



PATIENT

Jackson Wahab

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

34.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine / Feline
Practice)

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Dr. Boules Maher

INVOICE

36856

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Presented for hematuria and episode of transient collapse, unable to walk. Historical conditions: Heart murmur, arthritis, urinary and fecal incontinence. Weight loss. On prednisone, prolix and librela.

Abnormal PE/Chem/CBC/UA Results: 1 view chest radiography: clear Urinalysis: PH 9.0; WBC and RBC >50; USG 1.042. no other significant finding. Urine culture pending results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mildly thickened ventroapical to dorsoapical urinary bladder wall was noted, with subjective intact mural detail. Ventroapical wall measured 0.62 cm in width. Anechoic urine was present with mild urine sediment. No mineral, calculi, or definitive tumors were noted. Mild pericholecystic hyperechoic omentum was noted. The urethra was normal in structure with possible mild decreased tone to a depth a 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral and small cortical cysts were noted. The left kidney measured 7.2 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized, likely secondary to suppression owing to steroid therapy.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, variably sized to coalescing splenic hyperechoic nodules to mass lesions were noted, an example of mass lesion measured 5.5 cm in diameter. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver revealed generalized hepatomegaly. Nonhomogenous remodeled, mildly echogenic hepatic parenchyma was noted. Intermittent non-capsule deforming to discrete hypoechoic hepatic nodules were noted, an example measured 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing variably echogenic ingesta without signs of 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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis urinary bladder pattern with mild peri-cystic inflammation.
- Subjective mild decreased proximal urethral tone with normal structure.
- Chronic renal changes, exhibiting mild medullary mineral and cortical cysts.
- Multifocal to coalescing hyperechoic splenic nodules to mass lesions- significant splenic myelolipomas or nodular hyperplasia suspected. Splenic neoplasia cannot be definitively excluded.
- Hepatomegaly, exhibiting nonhomogenous subtle nodular parenchyma- chronic vacuolar hepatopathy is favored. Inflammatory disease, hyperplasia, fibrosis, cholestasis, occult neoplasia all possible.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract with nonshadowing gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urine culture and sensitivity is recommended. Assuming normal clotting status and using 25-gauge needle, hepatosplenic cytology is warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Although no evidence of urinary bladder neoplastic criteria, screening BRAF assay may be considered.



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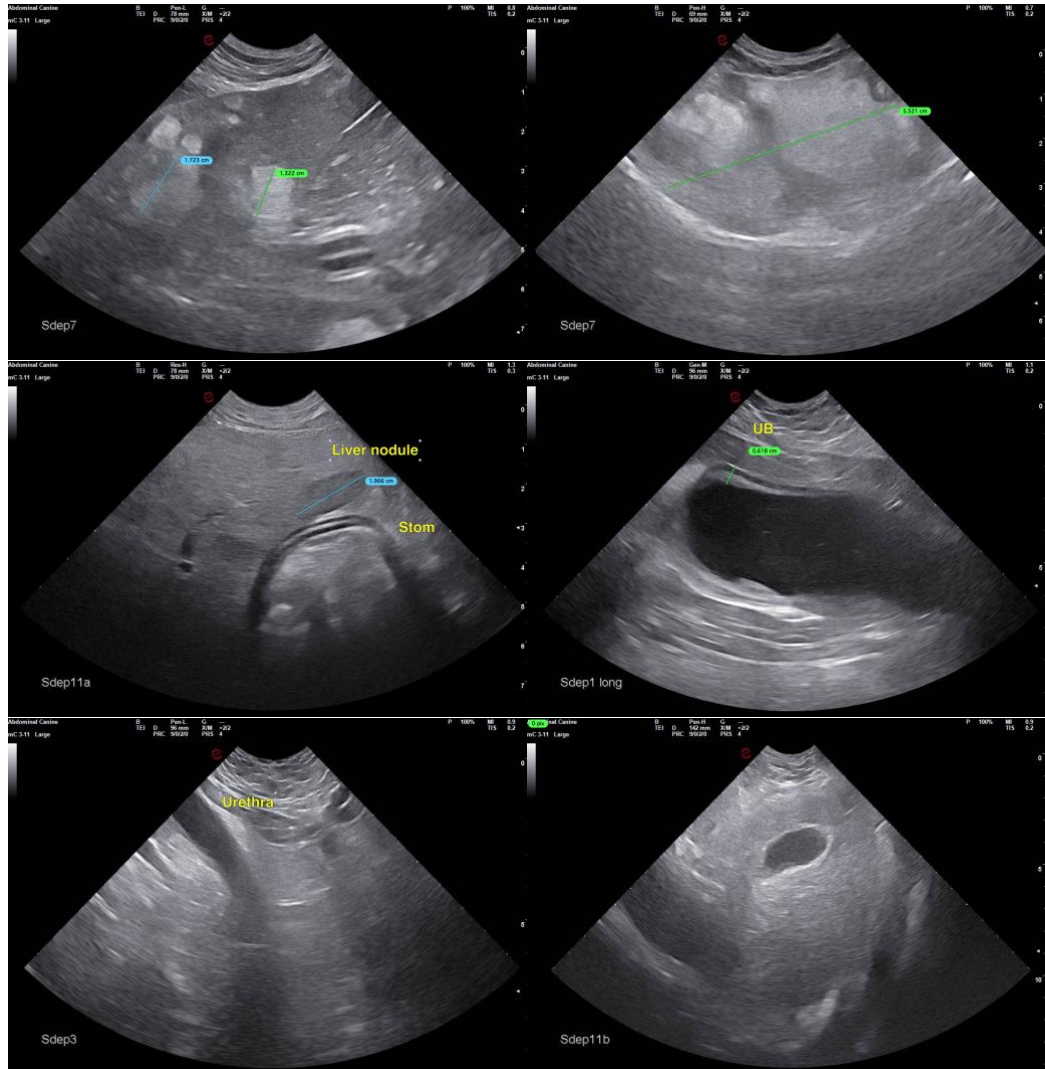
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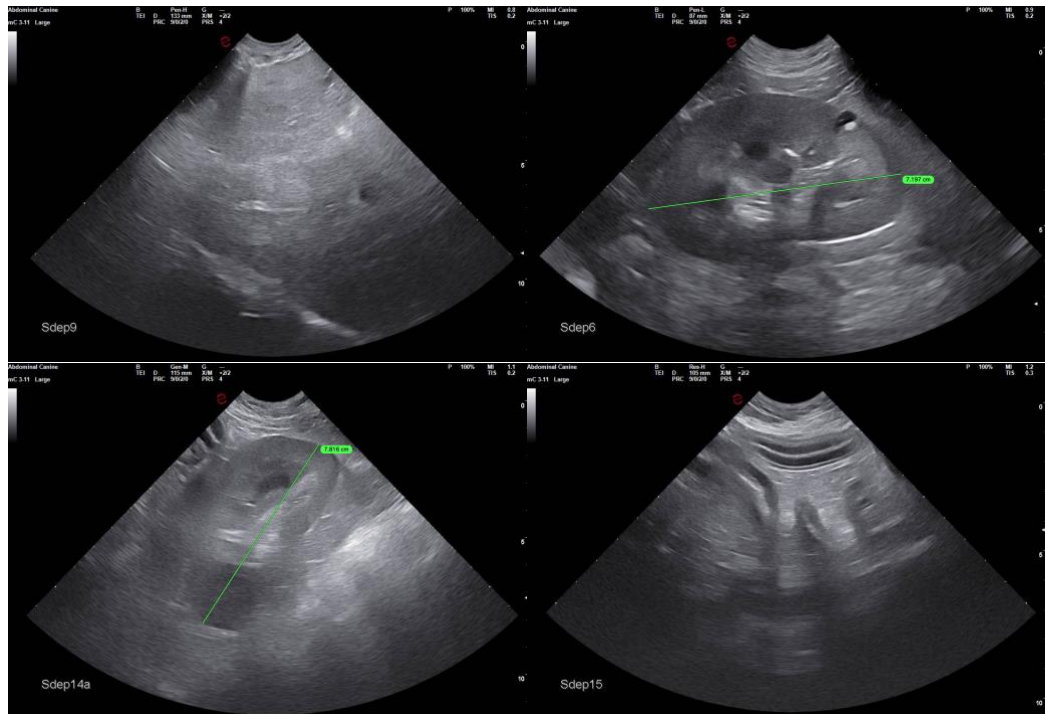
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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