



PATIENT

Mimi Richardson

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

9Y

WEIGHT

20lbs

PRESENTING CLINICAL SIGNS

P presents with a history of a hepatopathy, gall bladder sludge. On exam, has a pot-bellied appearance. Has been panting more at home per O.

Abnormal PE/Chem/CBC/JA Results: ALT: 163 U/L ALKP 1458 U/L Normal pre and post prandial bile acids.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. No evidence of pyelectasia. Mild peripelvic to medullary mineral was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

Mild left adrenomegaly was present with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole. A non-capsule deforming, mildly nonhomogeneous, hyperechoic, nonmineralized nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs vascular invasion. The nodule measured 0.64 cm in diameter.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.64 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent medial parenchyma to perihilar non-capsule deforming hyperechoic nodules were present. 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 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. Normal vascular volume was present.

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet
Hospital

REFERRING VET

Saum Hadi

INVOICE

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The gallbladder was non-distended in size with thin walls and mild to moderate nonorganized nonmineralized gallbladder debris. 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 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.

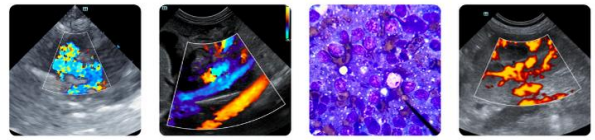
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign.
- Nonorganized gallbladder debris – not consistent with mature mucocele.
- Bilateral mild adrenomegaly with non-disruptive cranial left adrenal nodule – benign hyperplasia vs functional or nonfunctional adenoma probable.
- Hyperechoic splenic nodules – most suggestive of myelolipomas. Potential for hyperplasia or emerging mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver suggests benign hepatopathy with vacuolar/cholestatic/steroid hepatopathy, potential concurrent mild inflammatory hepatopathy, primary considerations. Full adrenal workup indicated if clinical signs consistent with Cushing's syndrome in conjunction with decreased USG.

Technically, emerging nodular left adrenal tumor not definitively excluded, yet thought less likely. Sonographic monitoring of the left adrenal nodule for evidence of progression with periodic assessment of systemic BP for evidence of hypertension is recommended. Correlation with urinary workup recommended.



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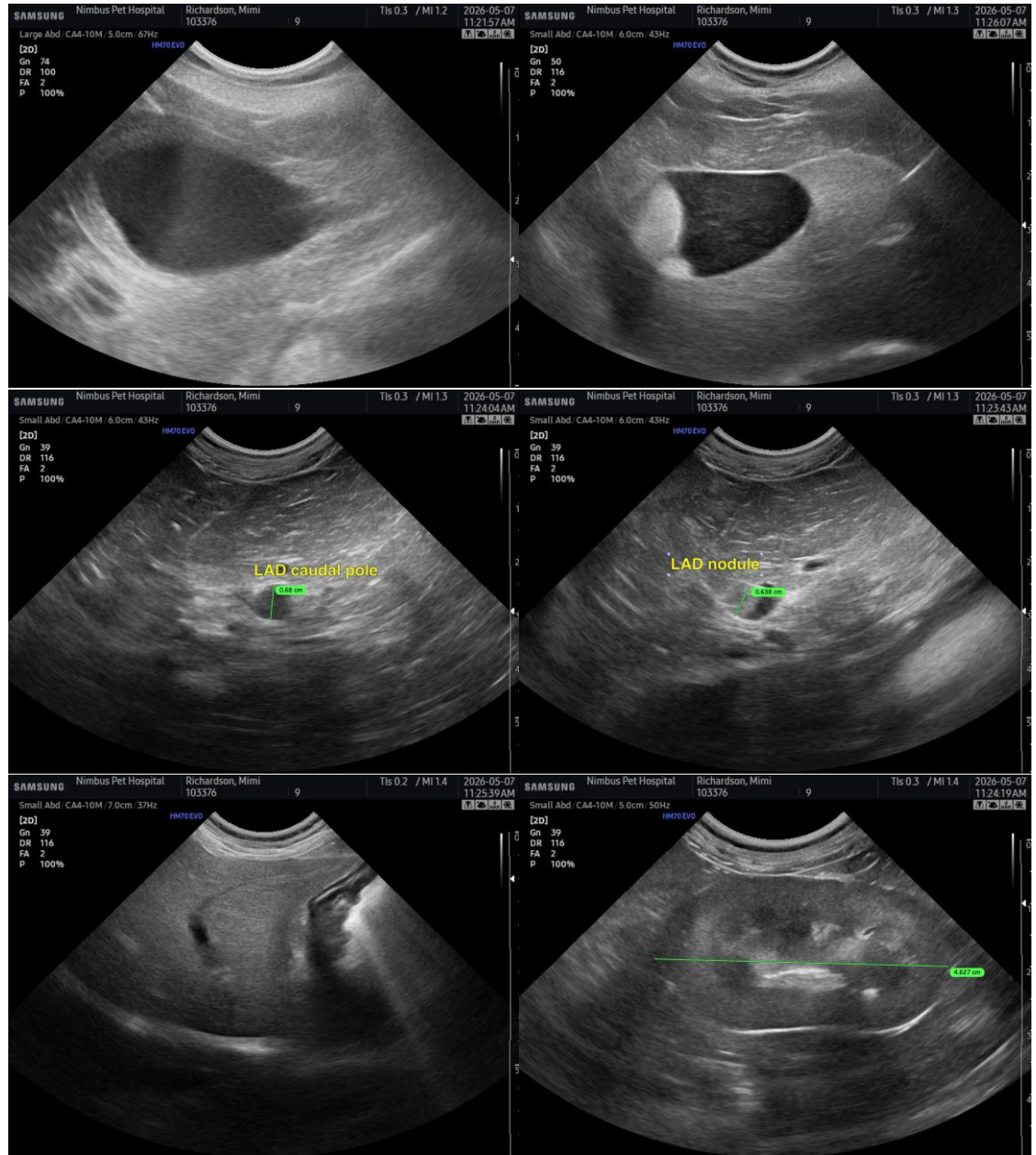
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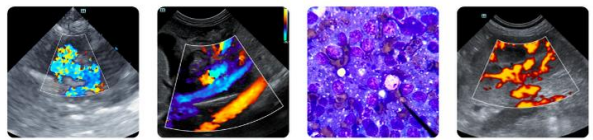
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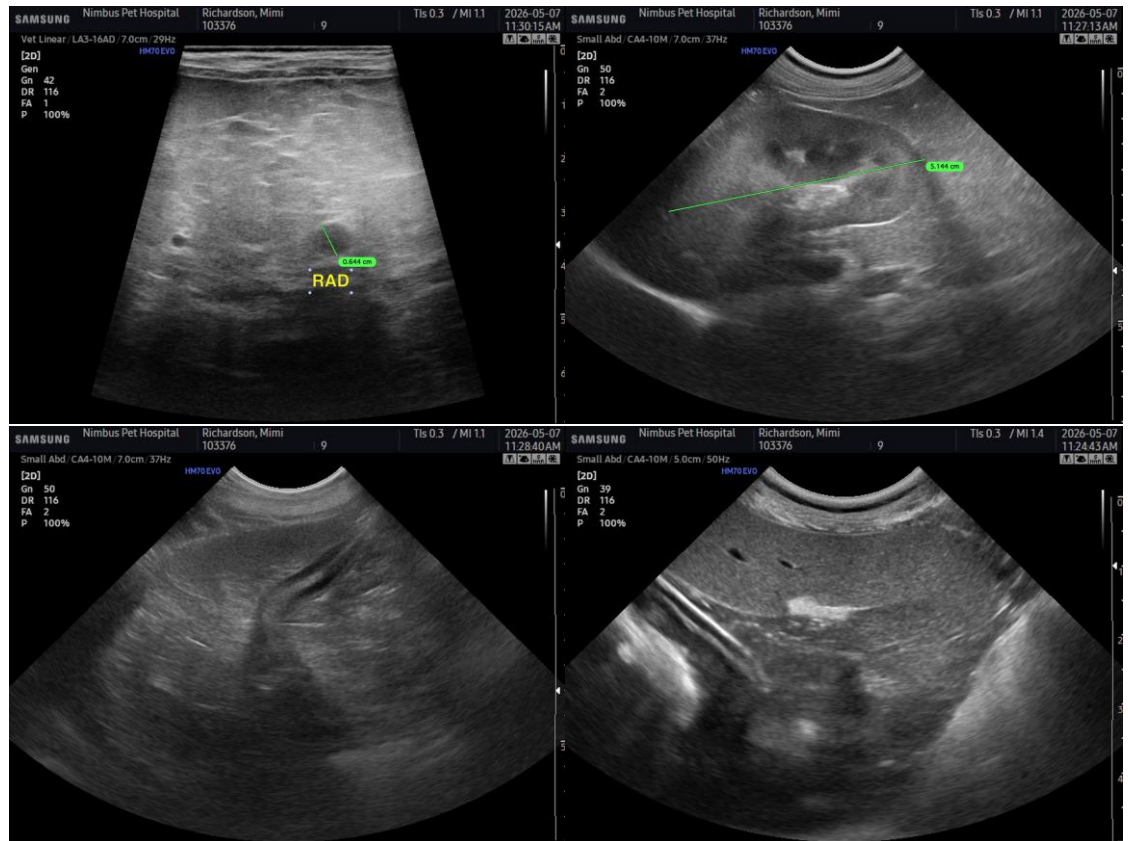
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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