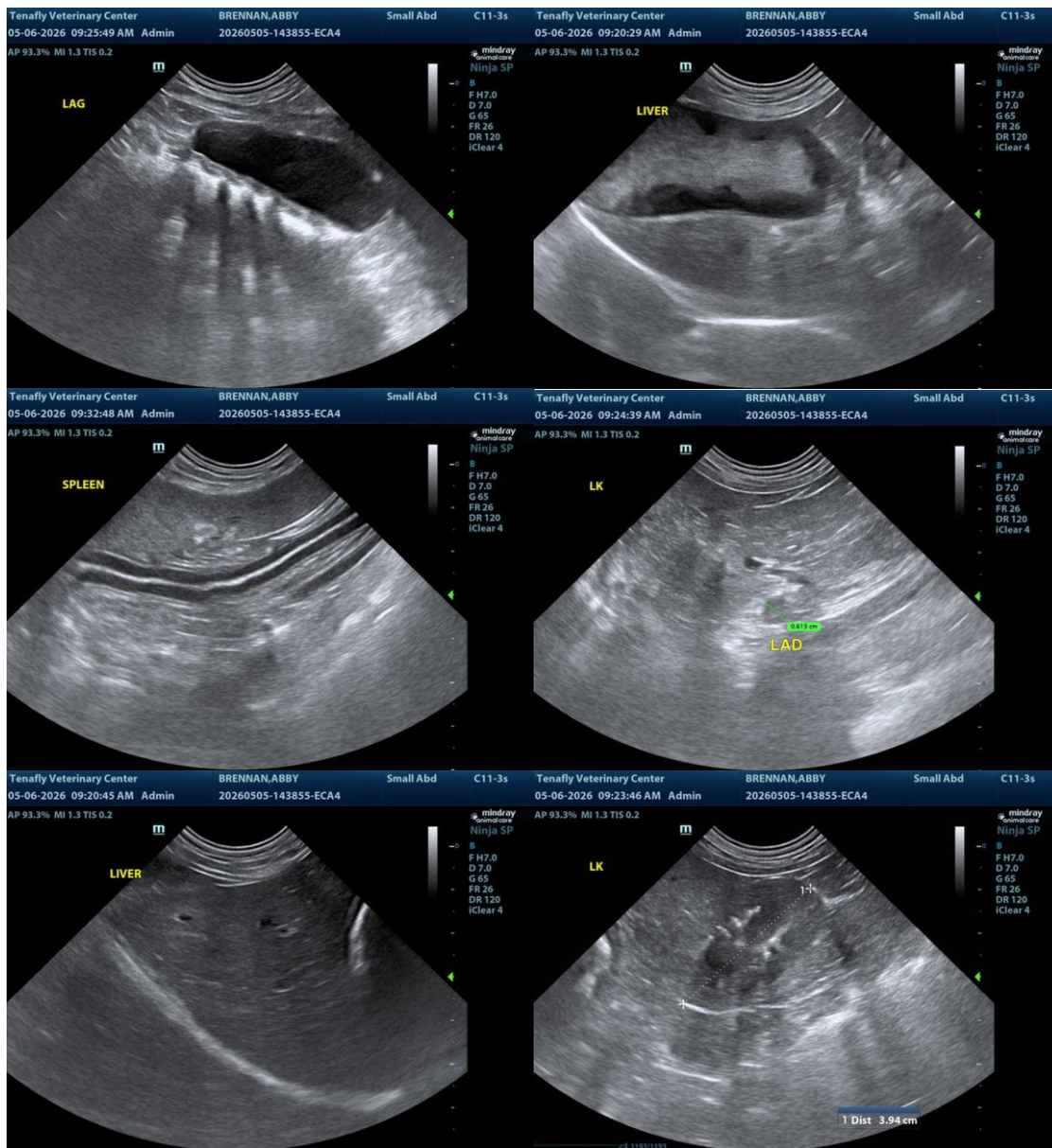
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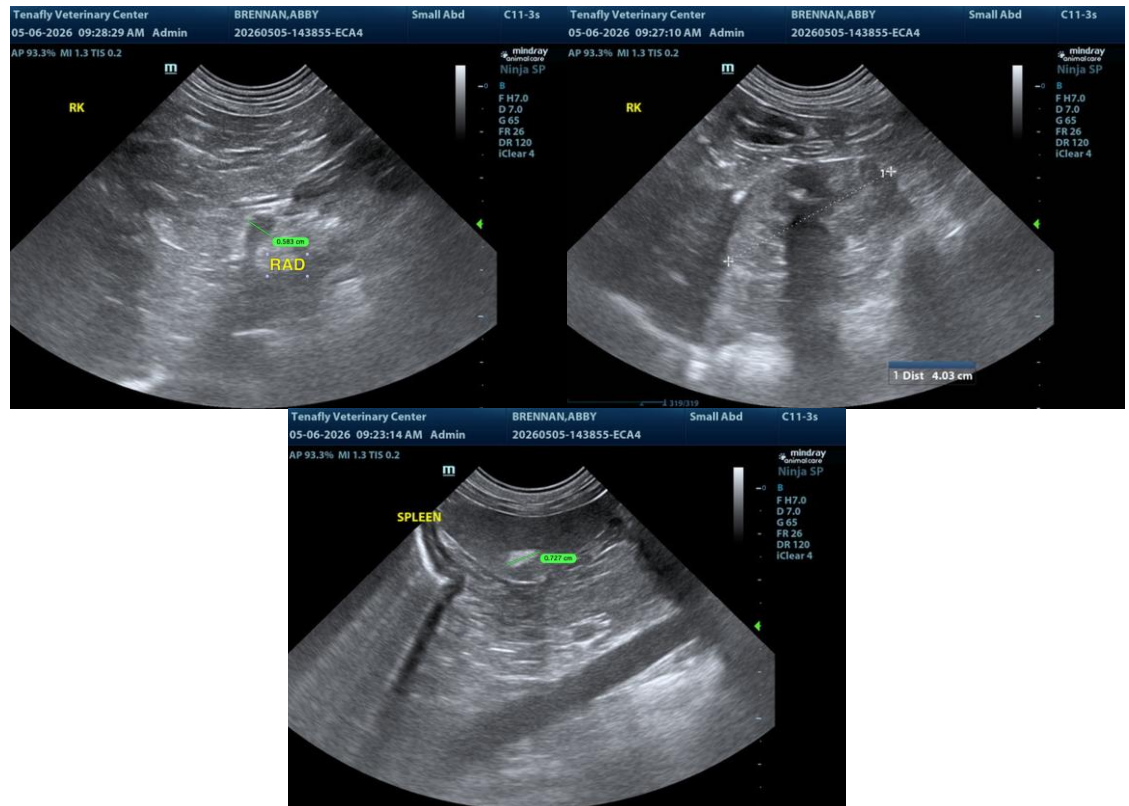
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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