



PATIENT PRESENTING CLINICAL SIGNS

Matilda Jenny HX of murmur grade3-4, no coughing. BPM153/117 136/88 HX bladder stones, recheck liver nodules.
Abnormal PE/Chem/CBC/UA Results: USG-1.035

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Mix

The urinary bladder was normal in size and tone with mild asymmetrically thickened ventroapical to apical urinary bladder wall with mild asymmetrical luminal surface contour. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with persistent solitary dependent lumen calculus measuring 0.74 cm in diameter. The ventroapical urinary bladder wall measured 0.35 cm in width.

SEX

FS

Normal size and margination were 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. Bilateral areas of focal medullary mineral were present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

AGE

8yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

11lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

Liver/Gallbladder

HOSPITAL NAME

Marsh AH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A subtle isoechoic to focally hypoechoic non-homogenous non-capsule deforming intraparenchymal nodule was present in the mid ventral liver measuring 2.1 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr Armani

Gastrointestinal

INVOICE 23382

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.

DATE

12/29/2025



PATIENT

Matilda Jenny

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 mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Canine

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.

BREED

Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

8yr

- Static, mild apical cystitis pattern and lumen calculus
- Persistent subtle hepatic intraparenchymal nodule
- Mild non-organized gallbladder debris (non-mucocele)
- Bilateral mild renal medullary mineral

WEIGHT

11lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive previously noted pathology. The subtle liver nodule suggests probable benign criteria given lack of progression and indistinct presentation with subtle hyperplasia or lipogranuloma favored.

INTERPRETED BY

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

Continued sonographic monitoring with as needed hepatosupportive medications if evidence of cholestasis would be reasonable. Correlation with recheck UA is recommended if not recently done.

**IMAGING
PERFORMED BY**

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

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PATIENT

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SPECIES

Canine

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HOSPITAL NAME

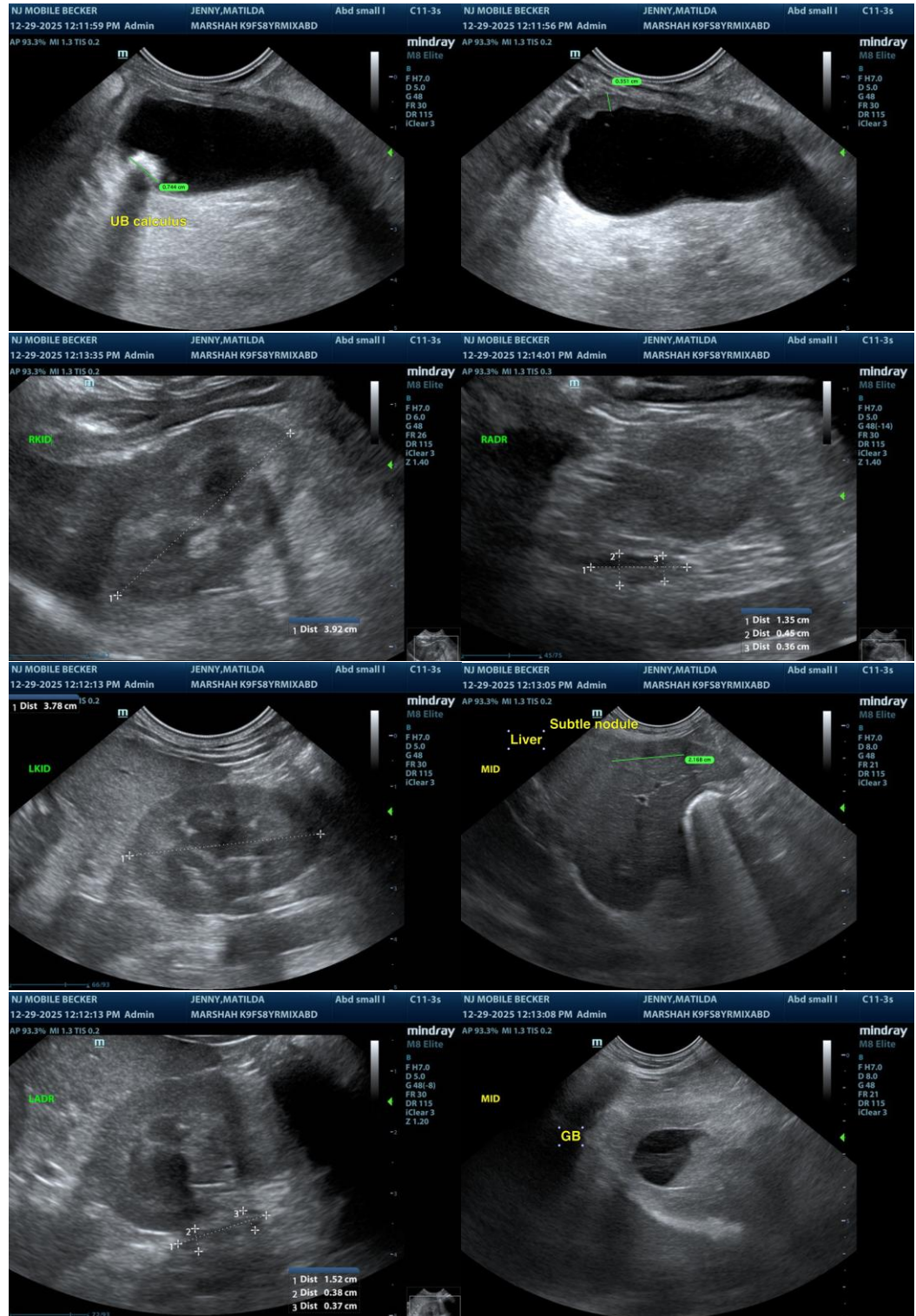
Marsh AH

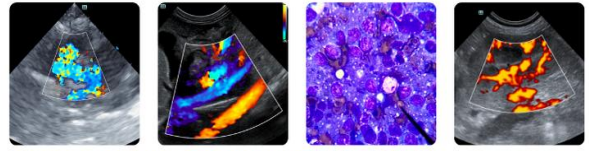
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Dr Armani

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PATIENT

Matilda Jenny

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.

SPECIES

Canine

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.

BREED

Mix

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info@sonopath.com

SEX

FS

AGE

8yr

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