



PATIENT

Cayla Kersavage

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

12Y

WEIGHT

5.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

74923

DATE

5-8-26

PRESENTING CLINICAL SIGNS

P had lost some weight/muscle mass, drinking more, otherwise pretty normal, mildly more lethargic. Took to rdvm, did bloodwork LDDS and rdvm rec AUS.

Abnormal PE/Chem/CBC/JA Results: Rdvm bloodwork: resting Cortisol 7.6, 4hr post dex 7.3; 8hr post dex 7.3 RBC 5.82; Hemoglob 13.9; Neut 11.154; Eos 0.013. Plt 468; Chl 103; TCO2 29; ALT 657; ALP 2307; GGT 115; Chol 425; Amy 309 Rdvm UA SG 1.025; Pro 2+; Glu trace; Ketone trace; blood 2+. WBC 0-2; RBC 50-75; 1+ Ca oxalate dihydrate 1-5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented subnormal in size. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild anechoic urine with suspect indistinctly visualized peripheral lumen possibly adhered pinpoint mineral. 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 pelvic dilation was present. Medullary mineral to nonobstructive renoliths were present. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting subnormal size subjectively measuring 0.26 cm caudal pole width.

The right adrenal gland was enlarged exhibiting nonhomogeneous pinpoint hyperechoic parenchyma which may suggest pinpoint areas of parenchymal mineralization measuring 2.3 x 1.8 cm. No obvious vascular invasion.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Indistinctly marginated, non-capsule deforming, hyperechoic nodules were present. An example of a nodule measured 0.40 cm in diameter. 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 was mildly enlarged in size. The liver parenchyma was nonhomogeneous with mild remodeling. No mass or nodules visualized. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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.

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

- Right adrenal mass with subnormal left adrenal gland.
- Enlarged mildly nonhomogeneous liver.
- Normal gallbladder.
- Indistinct hyperechoic splenic nodules – suggestive of benign criteria, i.e. indistinct to emerging myelolipomas.
- Indistinctly visualized minor urinary bladder lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is consistent with neoplastic criteria and adrenal dependent hyperadrenocorticism. No overt or definitive vascular invasion or regional metastatic criteria was present. Assuming no pathology on three-view chest radiographs, abdominal CT for further clarification and surgical planning for right adrenalectomy is recommended. If not possible, empirical therapy for Cushing's syndrome with serial sonographic monitoring of the right adrenal mass for evidence of progression is recommended.



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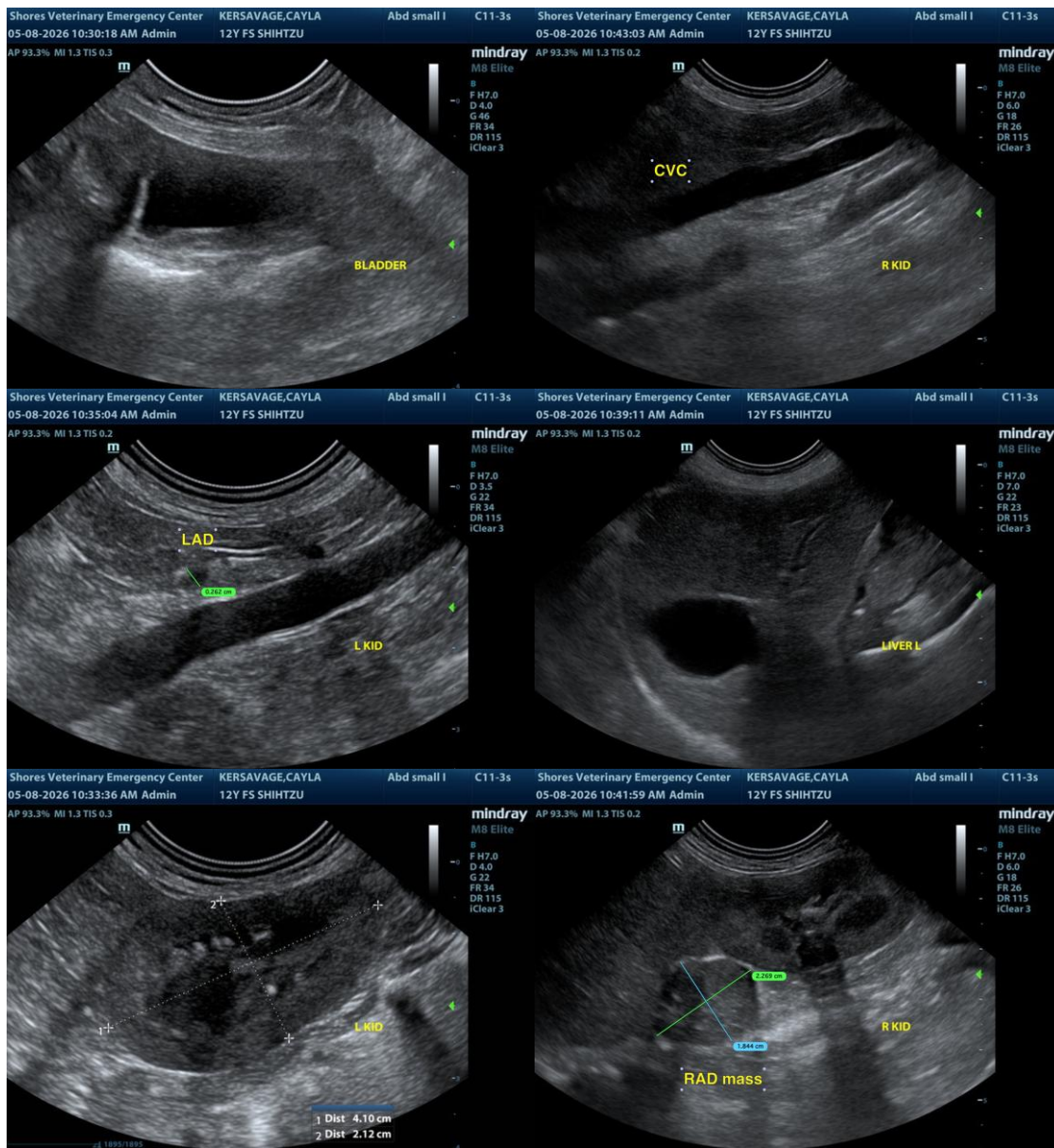
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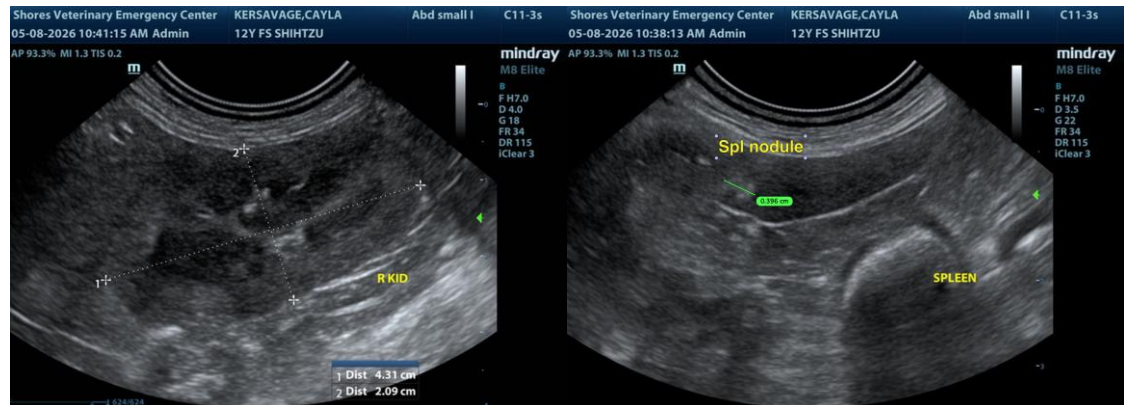
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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