



PATIENT

Zolie Primack

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

7 yrs

WEIGHT

15.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Brianna Gaines

HOSPITAL NAME

Healthy Pets Vet Care
– Boca North

REFERRING VET

Brianna Gaines

INVOICE

12964

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: P presented for PU/PD that is worsening. Patient used to be 17.6lbs. CBC/Chemistry/UA/T4 shows no significant findings.

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 pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was borderline mildly enlarged in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 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. Solitary visualized, non-capsule deforming, subtle, hypoechoic intraparenchymal nodule was present mid lateral spleen measuring 0.59 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mid ventral liver exhibited a well-demarcated, mildly hypoechoic intraparenchymal nodule measuring 2.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.



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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate, variably echogenic, progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow. The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild, non-shadowing ingesta/chyme.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

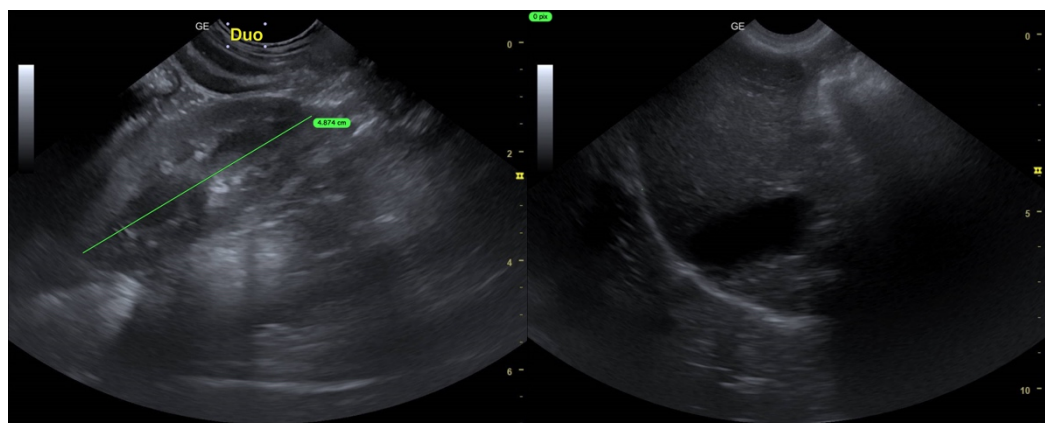
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal liver size, vascular volume with intraparenchymal nodule
- Non-disruptive splenic nodule
- Bilateral mild adrenomegaly
- Normal kidneys
- Gastrointestinal ingesta – probable food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of hepatic enzyme elevations and normal urinalysis, a definitive cause of the PU/PD was not obvious. The mild bilateral adrenomegaly is of unclear clinical significance with potential patient variant. Adrenal screening or workup warranted if evidence of hepatopathy arises or clinical signs suggestive of Cushing's Syndrome. Further assessment may include leptospirosis titer/PCR and bile acid profile. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, confirmed 12-hour fast with sonographic reassessment of the gastrointestinal tract. In conjunction, a GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs to assess for occult disease as a potential contributing factor to the weight loss may be considered.





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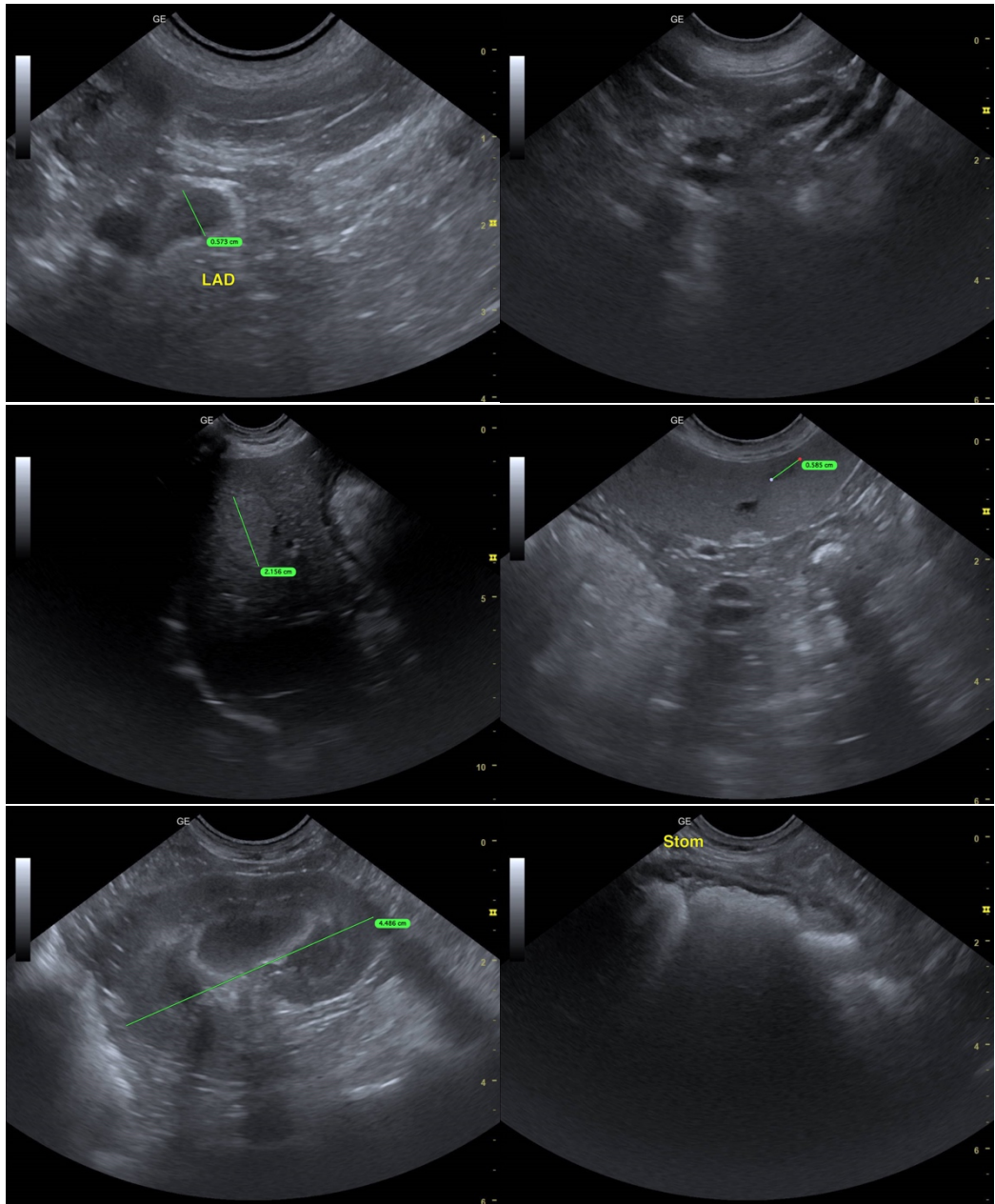
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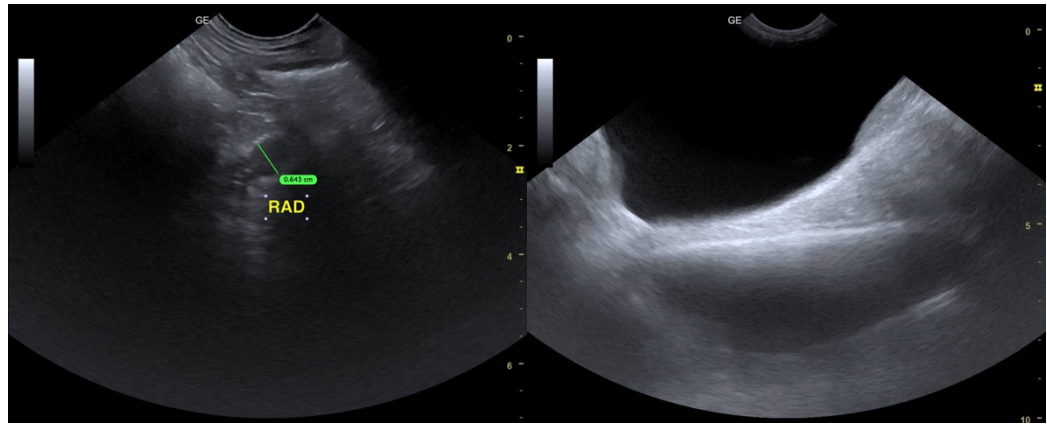
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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