



PATIENT

Bonnie Rojas

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

13y 1m 4wks

WEIGHT

14.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland VC

REFERRING VET

Dr. Flath & Dr. Ale

INVOICE

13118

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History:

- The urine protein creatinine ratio was normal. Key findings included a low thyroid level and a progressive increase in the ALP liver value, with a slight increase in triglycerides.
- Recommended further investigation into the elevated liver value prior to proceeding with a dental procedure. Discussed the rationale for an abdominal ultrasound, bile acids test, and a full liver chemistry panel.
- The plan is to perform an abdominal ultrasound. The results will help determine if it is safe to proceed with a dental procedure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based arising from the dorsal apical wall mass with asymmetrical margination was present and measured 1.4 cm x 1.2 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Concurrent non-dependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. The visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone. The mass is subjectively and likely amendable to surgical resection given location.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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. Mild medullary mineral was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal glands were mildly enlarged in size with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland measured 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma to perihilar. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver exhibited generalized hepatomegaly exhibiting homogeneous, mildly hyperechoic parenchyma. The parenchyma of the liver was subjectively increased in echogenicity compared to the



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spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. Normal vascular volume and no mass or nodules present. No evidence of vascular anomaly. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with primarily gravity dependent, hyperechoic, emerging, mineralized, non-obstructive biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, non-shadowing ingesta consistent with food echogenicity.

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 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – sonographically consistent with benign hepatopathy criteria
- Mineral gallbladder debris (non-mucocele)
- Bilateral mild adrenomegaly
- Sessile based urinary bladder mass
- Mild chronic renal changes with mild medullary mineral
- Small, intermittent, hyperechoic splenic nodules – consistent with benign criteria, i.e. myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is most consistent with neoplastic criteria, i.e. transitional cell carcinoma with regional sessile based to atypical polyploid cystitis thought less likely. Correlation with BRAF assay is recommended. No evidence of regional lymphatic metastasis. Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome. Hepato-supportive medications may prove beneficial. No overt abdominal anesthetic contraindications assuming evidence of adequate hepatic function, i.e. normal albumin, glucose, BUN and cholesterol levels.



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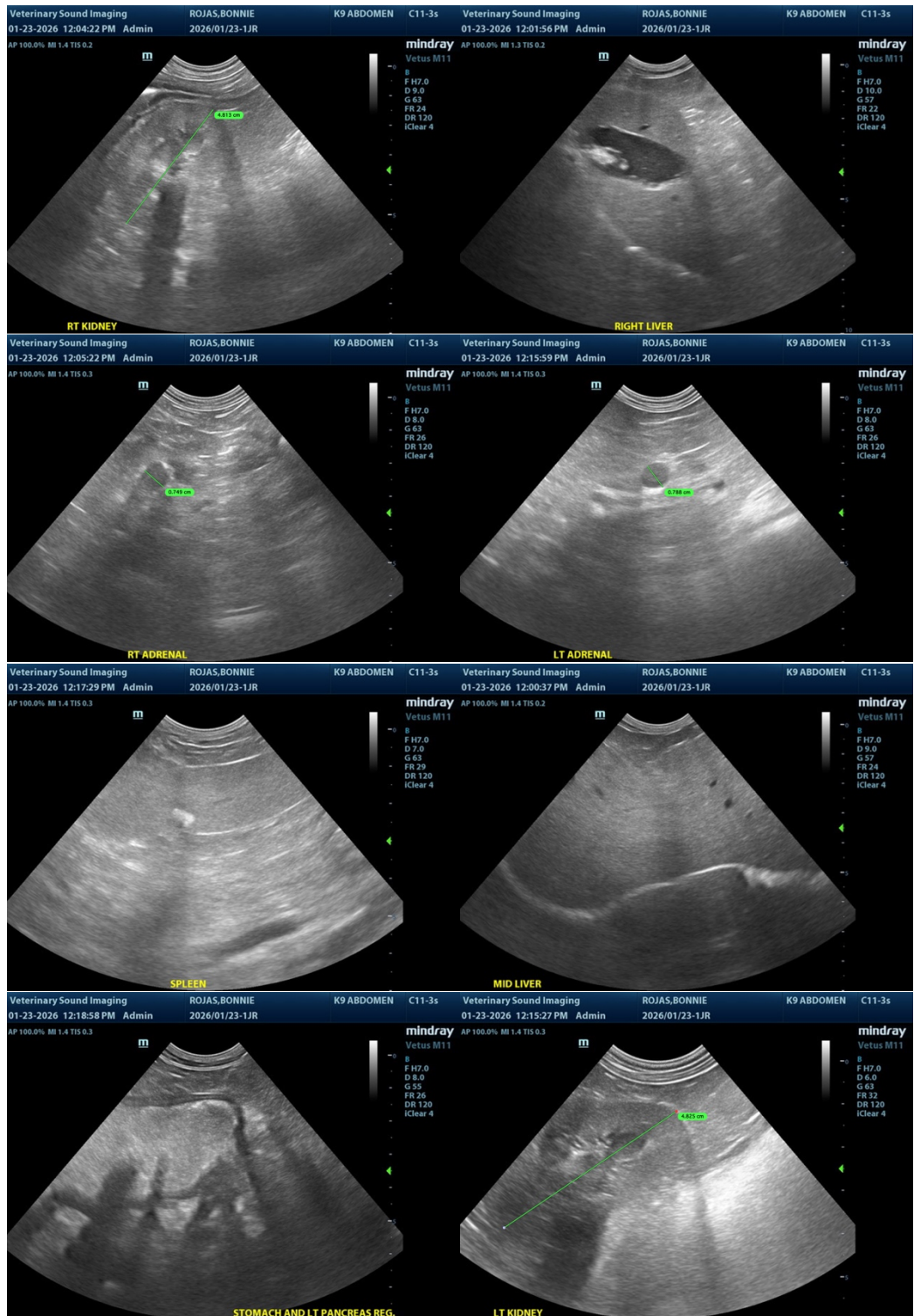
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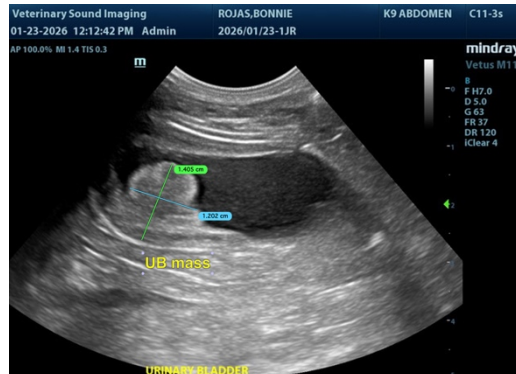
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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