



PATIENT

Ollie Johnson

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

9y

WEIGHT

64.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Xander Omoto

HOSPITAL NAME

Willamette VH

REFERRING VET

Emma Johnson

INVOICE

13001

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Recheck hypoechoic splenic nodule found on abd US Aug 2024: "The spleen revealed a subtle nondisruptive hypoechoic nodule was noted at the splenic hilus, measuring 0.78 cm." Bilateral elbow DJD.

Abnormal PE/Chem/CBC/UA Results: On 12/19/25: ALP 212, ALT 227, Chol 394, trace protein in urine (USG 1.040).

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 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 obvious pathology in the area of the residual prostate.

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 7.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was indistinctly visualized exhibiting overtly normal size, position and shape measuring 0.47 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. Previously noted non-disruptive perihilar, or splenic nodule was not visualized. No masses noted.

Liver

The liver presented 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 moderate, variably congealed yet non-



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organized, echogenic, nonmineralized biliary sludge occupying majority of the gallbladder lumen. 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 mild, echogenic, non-shadowing ingesta without signs of 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 area of the pancreas was sonographically normal.

Free Abdomen

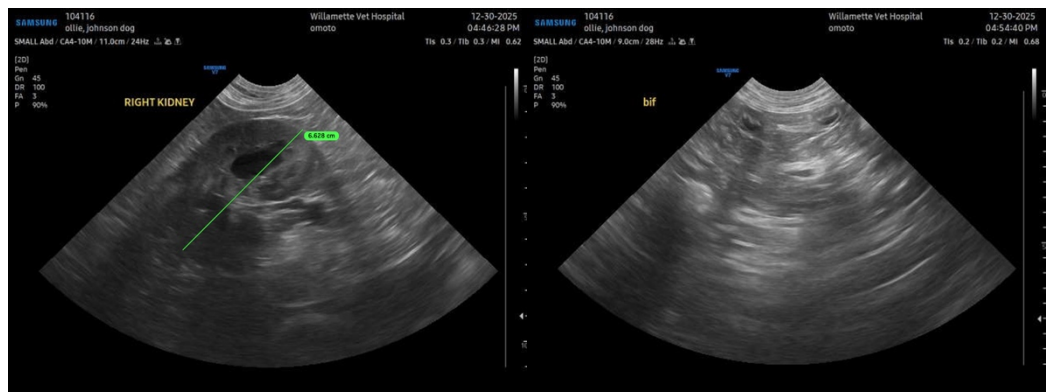
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen
- Bening hepatopathy pattern
- Congealed, non-organized, gallbladder debris – not consistent with mature mucocele
- Mild gastric ingesta – consistent with food echogenicity's
- Overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Previously noted splenic nodule was not visualized, likely indicating resolved hyperplasia or hematopoiesis. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammatory criteria in conjunction with elevated ALT and gallbladder debris. Hepato-supportive medications may prove beneficial.





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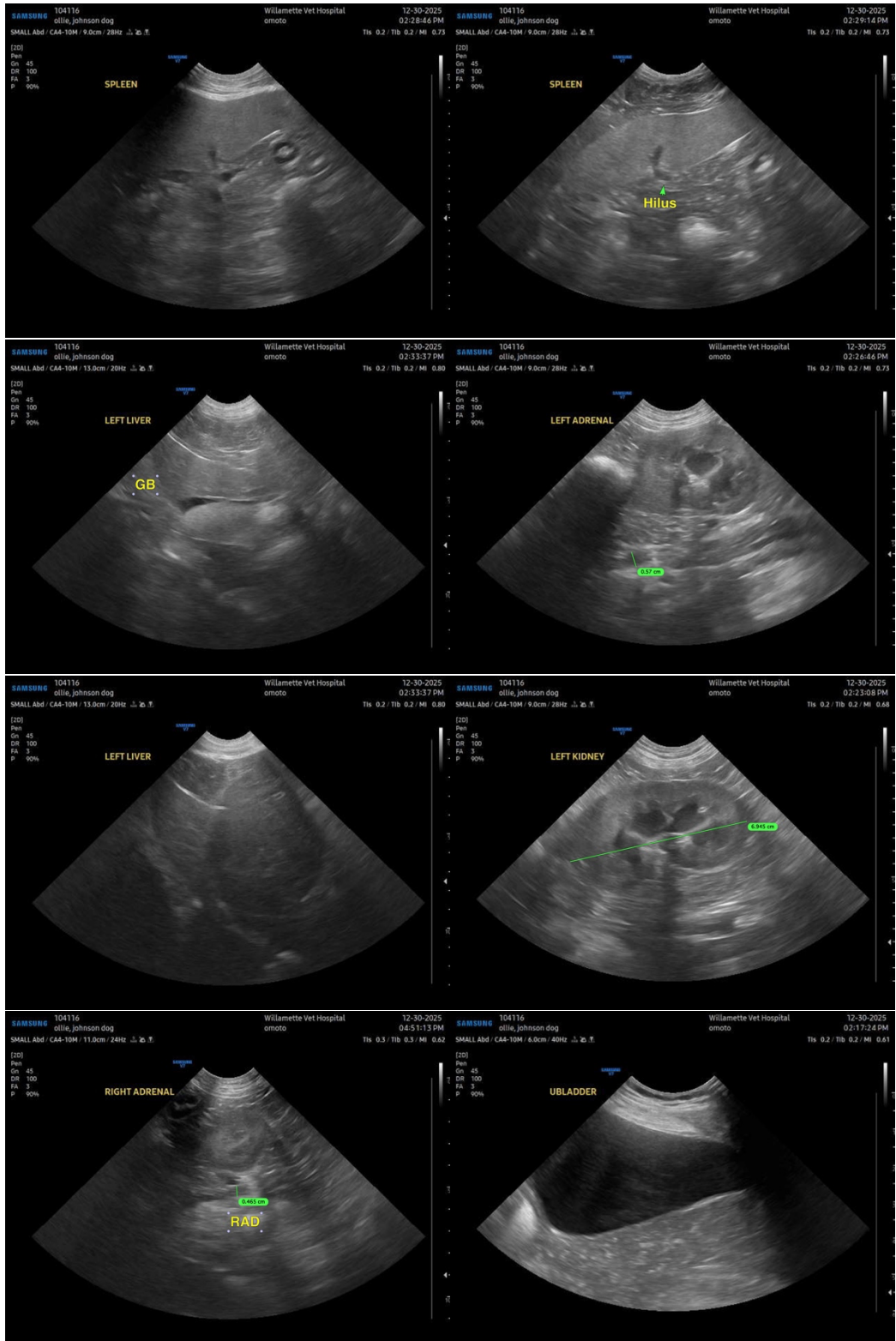
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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