



PATIENT

Zelda Carlson

SPECIES

Canine

BREED

Mixed Breed

SEX

SF

AGE

11 years

WEIGHT

7.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

East Bradford VH

REFERRING VET

Meghan McGrath,
DVM

INVOICE

10492

DATE

12/18/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate progressively elevated liver enzymes (ALP/ALT). Recent dental procedure performed to address any underlying component causing a low-grade hepatitis. Recent Meds: Denamarin (O inconsistently giving)

Abnormal PE/Chem/CBC/UA Results: Dec 2025 (prev Oct 2025) - CBC: NSF - Liver Chem: ALP 1060 H (prev 857 H), ALT466 H (prev 260 H), TP 7.5-n, BUN 14-n, Cr 0.8-n, Gluc 128

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen accumulated mineral to small calculi. 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 pathology in the area of the aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild areas of medullary mineral were noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.8 cm in length.

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 0.49 cm width in the caudal pole. The right adrenal gland measured 0.45 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. A solitary visualized noncapsule deforming to discreet hypoechoic mid-caudal splenic nodule was present, measuring 0.59 cm 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.

Liver/ Gallbladder

The liver presented subjective mild to generalized hepatomegaly. A moderately sized to expansive, mid-right liver mass was noted caudal to the gallbladder, measuring ~5.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Zelda Carlson	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas without evidence of retained ingesta, fluid, or foreign material.
SPECIES	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.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Mixed Breed	<i>Pancreas</i>
SEX	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.
SF	
AGE	<i>Free Abdomen</i>
11 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	<i>Heart</i>
7.7 kgs	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective mild thickened mitral valve leaflets, suggestive of endocardiosis, were noted. There is no evidence of arrhythmia. Subjective adequate LV systolic function was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatomegaly with liver mass • Mild gallbladder debris (non mucocele) • Discreet nondisruptive splenic nodule • Chronic renal changes exhibiting mild medullary mineral • Urinary bladder lumen mineral / small calculi • Normal bilateral adrenal glands
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Renee Trionfetti, VMD	Assuming normal clotting status and using a 25-gauge needle, hepatic mass / parenchyma and splenic nodule FNA cytology is warranted for further clarification. Hepatosupportive medications may prove beneficial. There is no evidence of cardiac metastasis, although full echocardiogram may be considered to assess for suspect chronic mitral valve disease.
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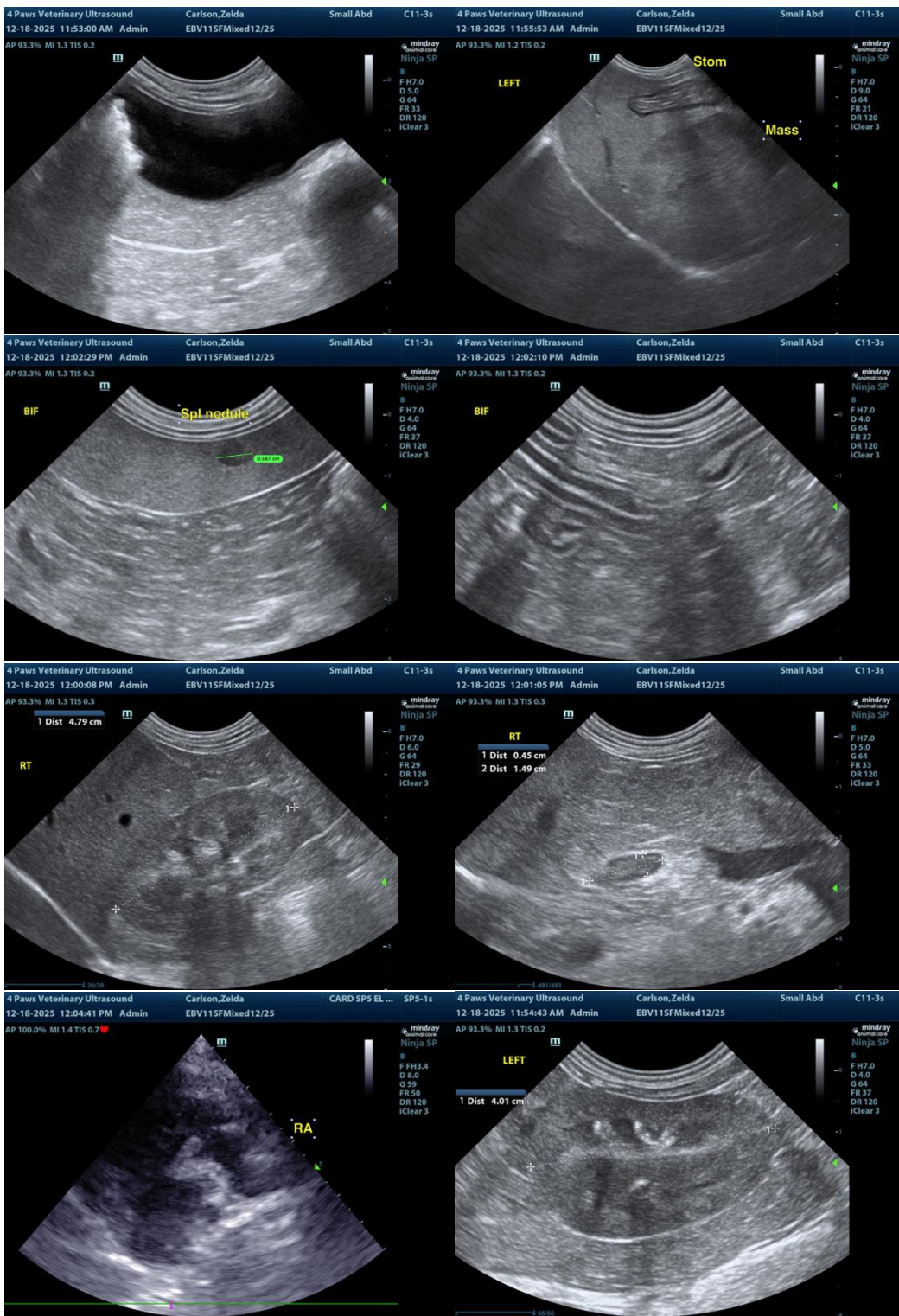
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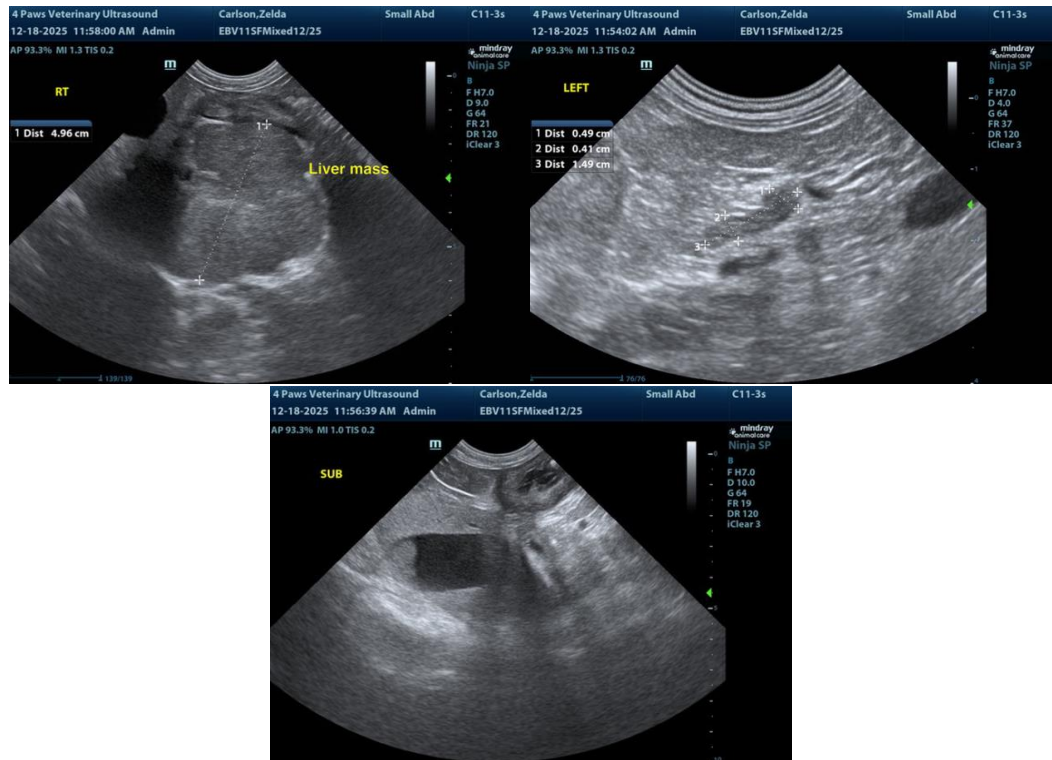
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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