

PATIENT

Penelope Burns

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

9 Years

WEIGHT

20.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

13223

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Previous AUS done Dec 3 due to chronic mild liver enzyme elevation and intermittent GI upsets.

Abnormal PE/Chem/CBC/UA Results: Mild ALT and mild ALP elevation - stable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 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 0.46 cm width at the caudal pole.

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. A noncapsule deforming to mildly expansive nonhomogenous hypoechoic splenic nodules was present measuring 1.7 cm in diameter.

Liver & Gallbladder

The liver presented with borderline mild hepatomegaly with symmetrical contour and primarily homogenous parenchyma. A previously noted yet progressively indistinct to discrete isoechoic to mild nonhomogenous left liver intraparenchymal nodule was present measuring 2.3 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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 ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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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.

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Free Abdomen

Boxer Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Static hepatopathy with indistinct to discrete intraparenchymal nodule.
- Normal gastrointestinal tract.
- Static mild splenic nodule.
- Nonorganized gallbladder debris (non-mucocele).

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9 Years

No evidence of progressive hepatopathy with less distinct previously noted liver nodule. Previously mentioned etiologies are still applicable with hepatic neoplasia considered unlikely. The splenic nodule may indicate newly noted hyperplasia, hematopoiesis, focal inflammation, granuloma or emerging splenic tumor. Correlation with pending cytology is recommended.

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Hepatosupportive medications and sonographic monitoring of the splenic nodule for evidence of progression pending cytology would be reasonable. If splenic nodule is progressive and assuming normal clotting status, diagnostic and prophylactic splenectomy with hepatic biopsies may be considered.

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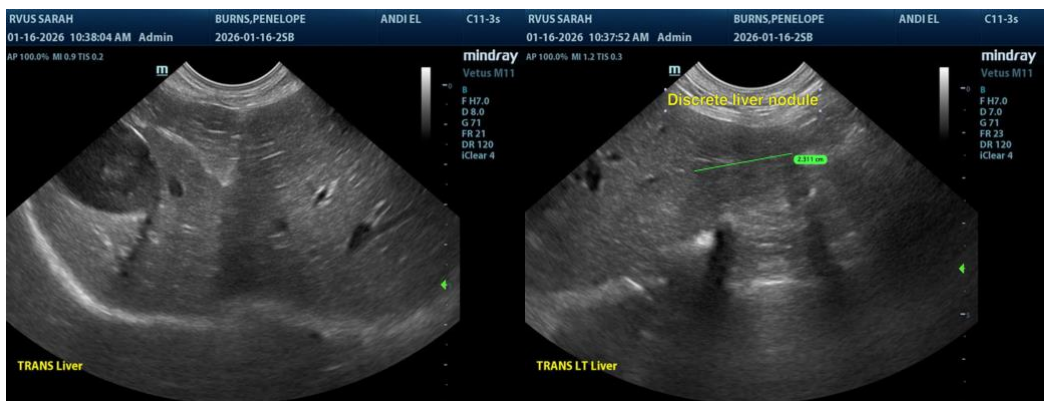
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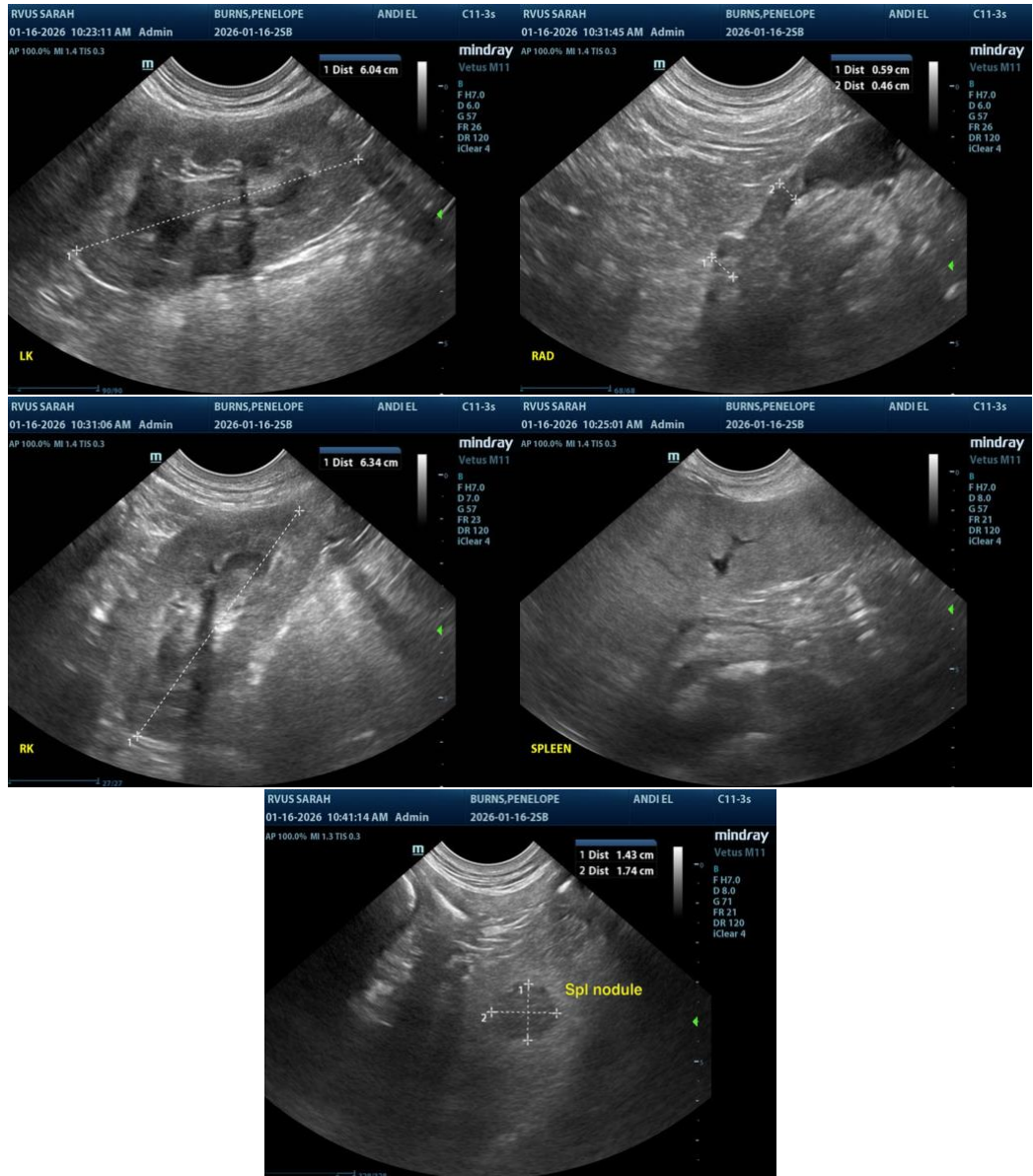
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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