



## PATIENT

Daisy Blechman

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

FS

## AGE

14yr

## WEIGHT

3.83kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Krane

## INVOICE 25132

## DATE

06/18/2026

## PRESENTING CLINICAL SIGNS

Previous ultrasound showed

- Liver: hypoechoic nodules (unchanged)
- Spleen: presumptive myelolipomas
- Gallbladder: not thickened, mild sludge (ursodiol working well per Dr. Krawitz)
- Adrenal glands: mildly plump
- Left kidney: mild dilation

Here for blood pressure check and recheck ultrasound

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was subnormal in size, prohibiting full evaluation of urinary bladder wall. Possible mildly irregularly thickened bladder wall with mildly asymmetrical luminal surface contour with the ventral bladder wall measuring ~ 0.30 cm. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral medullary mineral to renoliths and left kidney pyelectasia was present. The left kidney measured 2.5 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the caudal pole. The right adrenal gland measured 0.7 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. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial perihilar parenchyma. An example measured 0.36 cm in 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 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. Intermittent, subtle hyperechoic intraparenchymal nodule without



**PATIENT**

Daisy Blechman

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

FS

**AGE**

14yr

**WEIGHT**

3.83kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sookhoo

**HOSPITAL NAME**

Calusa Veterinary  
Center

**REFERRING VET**

Dr. Krane

**INVOICE**  
25132

**DATE**

06/18/2026

associated capsule or parenchymal disruption was present measuring 0.71 cm in diameter. 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 non-distended in size with mild primarily gravity dependent, non-organized debris. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid, lumen gas and a small amount of hyperechoic non-shadowing ingesta with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

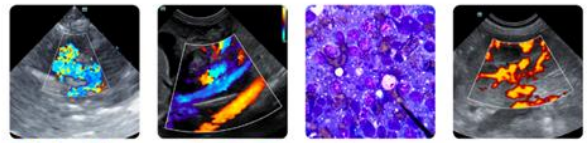
**Primary**

- Static hyperechoic splenic nodules- consistent with probable myelolipomas
- Hepatomegaly with subtle hyperechoic intraparenchymal nodules- most suggestive of benign criteria, i.e. vacuolar, cholestatic hepatopathy, possible inflammation, probable nodular hyperplasia or lipogranulomas, hepatic neoplasia thought less likely
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with medullary mineral /renoliths and mild left kidney pyelectasia.
- Bilateral mild adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primarily a geriatric abdomen without evidence of significant visceral pathology. Correlation with full lab work to assess UA as well as liver parameters is recommended if not recently done.

Hepatosupportive medications may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Adrenal workup is indicated if



## PATIENT

Daisy Blechman

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

FS

## AGE

14yr

## WEIGHT

3.83kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Krane

## INVOICE

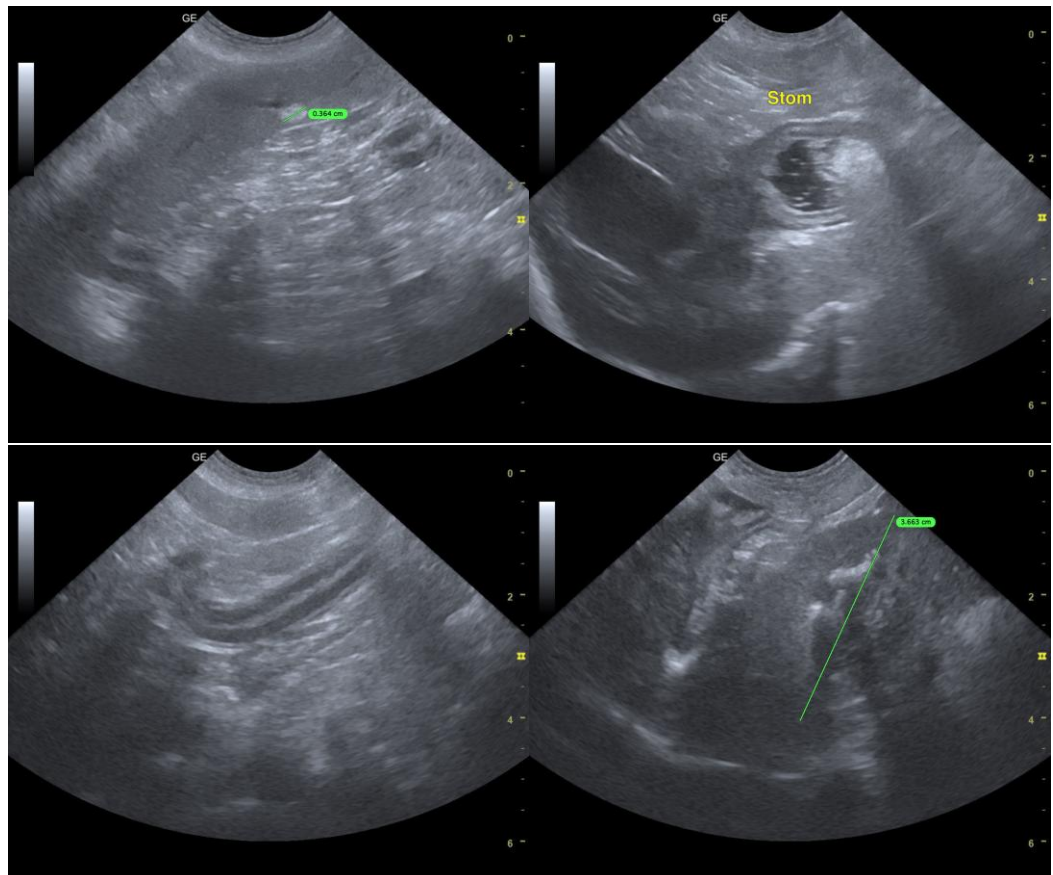
25132

## DATE

06/18/2026

clinical signs consistent with Cushing's syndrome are not reported or arise.

Sonographic monitoring of the liver/ splenic nodules as well as the kidneys and adrenal glands for evidence of progressive pathology in conjunction with monitoring of lab work is recommended.





## PATIENT

Daisy Blechman

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

FS

## AGE

14yr

## WEIGHT

3.83kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

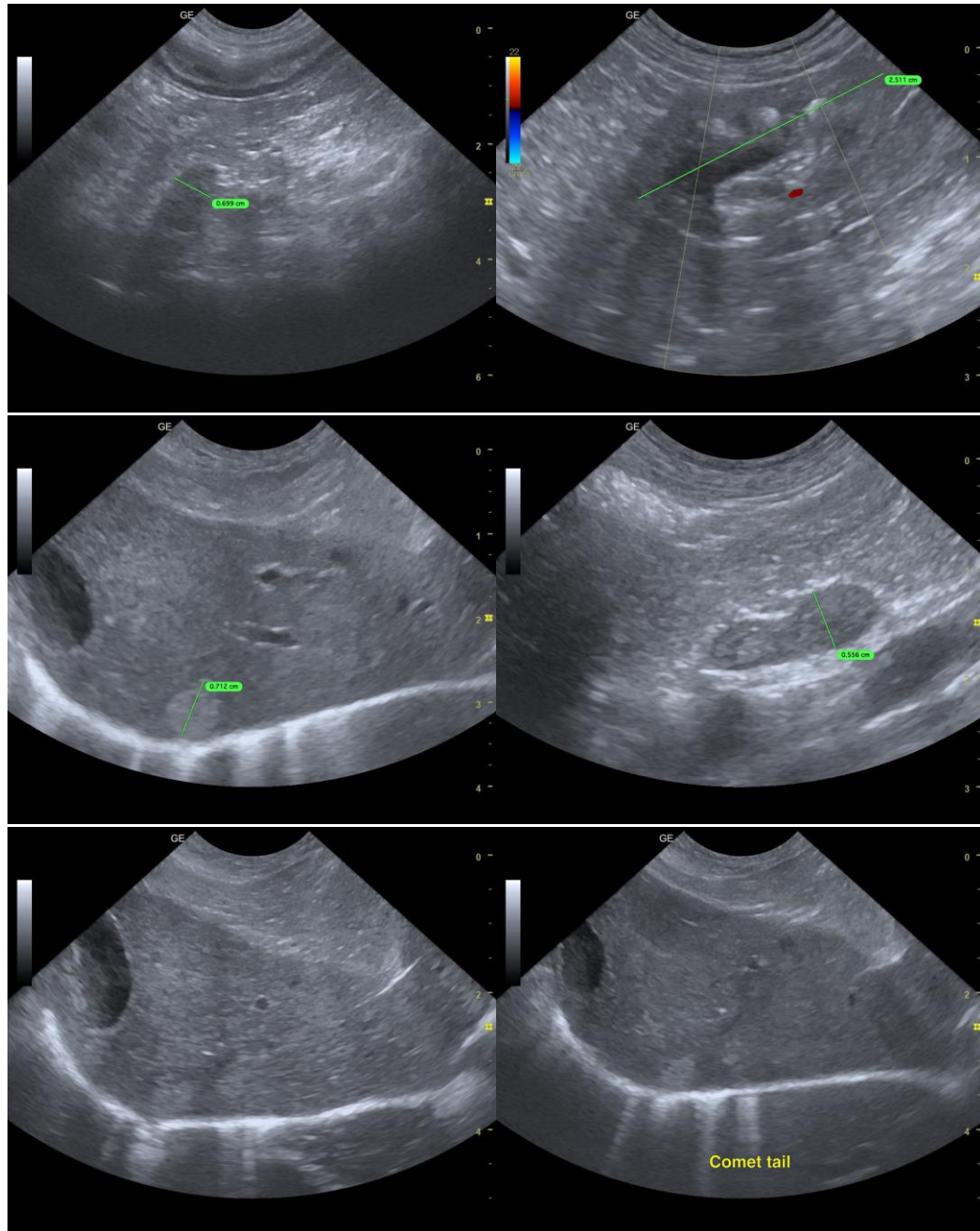
Dr. Krane

## INVOICE

25132

## DATE

06/18/2026



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.



## PATIENT

Daisy Blechman

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

FS

## AGE

14yr

## WEIGHT

3.83kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Krane

## INVOICE 25132

DATE  
06/18/2026