



**PATIENT**

Peanut Kroll

**SPECIES**

Canine

**BREED**

Boxer X

**SEX**

Male Neutered

**AGE**

12 yrs

**WEIGHT**

76.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Faithful Friends AC

**REFERRING VET**

Dr. Villaneuva

**INVOICE**

12899

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

History: Clinical Exam Findings: Crepitus on hind right hock, Limited extension of hips bilaterally. Muscle atrophy over hind limbs. Hind limbs- Slow to correct proprioceptive placing, difficulty correcting. Many masses over trunk predominantly SQ, soft. One mass over R side fixed on palpation over ribs. No alopecia or pruritus. R eye- cataract, Left eye lenticular sclerosis. No ocular discharge. No nystagmus. ABNORMAL Lab work Values ALT 230, ALP 849

Current Medications Denamarin Advanced 450mg and Tramadol Hydrochloride - 50 mg/Tablet  
Radiographic Findings None

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate.

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. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged in size while the right was subjective normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 0.66 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 presented mild to moderate hepatomegaly. 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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

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 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.

**Free Abdomen**

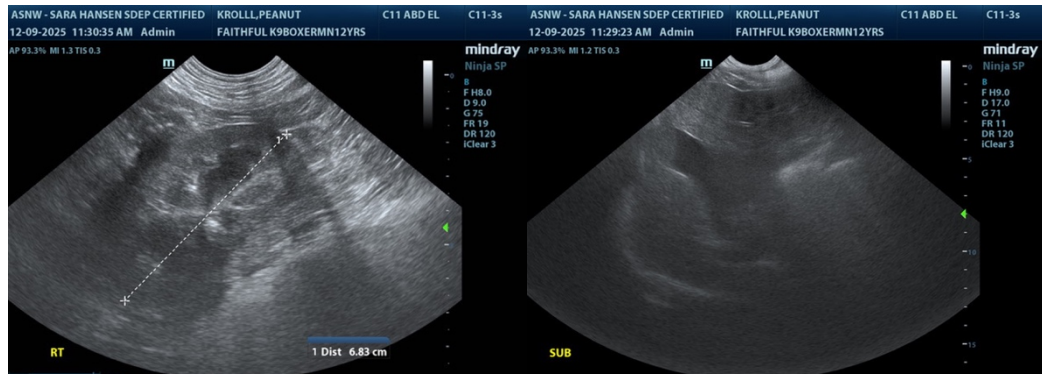
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy
- Mild, non-organized gallbladder debris
- Age-related renal changes
- Mild heterogeneous adrenal glands with mild left adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, the liver is most consistent with benign hepatopathy criteria. Considerations including vacuolar hepatopathy, cholestasis, inflammatory/immune mediated disease, hyperplasia, toxic hepatopathy, i.e. copper or other with hepatic neoplasia thought less likely. Given no reported clinical signs consistent with Cushing's Syndrome, the mildly enlarged left adrenal gland is nonspecific without evidence of adrenal neoplastic criteria. Adrenal screening or workup may be considered if the clinical signs consistent with adrenal disease arise. Hepato-supportive medications may prove beneficial. Sonographic monitoring of the left adrenal gland for evidence of progressive enlargement with initial recheck in 6-8 weeks would be ideal.





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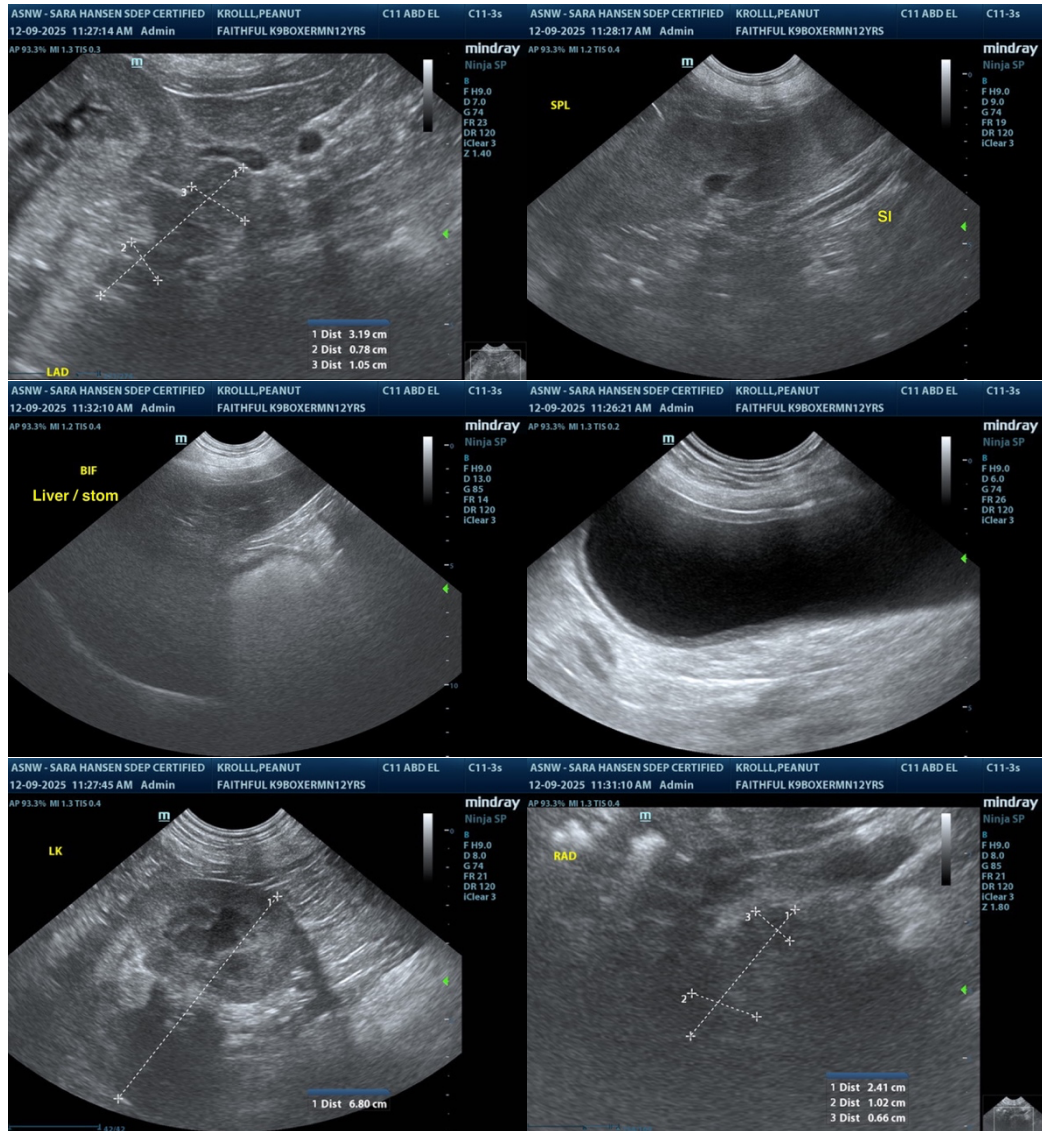
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)



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