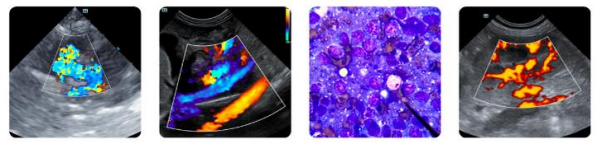




|  |  |
|--|--|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Stella Purnell   | Hx of soft tissue sarcoma. Currently on antibiotics for UTI. Feb 2025 liver values WNL. Began denamarin and ursodiol today   |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: Glob: 4, AST: 61, ALT: 552, ALK: 1141, GGT: 77. phos: 6.1, pot: 5.5, sod: 151, chlor: 105, Chol: 783, trig: 444, T4: 0.7, USG: 1.018, UP: 2+, Blood 2+, WBC: 4-10, bact>100, UPCR:16  |
| Canine   |  |
| <b>BREED</b>   |  |
| Pit X  |  |
| <b>SEX</b>   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| FS   | <b>Urinary System</b>  |
| <b>AGE</b>   | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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. |
| 8 yrs  |  |
| <b>WEIGHT</b>  | The aortic trifurcation was mildly enlarged with mild nonhomogeneous medial iliac lymph node. The medial iliac lymph node measured 2.6 cm x 1.9 cm.  |
| 64 lbs.  |  |
| <b>INTERPRETED BY</b>                                    | Normal size and margination were 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 7.0 cm in length. The right kidney measured 7.0 cm in length.   |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) |  |
| <b>IMAGING PERFORMED BY</b>                              | <b>Adrenal Glands</b>  |
| Rodriguez  | The bilateral adrenal glands were borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.85 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the caudal pole.   |
| <b>HOSPITAL NAME</b>                                     | <b>Spleen</b>  |
| Foxfield VS  | The spleen was normal in size and contour with mild heterogeneous parenchyma and a mildly expansive yet non-capsule deforming, mid-splenic, mild hypoechoic nodule. The nodule measured 1.4 cm in diameter.  |
| <b>REFERRING VET</b>                                     | <b>Liver/ Gallbladder</b>  |
| Rodriguez  | The liver presented generalized hepatomegaly with homogeneous mildly increased hepatic parenchyma echogenicity compared to the spleen exhibiting a mild to moderate coarse echotexture. There were no visualized hepatic masses or nodules. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder   |
| <b>INVOICE</b>   |  |
| 10447  |  |
| <b>DATE</b>  |  |
| 12/11/25   |  |



|  |   |
|--|---|
| <b>PATIENT</b>   | was non-distended in size containing primarily anechoic content with moderate, nonorganized gallbladder debris. The common bile duct was not definitively visualized.   |
| Stella Purnell   |   |
| <b>SPECIES</b>   | <b><i>Gastrointestinal</i></b>  |
| Canine   | 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.   |
| <b>BREED</b>   | 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.   |
| Pit X  | Normal visible colon wall layers were present with apparent formed feces in lumen.  |
| <b>SEX</b>   | <b><i>Pancreas</i></b>  |
| FS   | 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.  |
| <b>AGE</b>   | <b><i>Free Abdomen</i></b>  |
| 8 yrs  | No evidence of omental lymphadenopathy or masses. No evidence of peritoneal effusion was present.   |
| <b>WEIGHT</b>  | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
| 64 lbs.  | <ul style="list-style-type: none"> <li>• Hepatopathy - most consistent with benign hepatopathy criteria, vacuolar hepatopathy, nonobstructive cholestasis, inflammatory / immune mediated disease, toxic hepatopathy i.e., copper, or other without evidence of primarily or metastatic hepatic neoplastic criteria</li> <li>• Nonorganized gallbladder debris (non mucocele)</li> <li>• Mildly expansive splenic nodule - hyperplasia, hematopoiesis, hematoma, inflammation, primary neoplastic or metastatic nodule possible</li> <li>• Borderline bilateral adrenomegaly</li> <li>• Mild micropolypliod urinary bladder changes</li> <li>• Mild medial iliac lymphadenopathy - not overtly consistent with primary or metastatic neoplastic criteria</li> </ul> |
| <b>INTERPRETED BY</b>                                    | <b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | Assuming normal clotting status and using a 25-gauge needle, hepatic and splenic nodule FNA cytology is warranted for further clarification. Adrenal screening or workup could be considered if clinical signs consistent with Cushing's Syndrome and persistent urine specific gravity (<1020). Monitoring of hepatic response to hepatosupportive medications, along with sonographic monitoring of the splenic nodule and medial iliac lymphadenopathy for evidence of progression, would be reasonable.   |
| <b>IMAGING PERFORMED BY</b>                              |   |
| Rodriguez  |   |
| <b>HOSPITAL NAME</b>                                     |   |
| Foxfield VS  |   |
| <b>REFERRING VET</b>                                     |   |
| Rodriguez  |   |
| <b>INVOICE</b>   |   |
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| <b>DATE</b>  |   |
| 12/11/25   |   |



**PATIENT**

Stella Purnell

**SPECIES**

Canine

**BREED**

Pit X

**SEX**

FS

**AGE**

8 yrs

**WEIGHT**

64 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

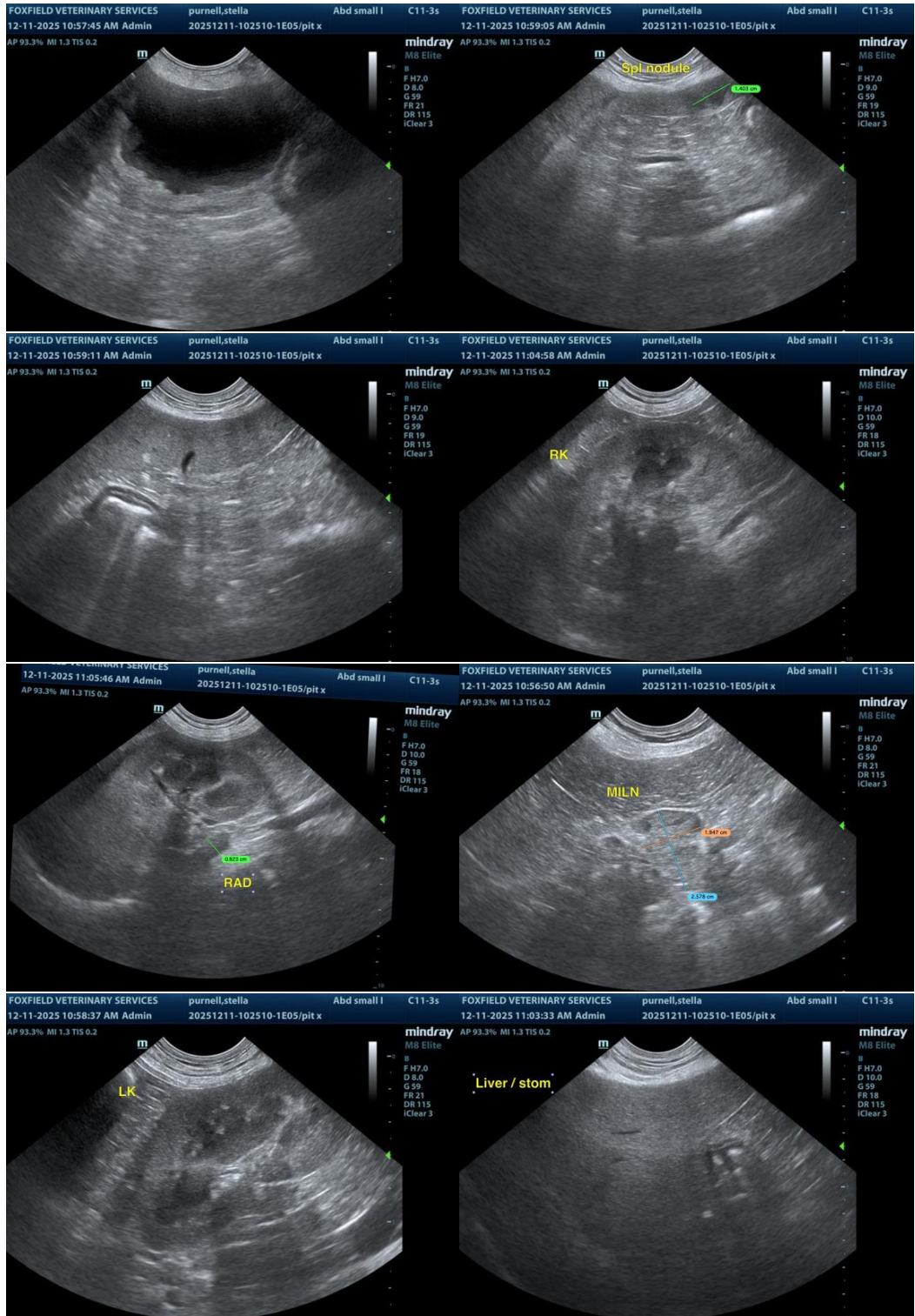
Rodriguez

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**DATE**

12/11/25





## PATIENT

Stella Purnell

## SPECIES

Canine

## BREED

Pit X

## SEX

FS

## AGE

8 yrs

## WEIGHT

64 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

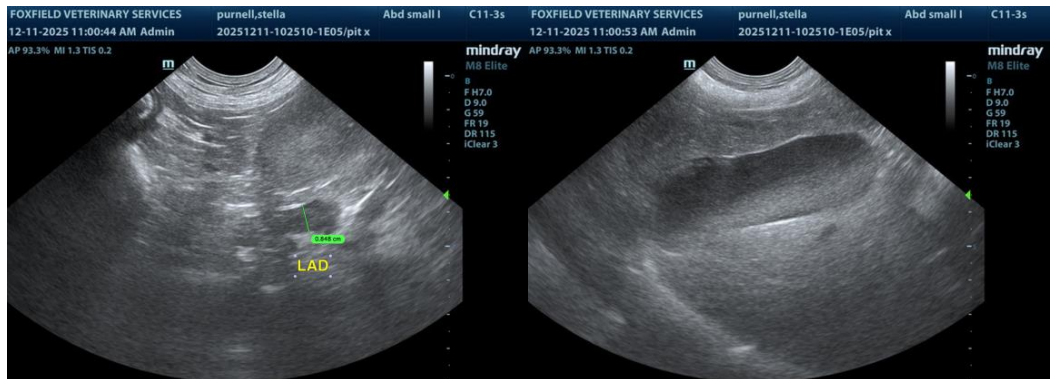
Rodriguez

## INVOICE

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## DATE

12/11/25



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](mailto:info@sonopath.com)