



PATIENT

SUGAR PLUM
LEONARD

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

9yr

WEIGHT

11.0

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Laura Green

INVOICE

23080

DATE

12/1/2025

PRESENTING CLINICAL SIGNS

Normal senior, abnormalities found on annual bloodwork. UTD on Lepto vaccine

Abnormal PE/Chem/CBC/UA Results: Hct 61.7, Creat 2.1, BUN 47, ALT 402, AST 324, tBili 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and minor asymmetrical margination were present. 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. No evidence of pelvic dilation was present. No evidence of retroperitoneal effusion. Bilateral hyperechoic medullary foci was present which may indicate areas of microinfarction, fibrosis or emerging mineralization. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.47 cm width in the caudal pole. The right adrenal gland measured 0.42 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/Gallbladder

The liver presented 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. The gallbladder was non-distended in size with mild non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

Primary

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- Non-specific mild chronic renal changes
- Benign hepatopathy pattern
- Mild gallbladder debris

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A full urinary workup including UA if not done, screening C/S and baseline UPC level for renal staging or if evidence of non-inflammatory proteinuria is suggested. Assuming normal clotting status, further assessment of the liver may include FNA cytology primarily to assess for evidence of inflammatory criteria. If the patient is non-clinical, hepatosupportive medications and renal support with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy or azotemia is recommended.

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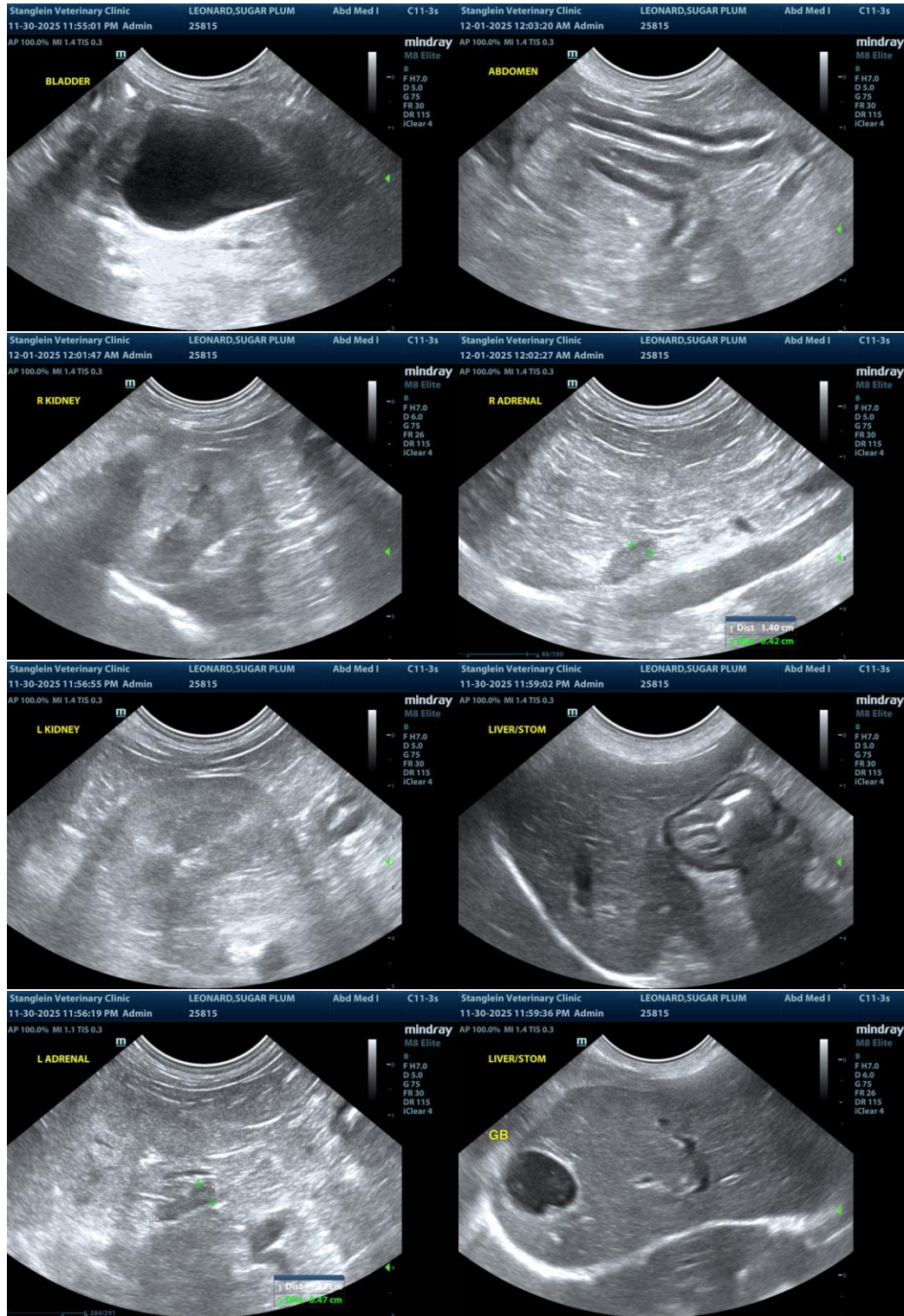
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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.

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