



PATIENT

Harley Hoffman

SPECIES

Canine

BREED

Shepard Mix

SEX

Female Spayed

AGE

7

WEIGHT

41

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12901

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Acting strange, lethargic, front legs swollen, decreased appetite, losing weight, r/o Lyme nephritis

Abnormal PE/Chem/CBC/UA Results: Lyme + Creat 3.7 BUN 65 K 6.7 proteinuria, hematuria USG 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.2 cm in length. The right kidney measured 7.0 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 0.7 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology exhibiting subjective normal size, position and shape measuring 0.51 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.

Liver

The liver presented mildly enlarged in size with subjective mild prominent hepatic vasculature at the level of the hepatic vein/caudal vena cava. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The gallbladder was non distended in size with mild to moderate, congealed, non-organized, echogenic, nonmineralized biliary sludge. No overt wall edema present. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact mildly thickened wall. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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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

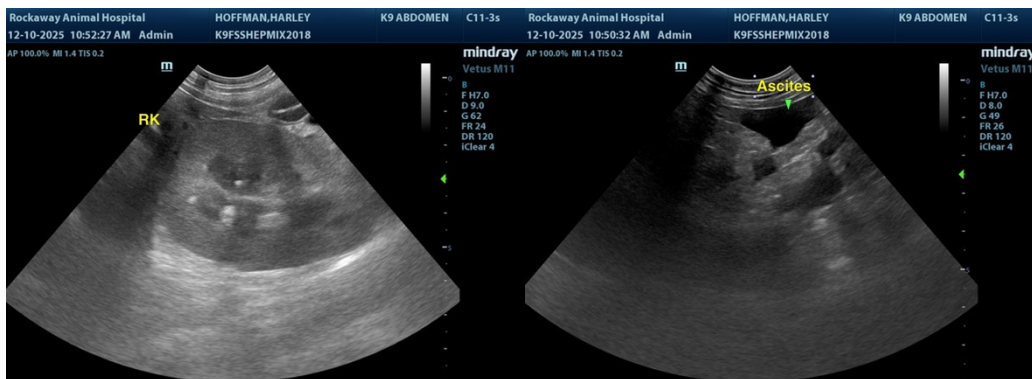
Mild volume ascites and no overt significant mesenteric lymphadenopathy present.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild congested liver
- Non-edematous gallbladder with non-organized bile debris (non-mucocele)
- Sonographically normal spleen
- Mild inflamed edematous stomach, sonographically normal small intestine
- Normal bilateral kidney
- Mild volume ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for non-sonographic evident nephritis is possible. Correlation with full urinary workup including urine C/S and UPC level to assess for evidence of protein losing nephropathy is recommended. If normal albumin level, possible intrathoracic or cardiac disease as a contributing factor to the ascites in conjunction with subjective mild congested liver is not excluded. Correlation with 3-view chest radiographs and ideally a brief or full echocardiogram is recommended. Pending additional diagnostics, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for intestinal or pancreatic disease as a contributing factor to the weight loss may be considered. Gastrointestinal and renal support is recommended.





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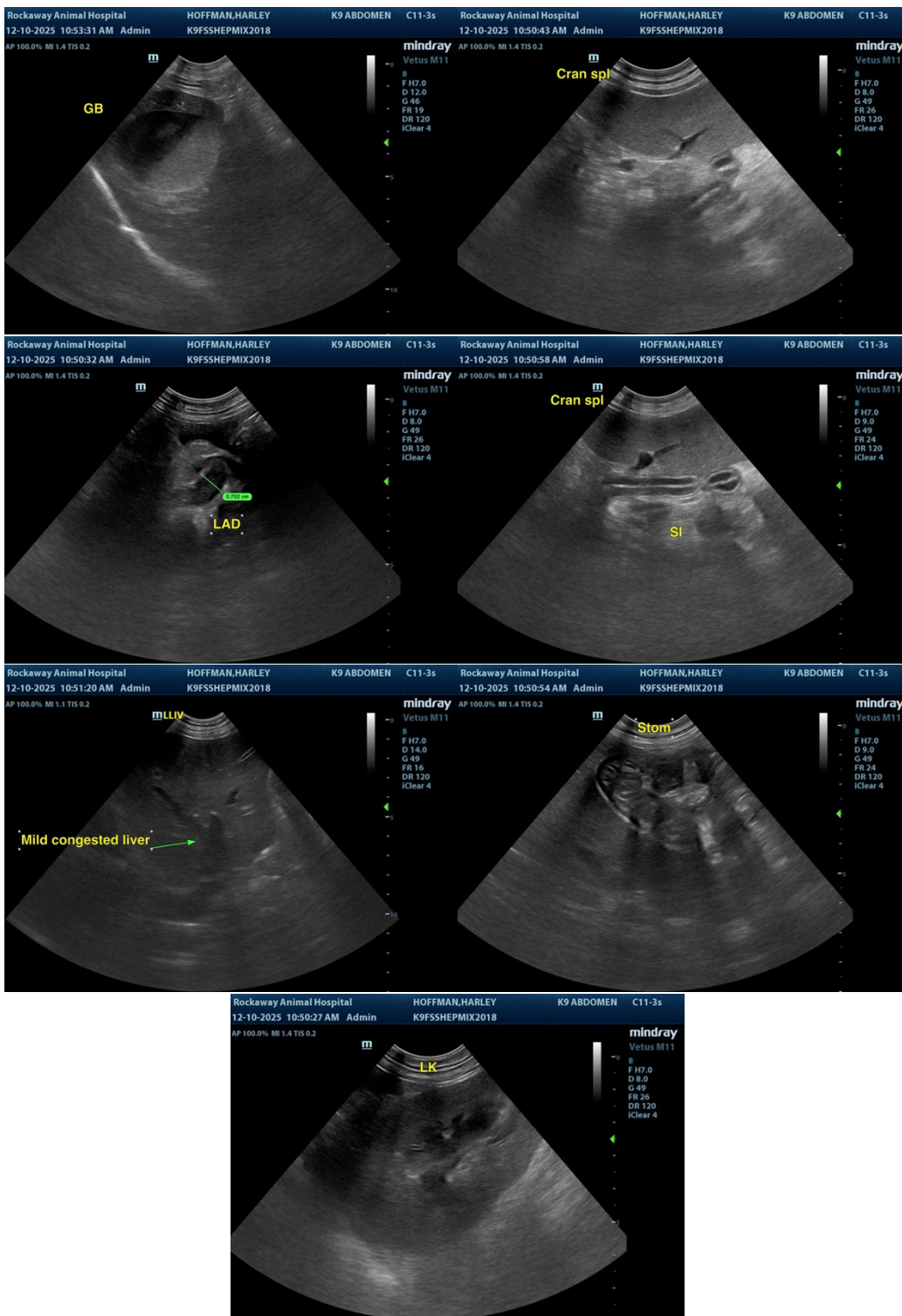
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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