



PATIENT	PRESENTING CLINICAL SIGNS
Leila Joyce	Hx of pancreatitis, recent v/d. Crea levels increasing.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Limited ROM back legs- DJD suspected. Otherwise normal CE. Attached labs. ALT elevation (improving). Crea mild elevation, good USG, pyuria. Pancreatic levels elevated.
Ca	
BREED	
Pit X	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	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 evidence of urine or 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.
11 yrs	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	The left kidney exhibited significant hydronephrosis with loss of medullary parenchyma. The fluid within the left kidney was mildly echogenic. No obvious, definitively visualized left hydroureter. The left kidney measured 7.4 cm in length.
72 lbs.	
INTERPRETED BY	Normal size and margination were present in the right kidney. 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. There was no evidence of pyelectasia or hydronephrosis noted in the right kidney. The right kidney measured 7.5 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Sorbo	The left adrenal gland was asymmetrical enlarged, primarily visualized in the caudal pole. Mild nonhomogeneous, nonmineralized left adrenal parenchyma was present. The left adrenal gland measured 1.3 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.85 cm width at the caudal pole.
HOSPITAL NAME	Spleen
JM Pet Resort & Veterinary	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. Mildly expansive yet non-capsule deforming cranial splenic hypoechoic nodule was present, measuring 2.0 cm in diameter.
REFERRING VET	
Sorbo	
INVOICE	
10549	
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1/15/26	



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Liver/ Gallbladder

The liver was 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 non-distended in size containing primarily anechoic content with mild, nonorganized 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 contained moderate, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Segmental jejunal mucosal speckling was noted. The intestinal lumen was empty to the level of the colon.

Normal visible colon wall layers were present. Mild generalized colon distention was noted with soft to non-formed fecal matter.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left kidney hydronephrosis, mild age-related right kidney
- Mild caudal left adrenomegaly
- Mild expansive cranial splenic nodule
- Hepatopathy with mild nonorganized gallbladder debris (non-mucocele)
- Structurally normal gastrointestinal tract with nonshadowing gastric ingesta and jejunal mucosal speckling
- Soft to non-formed fecal matter in colon
- Normal area of pancreas



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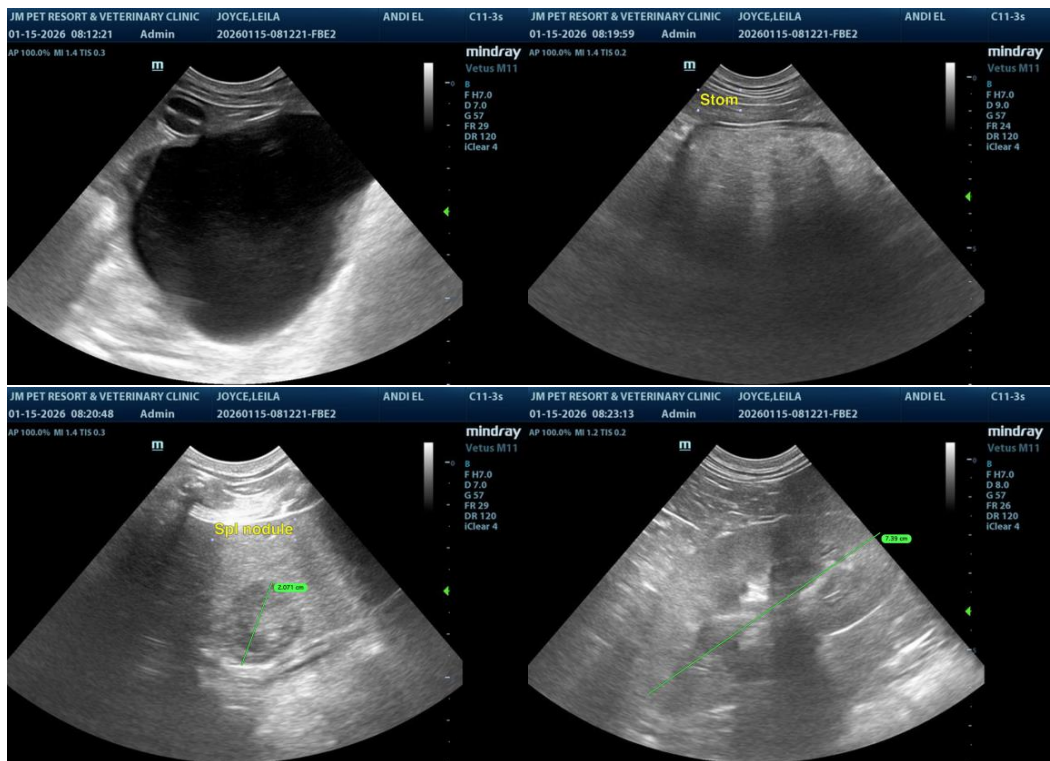
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious visualized left ureter obstruction. Potential for left kidney pyonephrosis is not definitively excluded. Urine C/S on a sterile urine sample with consideration for left kidney centesis for fluid analysis or left nephrectomy, is recommended.

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma, and if accessible, cranial splenic nodule FNA cytology is warranted for further clarification. Adrenal workup, if clinical signs consistent with adrenal disease, as well as monitoring of systemic blood pressure for evidence of hypertension, given mild left adrenomegaly, is suggested. Sonographic monitoring of the splenic nodule and left adrenal gland for evidence of progression would be conservative.

The intestinal mucosal speckling is nonspecific yet may be associated with nonspecific enteritis, inflammatory bowel, emerging protein-losing enteropathy, or other. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.





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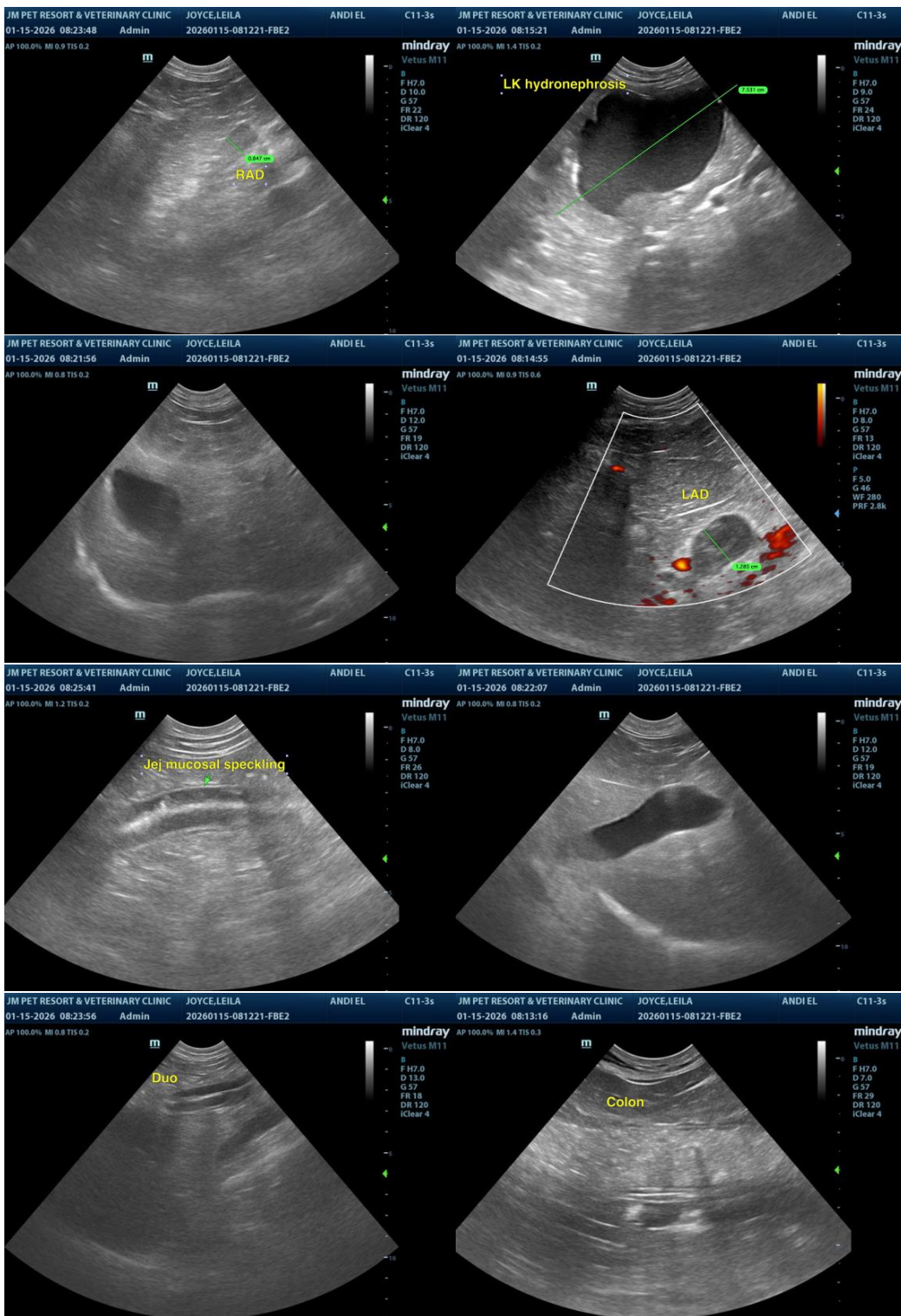
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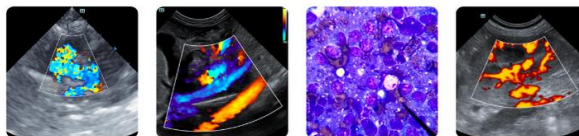
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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