



PATIENT

Roxy Mellin

SPECIES

Canine

BREED

Boxer

SEX

SF

AGE

11 yrs, 8 mos

WEIGHT

19 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson,
VMD

INVOICE

10367

DATE

11/18/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate PU/PD and elevated ALT (203H). Presented to pDVM for a 2-month history of PU/PD. Urination described as intentional but will squat and urinate and then will nervously walk and urinate at the same time. Does not seem to be leaking urine. Eating and BM normal. Normal energy level. Current history of SQ MCT on left proximal caudal thigh (confirmed via FNA) and needing mass removal. AUS prior to mass removal.

Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 49.3%, WBC 4.6 (5.8 - 16.2 K/ μ L), Lymphocytes 0.957 L (0.98 - 4.2 K/ μ L) - Chem: SDMA 16 H, Cr 1.3, BUN 22-n, ALT 203 H, Amylase 2,122 H (337-1469), Lipase 753 H (0-250) - Cystatin B (Urine) <50 (0 - 99 ng/mL) - UA: USG 1.024, pH 7.0, trace protein, inactive sediment - T4: 1.1-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 5.2 cm in length. The right kidney measured 6.2 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 0.80 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 0.55 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.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 without evidence of retained ingesta, fluid, 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 were evident.

Free Abdomen

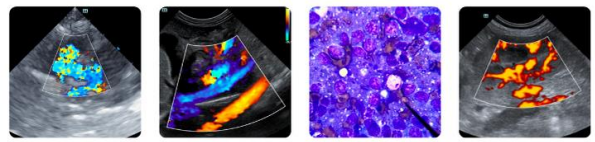
No omental masses, significant visualized lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder and visible proximal urethra
- Normal area of uterine remnant
- Age-related renal changes
- Normal bilateral adrenal glands
- Sonographically unremarkable normal volume liver - consistent with mild benign hepatopathy
- Normal gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology, specifically lower urinary tract or uterine remnant pathology. There is no evidence of intrabdominal primary or metastatic neoplastic criteria. Further assessment of the liver and PU/PD may include, assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory criteria, Leptospiriosis titers/PCR, and bile acid profile if evidence of hepatic dysfunction. Chronic or low-grade pancreatitis at times may present as sonographically normal. Correlation with a spec cPL could be considered if clinical signs consistent with pancreatitis arise.



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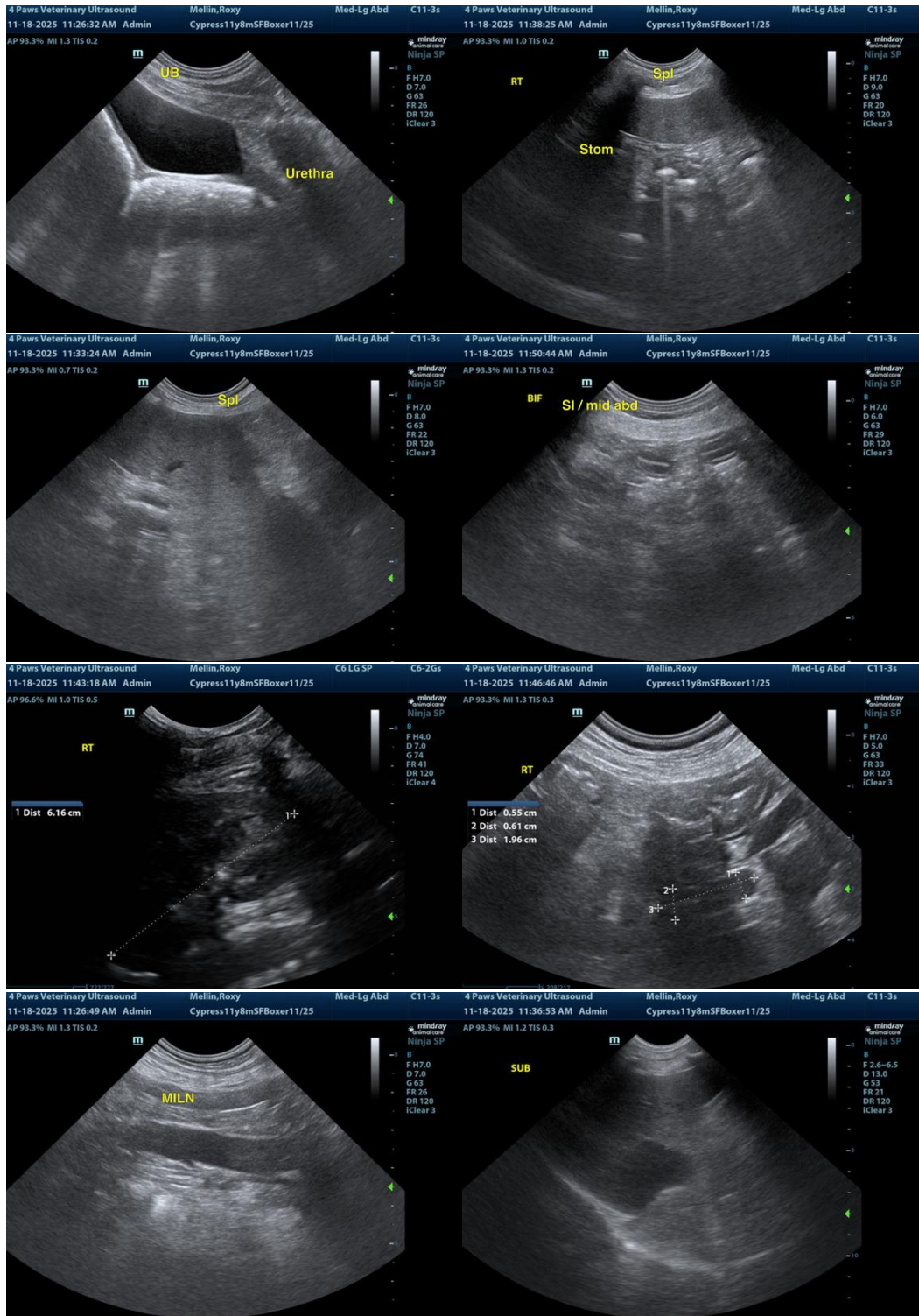
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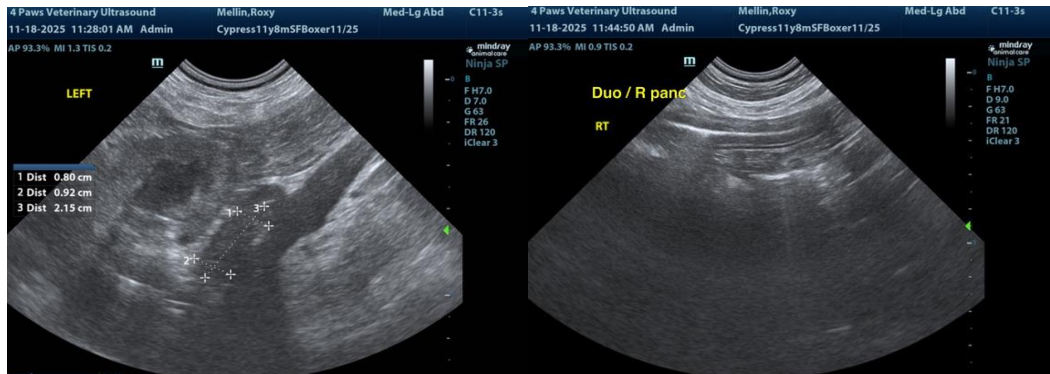
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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