



PATIENT

Reggie Frankel

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

46 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Sangl

INVOICE

12209

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Abdomen soft/benign. No masses palpated. Appears distended. No fluid wave present. AFAST showed no free fluid or mass effects present in abdomen. Just a large amount of fat. Increased panting, acting uncomfortable

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values n/a Current Medications KBRO Vet 250mg 1 tab SID, Gabapentin 100mg 1-2tabs every 8-12 hours, Phenobarbital 30mg 1 tab BID

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 urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

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. Mild pyelectasia was present in the right kidney. The left kidney measured 6.2 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole. The right adrenal gland measured 0.68 cm width in 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.

Liver

The liver presented subjective 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. A solitary well-demarcated nondisruptive hyperechoic intraparenchymal nodule was visualized in the mid to right liver measuring 1.9 cm in diameter.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to focally shadowing ingesta without signs of 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 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

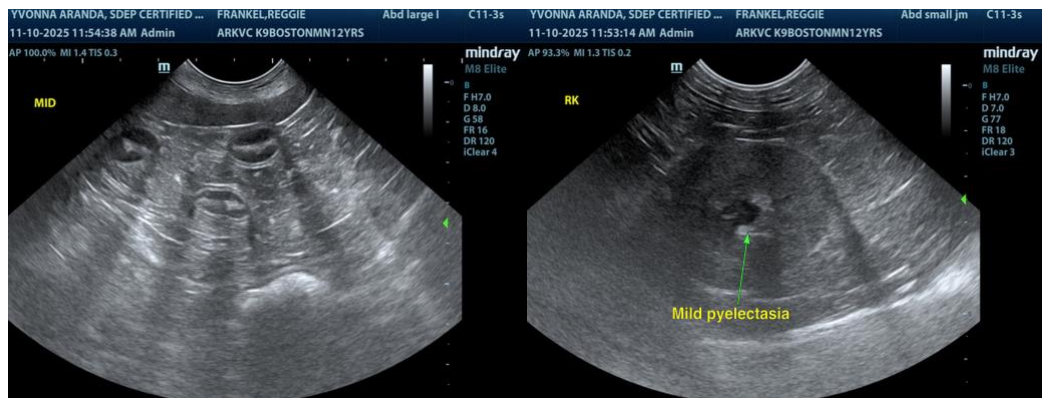
No omental masses or peritoneal effusion was present. A solitary minor prominent nonhomogenous cystic mesenteric lymph node was visualized consistent with benign criteria in the mid abdomen. Subjective increased amount of abdominal fat.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with intraparenchymal nodule- consistent with benign criteria, nodule is suggestive of hyperplasia or lipogranuloma.
- Age-related renal changes.
- Bilateral mild adrenomegaly.
- Gastric ingesta- suggestive of probable food echogenicity/post prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatomegaly or hepatopathy potentially associated with antiseizure medication, vacuolar changes, nonobstructive cholestasis, inflammation in conjunction with probable nodular hyperplasia or lipogranuloma possible. Correlation with hepatic enzyme assessment and hepatosupportive medications if clinically indicated is recommended. Adrenal work up with LDDST is recommended if clinical signs are consistent with Cushing's syndrome in conjunction with decreased urine specific gravity. No evidence of intra-abdominal masses or overt neoplastic criteria.





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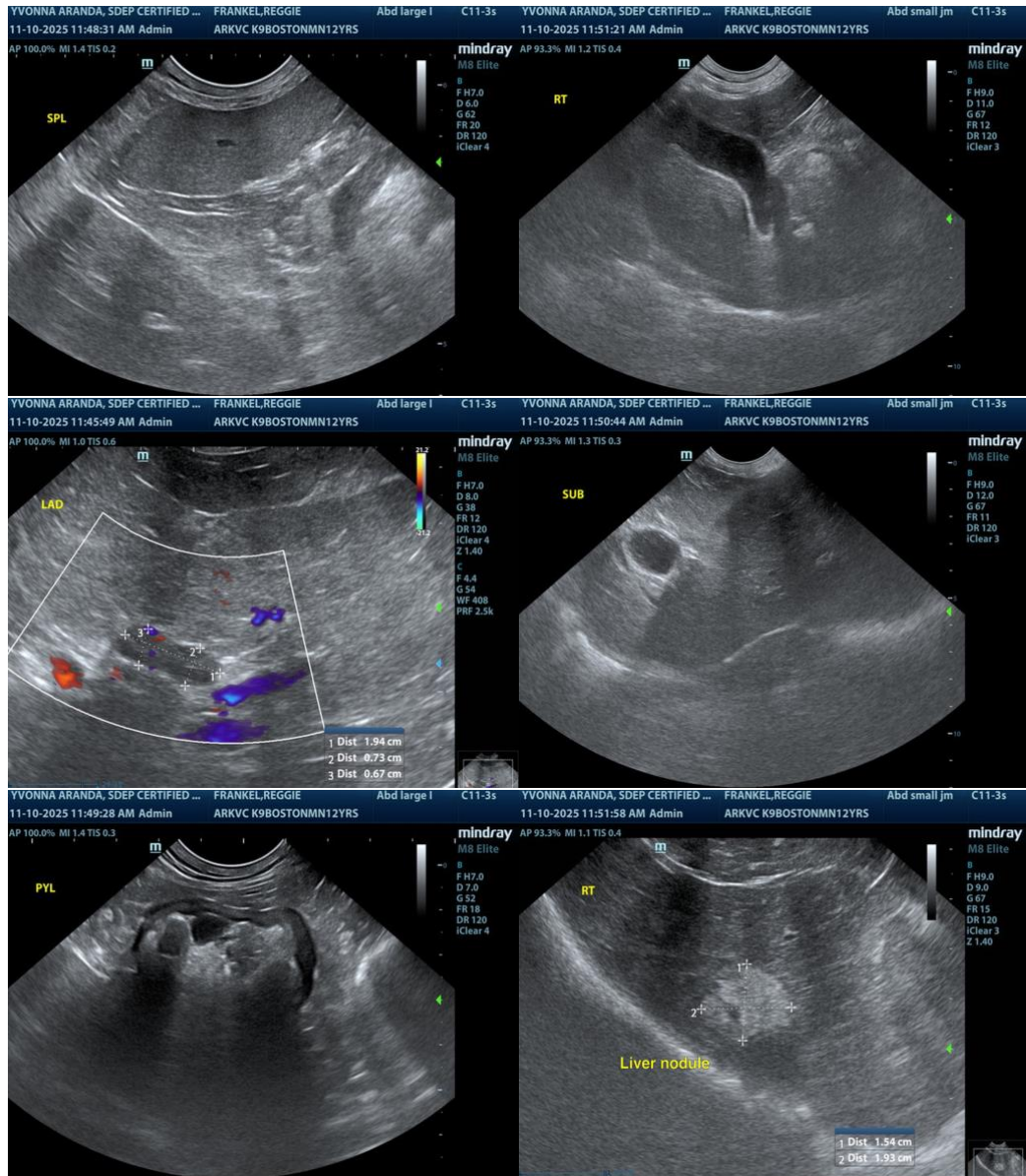
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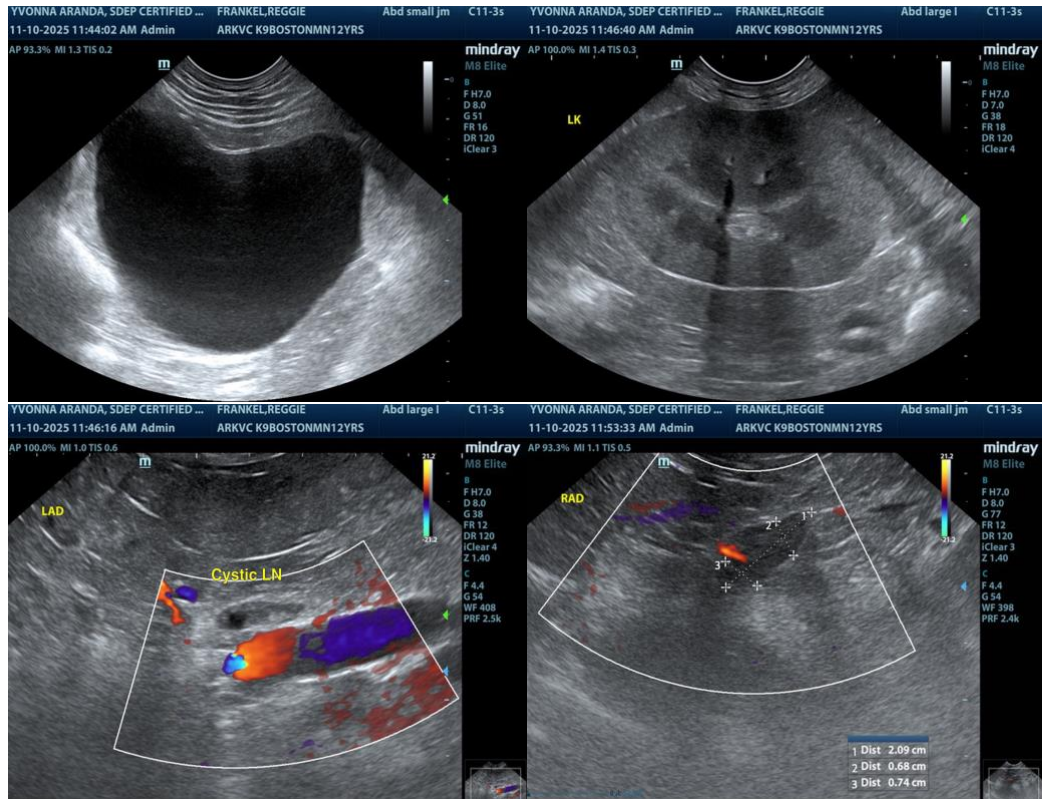
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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