



PATIENT

Savannah Silver

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

7.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Anthony Krawitz
DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Anthony Krawitz
DVM

INVOICE

12805

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History of PLN. UPC 10.7 and now 6.7 after giving Telmisartan. Had a caudal hepatic mass excised in March 2025 (benign), followed by pancreatitis, which resolved soon afterwards. Always has a poor appetite. She has been taking Cyproheptadine, Clopidogrel, Telmisartan. However past 2 weeks she is very lethargic, hardly eating, losing more weight and not lifting her neck. On examination today she has marked cervical spinal and mid spinal discomfort without obvious strong abdominal discomfort. Recent BW in October was WNL. UA SG 1.009, and protein 3+ and high UPC.

Abnormal PE/Chem/CBC/UA Results: Gabapentin and Famotidine was started today while awaiting the US results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change were noted.

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 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. Mild medullary mineral was present bilaterally with minor pyelectasia. A small caudal cortical cyst was noted in the left kidney. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the caudal pole. The right adrenal gland measured 0.72 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. 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.

Liver

The liver was borderline enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate nondependent mildly congealed yet nonorganized biliary sludge occupying a majority of the gallbladder lumen. No evidence of



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pericholecystic inflammation or effusion. 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 contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild similar appearing nonshadowing intestinal ingesta was present.

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

Pancreas

The parenchyma of the right pancreas was mildly hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes exhibiting mild medullary mineral and mild pyelectasia.
- Mildly enlarged nonhomogenous liver.
- Nonorganized mildly congealed gallbladder debris/early immature mucocele/
- Mild chronic pancreatitis/pancreatic fibrosis.
- Sonographically normal gastrointestinal tract with mild nonshadowing gastrointestinal ingesta-consistent with food echogenicity.
- Mild bilateral adrenomegaly- benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate is suggested to correlate with the pancreas and assess for nonstructural intestinal disease given the weight loss. No overt evidence of abdominal neoplastic criteria. Monitoring of liver enzymes with hepatosupportive medications if evidence of hepatopathy/cholestasis and consideration for adrenal screening (if clinical signs are consistent with adrenal disease are not reported or arise). Continued monitoring of UPC and systemic BP with concurrent PLN therapy is recommended.



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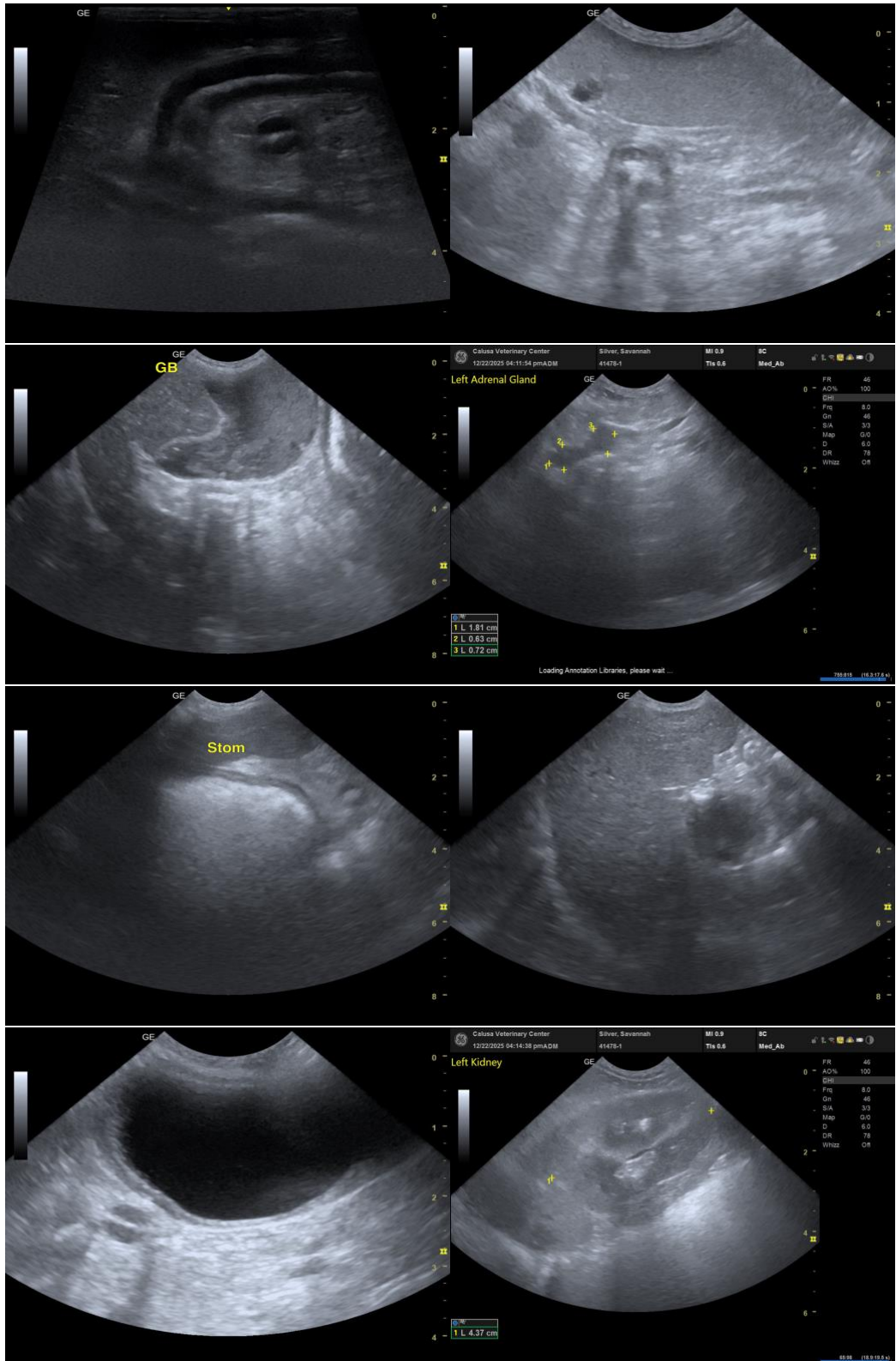
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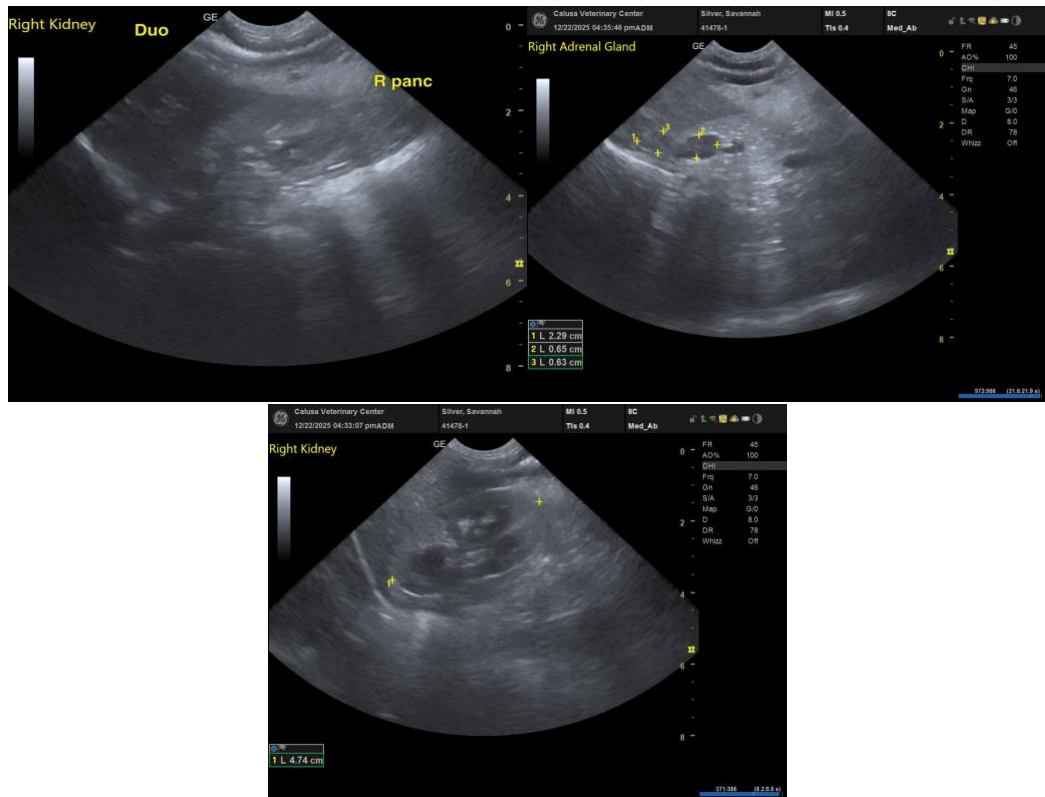
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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