



## PATIENT

Black Jack Barlow

## SPECIES

Canine

## BREED

Mini Poodle

## SEX

Male

## AGE

6y

## WEIGHT

16 lbs (7.3 kgs)

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Janel Schietzelt, DVM

## HOSPITAL NAME

Dreaming Summit AH

## REFERRING VET

Janel Schietzelt, DVM

## INVOICE

13103

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

History:

- Abdominal pain and distension
- Hx of elevated ALT
- No PU/PD
- Wanting to screen for hepatic disease and metastasis as part of pre-op dental/neuter

Abnormal PE/Chem/CBC/UA Results: Labs from 1/20- pending; cytology of anal lesion from 1/20- pending -Last labs 8/19/25: CBC WNL, ATL elevated (348), remainder NSF -Irregular, nodular thickening/swelling to anus with ulceration (FNA/cytology pending); intact male -Moderate to severe periodontal disease present -Firm, mildly distended abdomen, discomfort on palpation

## 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 changes were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm in diameter. Intermittent, small, anechoic, thinly walled parenchyma cysts were present.

The area of the aortic trifurcation was free of pathology.

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. Pinpoint to focal areas of medullary mineral was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the caudal pole. The right adrenal gland measured 0.47 cm.

### 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.



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## Liver

The liver presented subjective mildly enlarged in size with normal hepatic vascular volume. 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 primarily anechoic luminal content. 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 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.

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

## Pancreas

The pancreas was normal in size exhibiting mild capsule asymmetry with isoechoic to mild heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia pattern with small prostatic cysts, mild potential prostatitis
- Chronic renal changes exhibiting pinpoint to focal medullary mineral
- Normal bilateral adrenal glands
- Benign hepatopathy, normal hepatic vascular volume
- Normal gallbladder
- Mild remodeled pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal primary or metastatic neoplastic criteria. Further assessment may include, assuming normal clotting status, hepatic and pancreatic cytology and +/- C/S to assess for evidence of inflammation. Hepato-supportive medications may prove beneficial. No anesthetic contraindications. A spec cPL could be considered if clinical discomfort on palpation.



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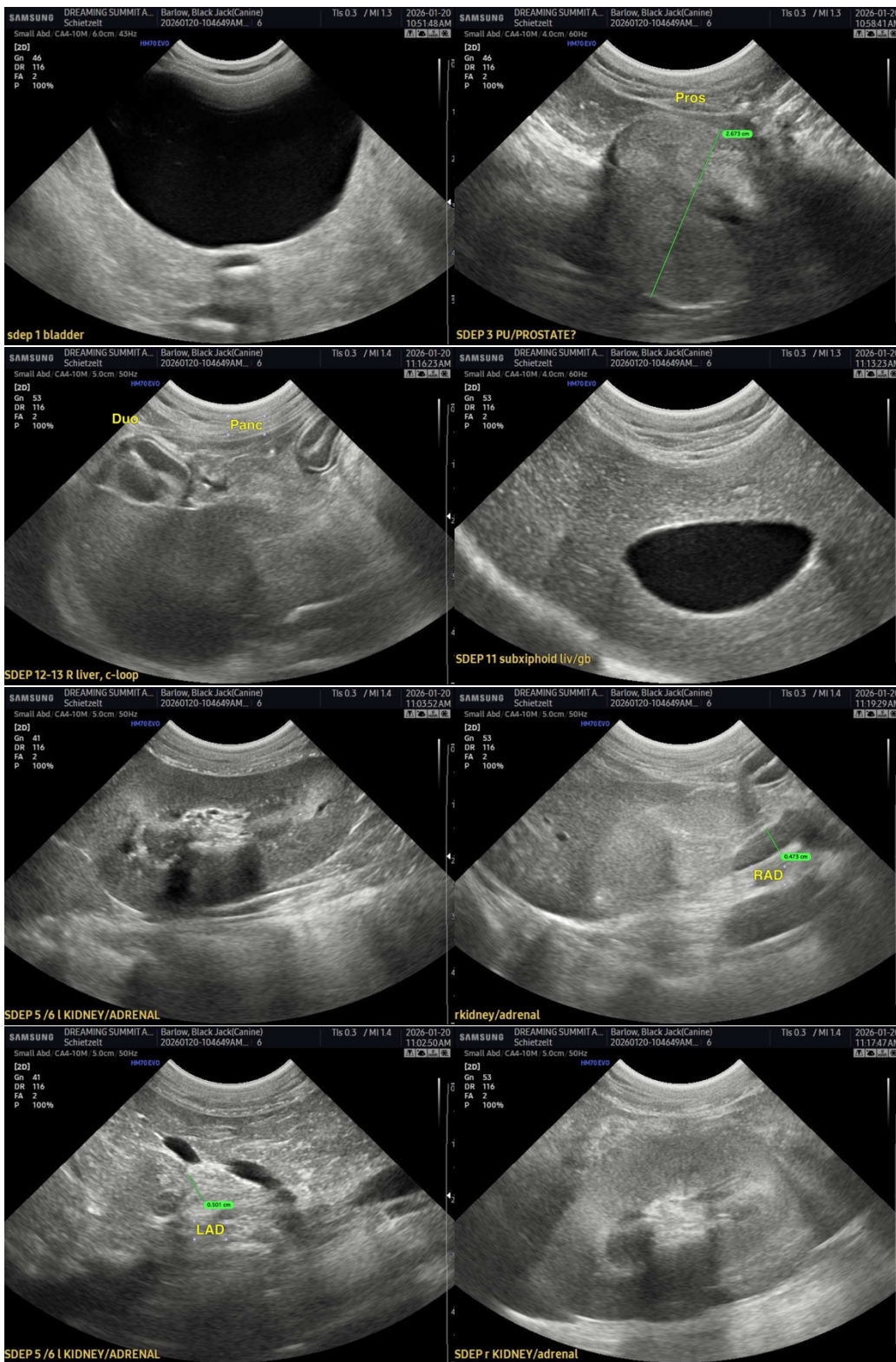
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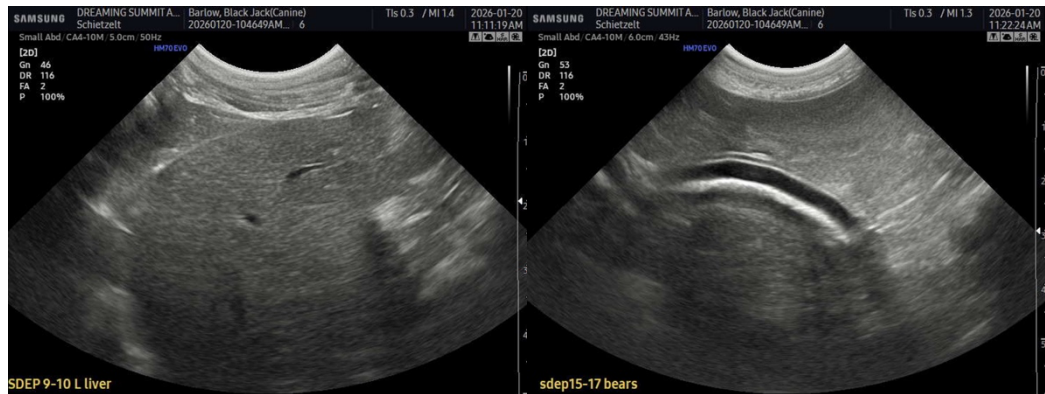
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)