



PATIENT

Annabelle Kent

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Spayed

AGE

11 y

WEIGHT

18.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Herrera

INVOICE

12969

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Trying to rule out multiple myeloma, dog has biphasic gammopathy, elevated total protein. Decreased appetite Mild periocular alopecia ABNORMAL Lab work Values CBC- decreased RBC, HCT, HB, Platelets. Chem - BUN 45, tp 11.6, glob 9.4. normal Ca. r/o múltiple myeloma, neoplasia.

Current Medications: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Minor, non-dependent particulate urine 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 renal size with asymmetrical margination was present in left kidney. 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. Loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor pyelectasia and medial cortical cyst was present measuring 0.94 cm in diameter. The left kidney measured 4.5 cm in length.

Normal renal size with asymmetrical margination was present in right kidney. 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. Loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 5.0 cm in length.

Adrenal Glands

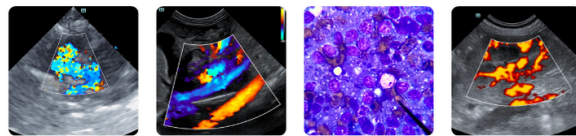
The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.

Spleen

The spleen was subjective normal in size to possible borderline enlargement with mild asymmetrical to scalloped medial capsule contour and heterogeneous parenchyma. Non-disruptive, non-homogeneous to mildly hypoechoic mid lateral splenic nodule was present measuring 1.4 cm in diameter.

Liver

The liver presented subjective 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, echogenic,



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nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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

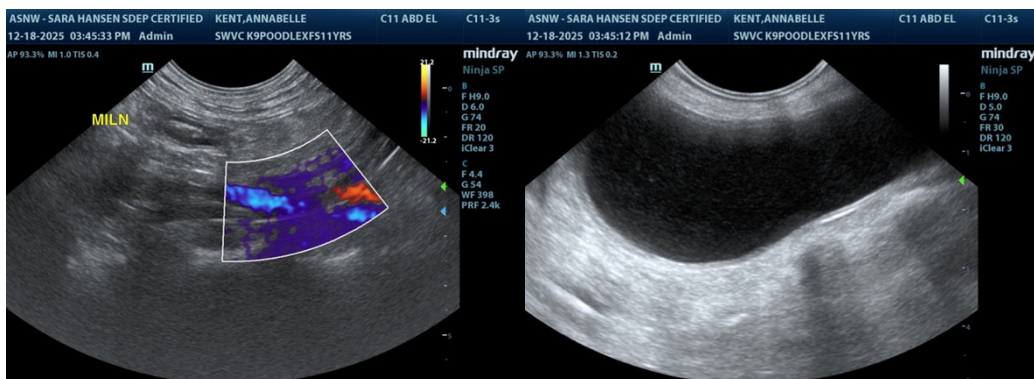
No visualized significant omental lymphadenopathy or peritoneal effusion was present. Solitary, small omental cyst vs cystic lymph node was present caudal to the left adrenal gland measuring 1.3 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous spleen with non-disruptive, discrete splenic nodule
- Mild hepatomegaly
- Mild, non-organized gallbladder debris
- Chronic renal changes exhibiting left kidney pyelectasia and cortical cyst
- Small cyst vs cystic lymph node caudal to left adrenal gland – subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, while assuming normal clotting status, screening splenic parenchymal/nodule and hepatic parenchyma FNA cytology using 25-gauge needle recommended for further clarification and assessment for possible occult neoplastic criteria given patient history.





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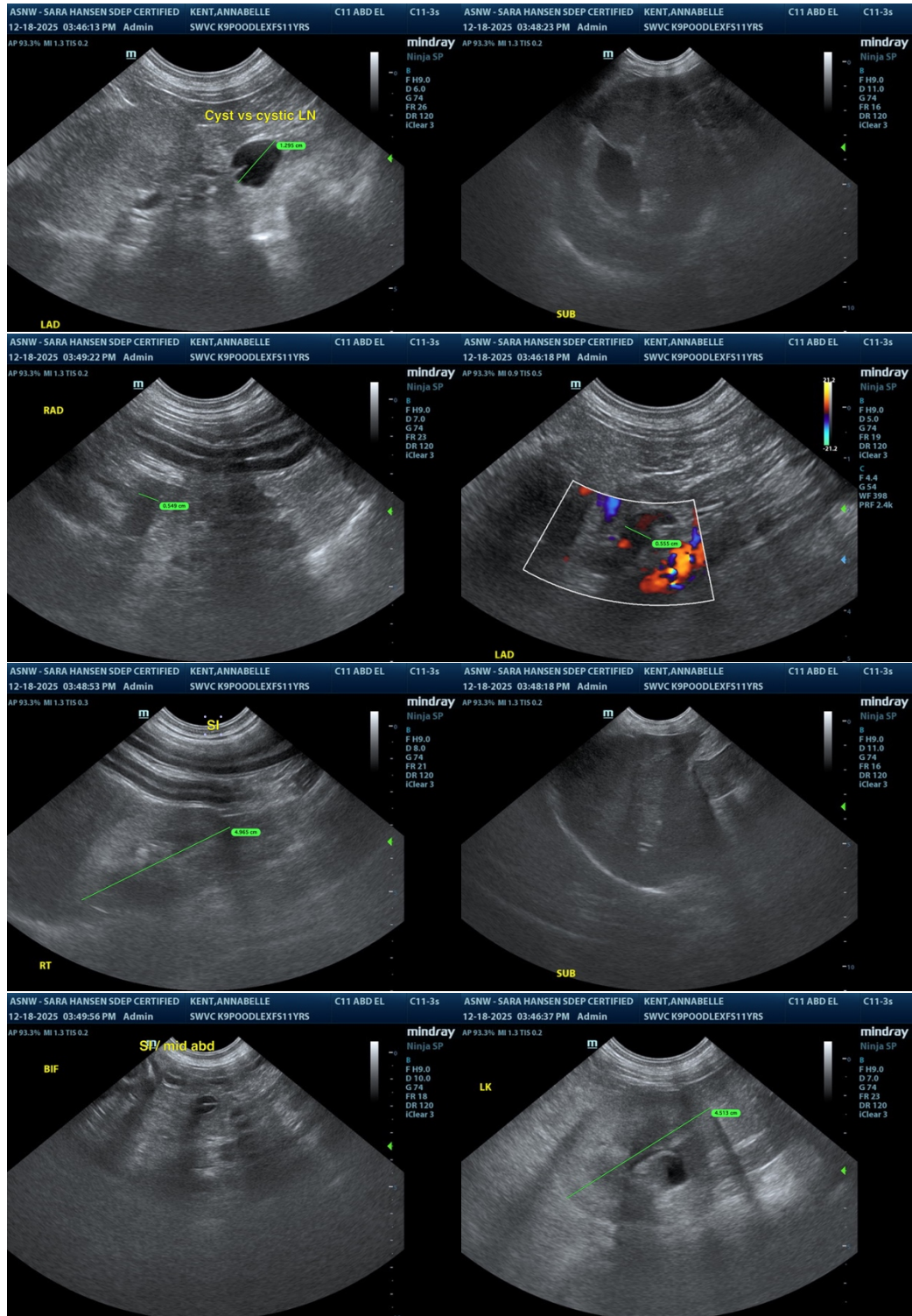
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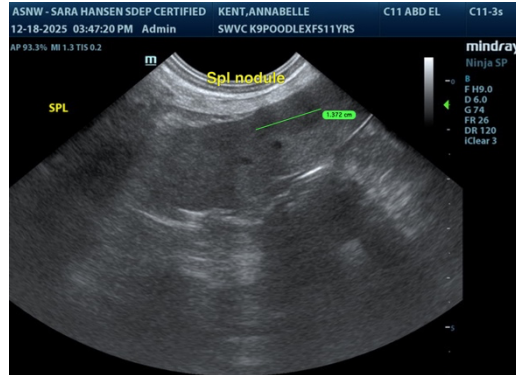
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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