



PATIENT

Luna Foxx

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

12yr

WEIGHT

10.28kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara DVM

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Maria Lara DVM

INVOICE

25011

DATE

06/03/2026

PRESENTING CLINICAL SIGNS

Luna has a history of controlled hypothyroidism and atopic dermatitis. Additionally she has had chronically elevated ALP and Cortisol tests have been borderline elevated a few times non conclusive to start hyperadrenocorticism treatment.

Abnormal PE/Chem/CBC/UA Results: 4/29 ALT 141 10 - 125 U/L H ALP 798 23 - 212 U/L H GGT 14 0 - 11 U/L H Lipase 2,110 200 - 1,800 U/L H Cortisol - Resting 7.94 µg/dL Cortisol - Post ACTH 16.71 µg/dL 5/28 ALP 510 23 - 212 U/L H AST 59 0 - 50 U/L H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. 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. No evidence of inflammatory or neoplastic changes was noted.

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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole.

Subjective right adrenal borderline mild caudal pole enlargement measuring 0.69 cm. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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

- Hepatopathy-subjective benign
- Mild non-organized gallbladder debris (non-mucocele)
- Age-related renal changes with minor medullary mineral
- Subjective mild right adrenomegaly, sonographically normal left adrenal gland
- Normal gastrointestinal tract/ pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical signs consistent with Cushing's syndrome in conjunction with decreased USG, recheck adrenal testing with LDDST is warranted. Vacuolar/ steroid hepatopathy, inflammatory disease, non-obstructive cholestasis or combination suspected without evidence of hepatoadrenal or abdominal neoplastic criteria. Hepatosupportive medications including Denamarin and ursodiol may prove beneficial.

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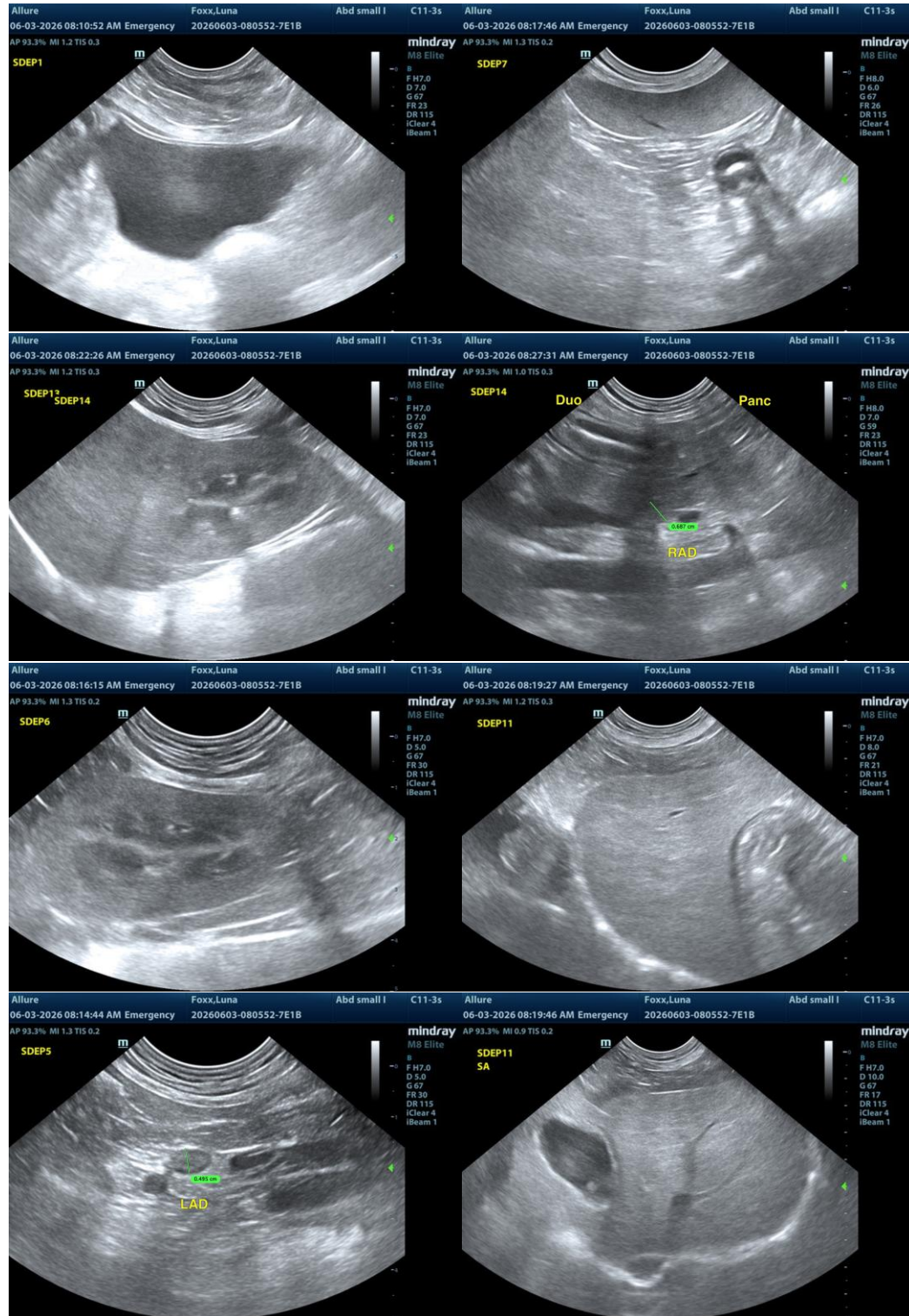
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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