



PATIENT

Emma Lavaglia

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

14

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Christensen

INVOICE

12844

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Historically elevated liver enzymes. On Ursodiol. Previous scan 18 months ago showed, Enlarged non-homogeneous liver-sonographically suggestive of chronic benign hepatopathy criteria. • Mild non-organized gallbladder sediment. • Chronic renal changes with mild medullary mineral, left kidney cortical microinfarction and left kidney cortical cyst. • Borderline/mild bilateral adrenomegaly. • Pancreatic remodeling. • Structurally unremarkable GI tract with mild gastric ingesta/chyme.

Abnormal PE/Chem/CBC/UA Results: ALT= 157, Alk-phos= 2651, UPC 4.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small cortical cysts and areas of medullary mineral to small renoliths was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.7 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 0.81 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in 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, non-disruptive, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 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 moderate to marked hepatomegaly with rounded symmetrical capsule contour and mild generalized heterogeneous hepatic parenchyma and parenchymal remodeling. Intermittent, subtle, hyperechoic intraparenchymal nodules were present with an example measuring 0.76 cm in diameter. Concurrent, intermittent, small, benign hepatic cysts noted. The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.



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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 and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective echocardiogram revealed normal left and right heart chamber dimension with adequate LV systolic function. Thickened mitral valve leaflets consistent with endocardiosis. No evidence of pericardial effusion or tumors present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting generalized mild non-homogeneous parenchyma, probable benign parenchymal nodules and small hepatic cysts – nodules suggestive of hyperplasia or lipogranulomas
- Immature gallbladder mucocele
- Static chronic renal changes exhibiting cortical cysts and medullary mineral/small renoliths
- Mild bilateral adrenomegaly, age-related adrenal changes – subjective benign
- Static pancreatic remodeling
- Benign splenic nodules - consistent with myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending FNA cytology, although overall largely geriatric abdomen without overt neoplastic criteria. Adrenal workup indicated if clinical signs consistent with Cushing's Syndrome. A spec cPL suggested if clinical signs consistent with chronic pancreatitis. Continued hepato-supportive medications are recommended. PLN therapy indicated if persistent significant proteinuria and elevated UPC.



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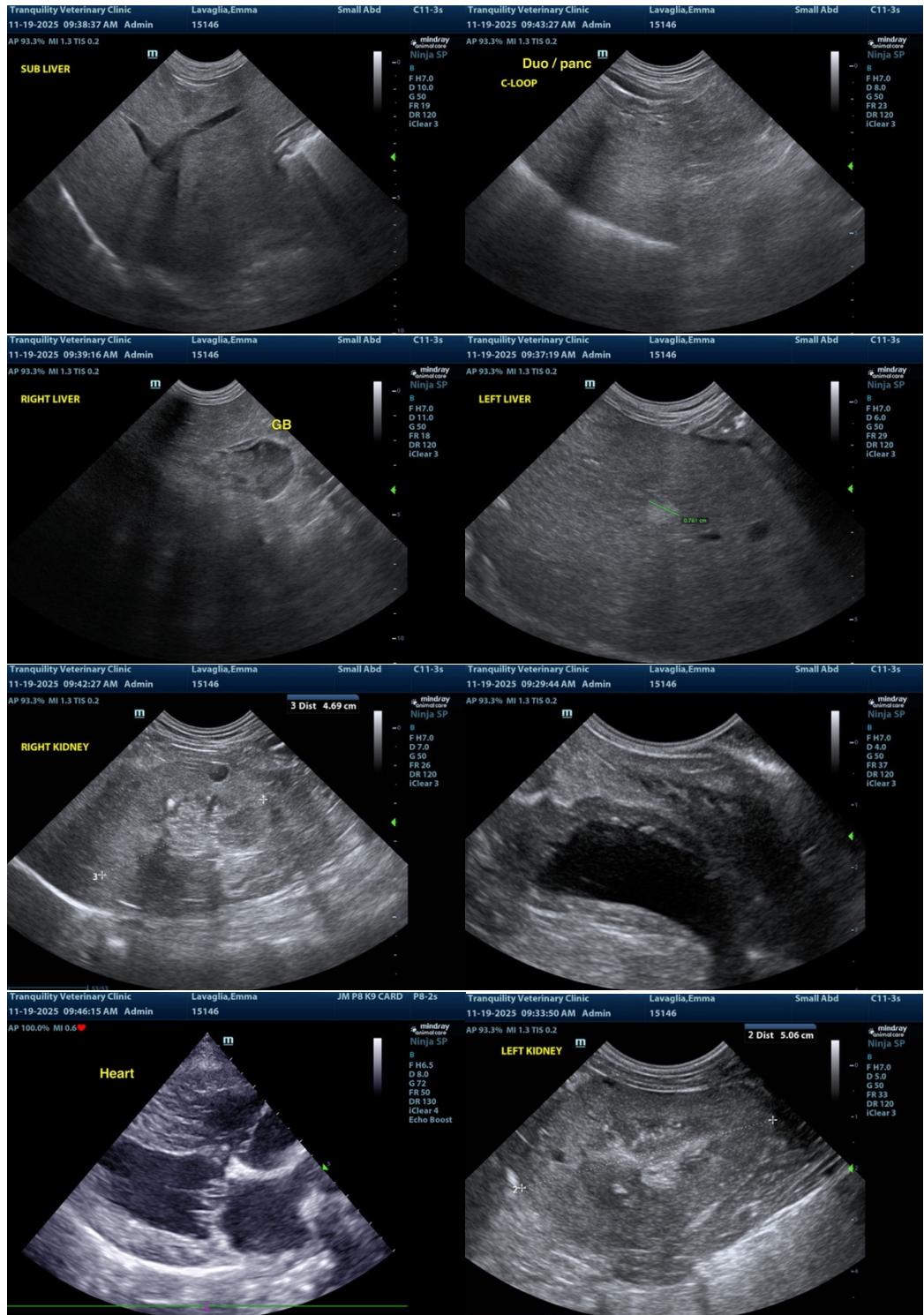
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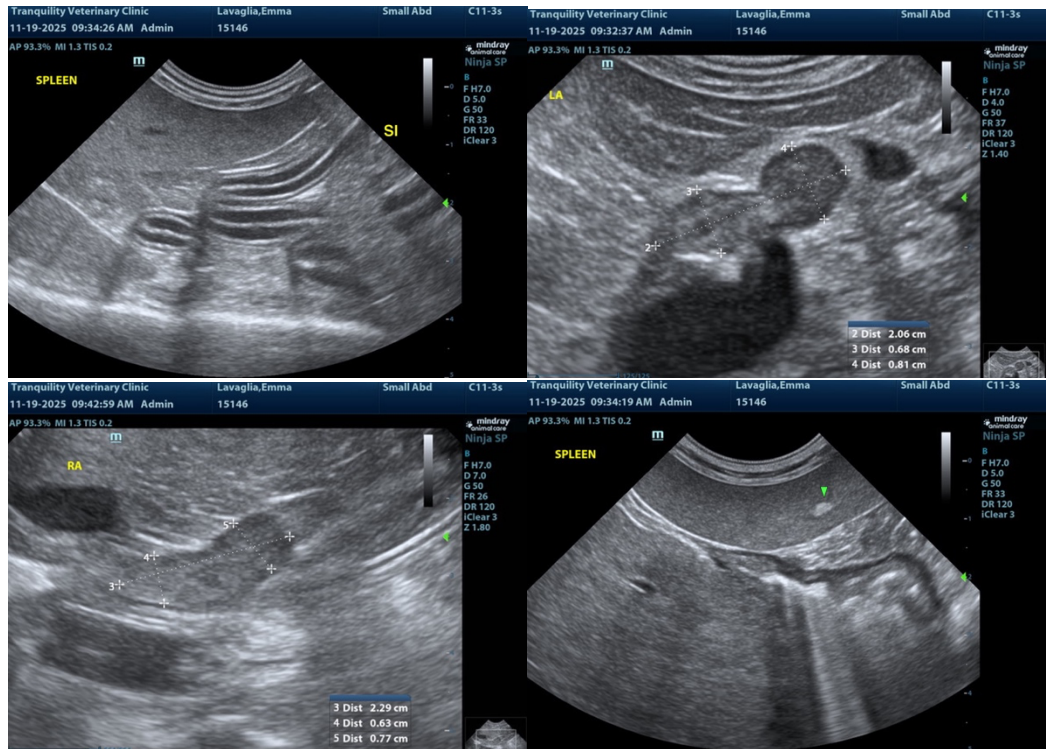
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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