



PATIENT

Nala Miracle

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

30 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lauren Kuzimski
DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lauren Kuzimski
DVM

INVOICE

12126

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Patient has been not feeling well the last two days. Hx of pancreatitis 3 months ago and now recently not acting normally. was at rDVM for last two days and transferred today for continued care. On enalapril for PLN. patient is also on Pepcid, gabapentin, and dasuquin. patient did eat this morning and got her medications. patient is having diarrhea now

Abnormal PE/Chem/CBC/UA Results: CPL- Strong Abnormal CBC. thrombocytosis Chemistry BUN 29.6, phosphorus 5.3, glucose 140, cholesterol 440, ALT 146, ALP 179 EPOC. pH 7.492, glucose 130

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 change 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. Minor medullary mineral was visualized bilaterally. Cortical cysts were visualized within the right kidney. The left kidney measured 6.5 cm in length. The right kidney measured 6.6 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 0.79 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited normal size, primarily symmetrical capsule contour and generalized heterogeneous parenchyma exhibiting intermittent subtle hypoechoic nondisruptive splenic nodules with an example measuring 0.62 cm in diameter.

Liver

The liver presented asymmetrically enlarged. Diffuse heterogeneous to remodeled parenchyma with indistinct portal vascular borders and variable to marked coarse echotexture. A mildly expansive yet nondisruptive, nonhomogenous hypoechoic nodule in the ventrocaudal liver was visualized measuring 1.7 cm in diameter. Concurrent nondisruptive cystic appearing nodule was present in the deep cranioventral liver measuring 2.8 cm in diameter.

The gallbladder was non distended in size with mild to moderate nonorganized primarily caudal lumen area of gallbladder neck biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained variable to strongly shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental generally mild nonshadowing intestinal ingesta and lumen gas was present with no obstructive pattern to the level of the colon.

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Normal visible colon wall layers were present. The colon was nondistended with semi formed to soft fecal matter in lumen.

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The pancreas presented prominent to swollen in appearance exhibiting mild nonhomogenous to remodeled parenchyma and prominent to dilated pancreatic duct.

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No overt lymphadenopathy or peritoneal effusion was present.

Pancreas

Free Abdomen

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Enlarged nonhomogenous liver with nonhomogenous to cystic intraparenchymal nodules.
- Nonorganized gallbladder debris (non-mucocele).
- Heterogeneous spleen with subtle nodules.
- Chronic renal changes exhibiting cortical cysts.
- Chronic to chronic active pancreatitis pattern.
- Structurally normal gastrointestinal tract with variable shadowing gastric ingesta.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is likely consistent with recent meal ingestion with medication given reported clinical history. Minor potential for gastric foreign material thought less likely yet sonographic monitoring of gastric emptying is suggested. The hepatosplenic parenchyma presentation is nonspecific and may indicate benign etiologies i.e. hyperplasia, hematopoiesis, inflammation, etc. although, hepatosplenic neoplasia is not excluded. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification. Continued supportive care for recurrent to chronic active pancreatitis with clinical and as needed sonographic monitoring is recommended.

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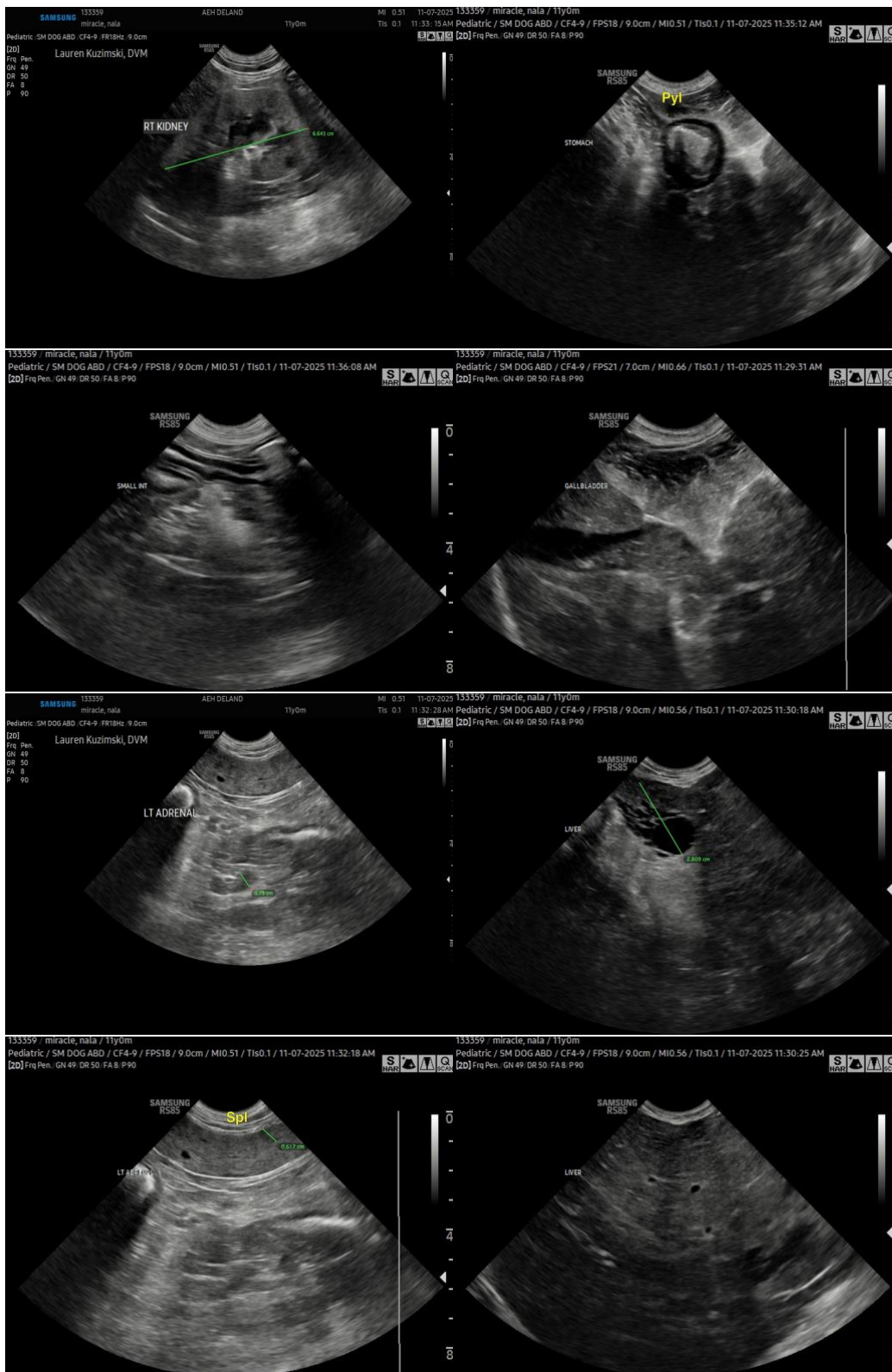
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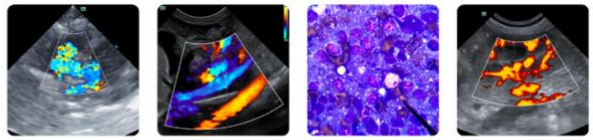
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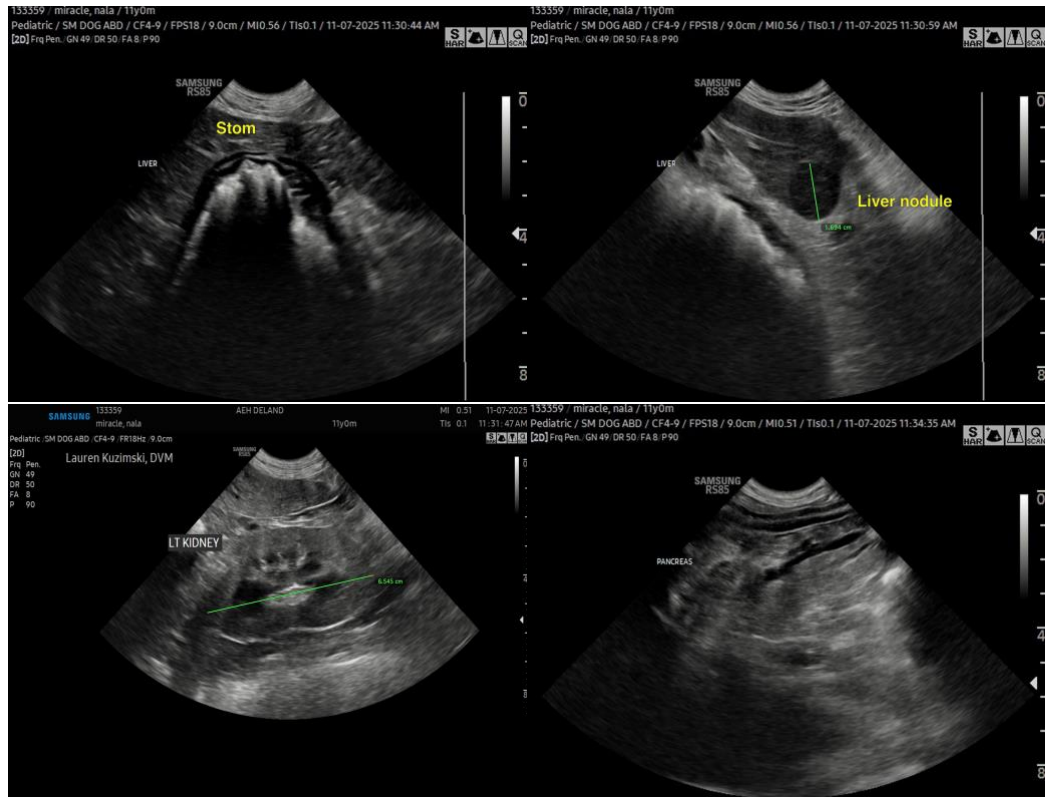
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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