



PATIENT	PRESENTING CLINICAL SIGNS
Delilah King	Gradual weight loss and muscle atrophy history of diarrhea - resolved
SPECIES	Abnormal PE/Chem/CBC/UA Results: Chem - incr ALT 234 GGT - 16 fecal - negative PE: mostly unremarkable other than muscle atrophy and weight loss
Canine	The submitted study contained 24 images for review.
BREED	
Poodle Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder was mildly distended in size with normal tone. There was no evidence of mural pathology or tumors. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
AGE	
10 y	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	
58 lbs.	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. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Ashley Bowers	The spleen exhibited subjective normal size with symmetrical contour and primarily homogeneous parenchyma. A solitary, mildly expansive, nonhomogeneous, non-capsule deforming splenic mass was present, measuring 3.0 cm diameter.
HOSPITAL NAME	Liver/ Gallbladder
Bowling Green Veterinary Clinic	The liver was subjectively mildly enlarged in size with normal contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent subtle parenchymal nodules were present, with an example measuring 1.3 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with minor, non-dependent gallbladder debris. The common bile duct was not definitively visualized.
REFERRING VET	
Ashley Bowers	
INVOICE	
10320	
DATE	
11/11/25	



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Gastrointestinal

The stomach presented normal intact wall layering. The stomach was nondistended containing mild lumen gas and ingesta. There was no evidence of obstruction to pyloric outflow. The gastric body wall width measured 0.37 cm in width.

The visualized small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio and empty lumen. The small Intestinal wall width measured 0.32 cm.

Normal visible colon wall layers were present with formed to semi-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 evidence of peritoneal effusion was present. No significant omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting remodeled subtle nodular parenchyma
- Minor gallbladder debris (non-mucocele)
- Small nonhomogeneous splenic mass
- Sonographically unremarkable visualized gastrointestinal tract with mild gastric ingesta / gas
- Age-related renal changes

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Bowers

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

Primary consideration for mild chronic inflammatory hepatic disease i.e., mild chronic active hepatitis, in conjunction with elevated ALT with potential for nonobstructive cholestasis. Hepatic primary or metastatic neoplasia not definitively excluded, yet thought less likely. The hepatopathy and small nonspecific splenic mass are of unclear clinical relation to the patient's weight loss.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Assuming normal clotting status and using a 25-gauge needle, splenic mass and hepatic parenchyma FNA cytology could be considered. If no pathology on three view chest radiographs, diagnostic and prophylactic splenectomy with concurrent hepatic biopsies may be considered.



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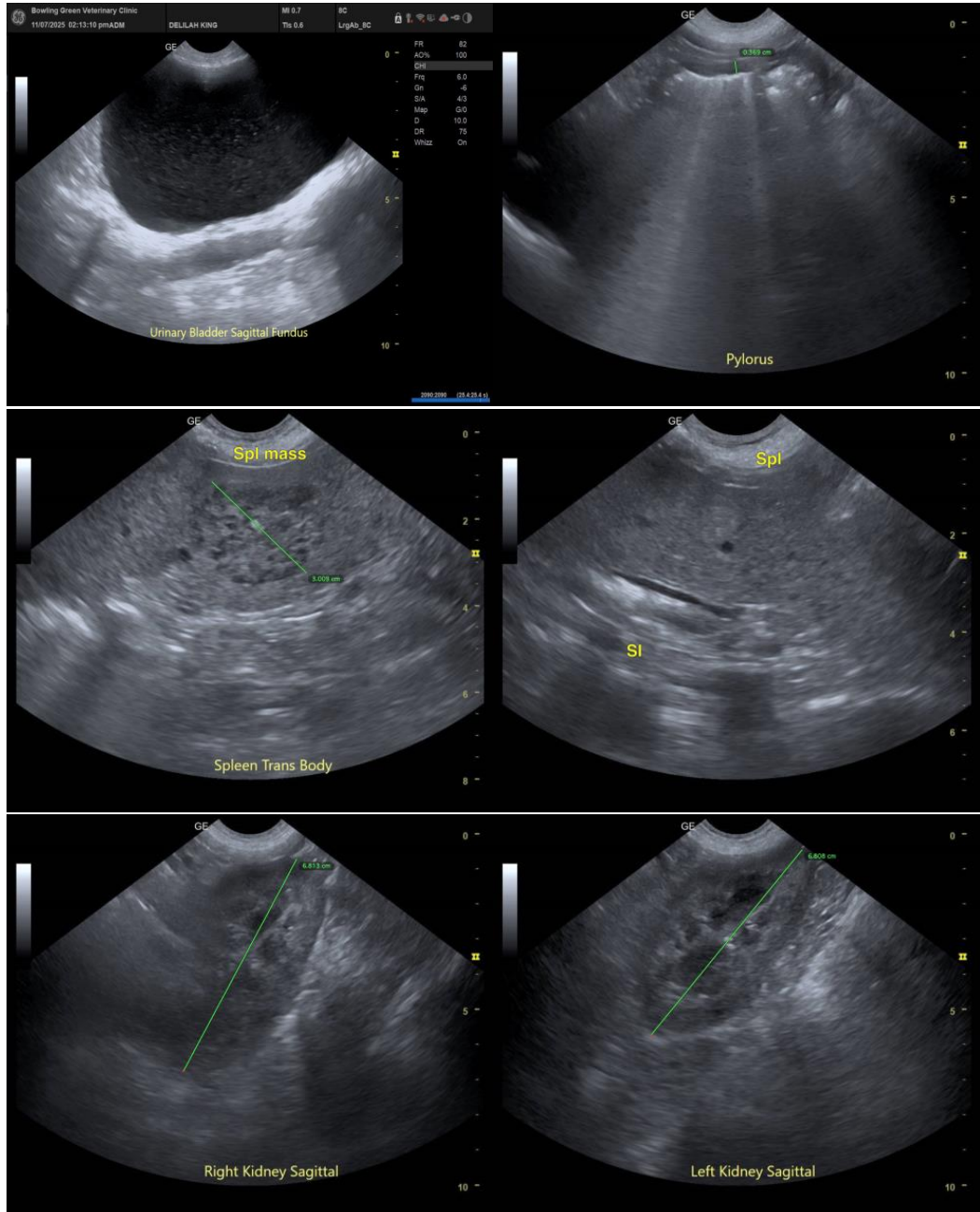
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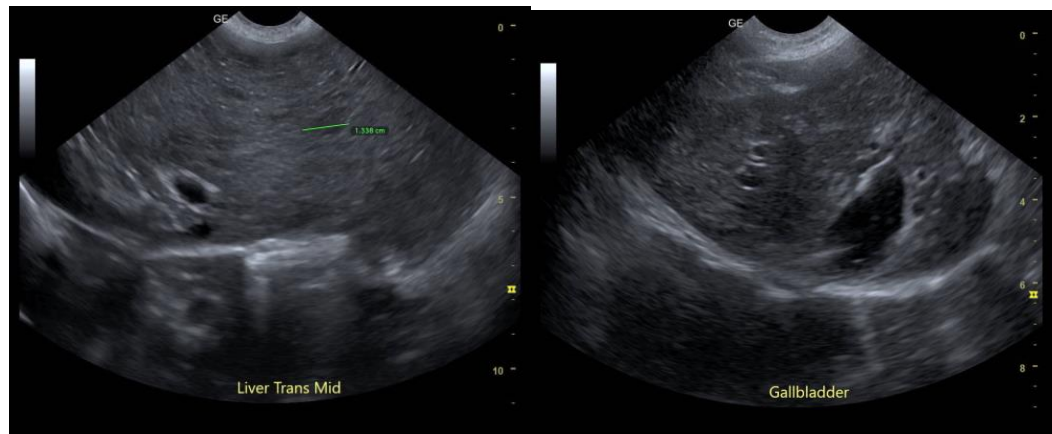
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com