



PATIENT

Hilo Senior Dog Haven

SPECIES

Canine

BREED

Mixed Breed

SEX

Male Neutered

AGE

13y

WEIGHT

12.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, DVM

HOSPITAL NAME

East Bradford VH

REFERRING VET

Meghan McGrath,
DVM

INVOICE

13204

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate chronically elevated liver enzymes (ALT/ALP). BW in Dec 2025 also noted azotemia that has since resolved. Recent dermal mass removal from left of anus, dental, URI. Histopath report from mass removal: Benign, Perianal (circumanal) gland adenoma.
- Recent Meds: Denamarin, Azithromycin, Metronidazole, Amoxicillin

Abnormal PE/Chem/CBC/UA Results: Feb 2026 (prev Dec 2025) - Chem: Alb 3.7-n, ALT 513 H (prev 414), ALP 884 H (prev 803 H), normal BUN/Cr/SDMA, remainder NSF - CBC: Hct 49%, Monos 1000 H, Plts 527 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Medullary mineral to renolths primarily lateral diverticuli and peripelvic medulla. Intermittent, small cortical cysts noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm. The right adrenal gland measured 0.60 cm.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma and perihilar. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver

The liver exhibited mild asymmetrical hepatomegaly. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, subtle, non-homogeneous, hypoechoic hepatic nodules present with an example measuring 2.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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 pancreas was normal in size and contour with isoechoic to heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with subtle intraparenchymal nodules – chronic vacuolar/cholestatic hepatopathy, inflammatory disease, areas of nodular hyperplasia, hematopoiesis, fibrosis, hepatotoxicosis, i.e. copper, neoplasia, all potentials
- Normal gallbladder
- Hyperechoic splenic nodules – consistent with benign criteria, i.e. myelolipomas
- Pancreatic remodeling – remodeling owing to age or previous inflammation, possible chronic pancreatitis
- Chronic renal changes exhibiting medullary mineral/renoliths
- Mild urinary bladder lumen mineral
- Borderline/mild enlarged adrenal glands – benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further assessment. Adrenal workup warranted if clinical signs consistent with Cushing's Syndrome in conjunction with decreased urine specific gravity. Correlation with urinary workup including urinalysis, screening C/S and +/- baseline UPC level if non-inflammatory proteinuria is recommended. Spec cPL recommended if clinical signs consistent with chronic pancreatitis.



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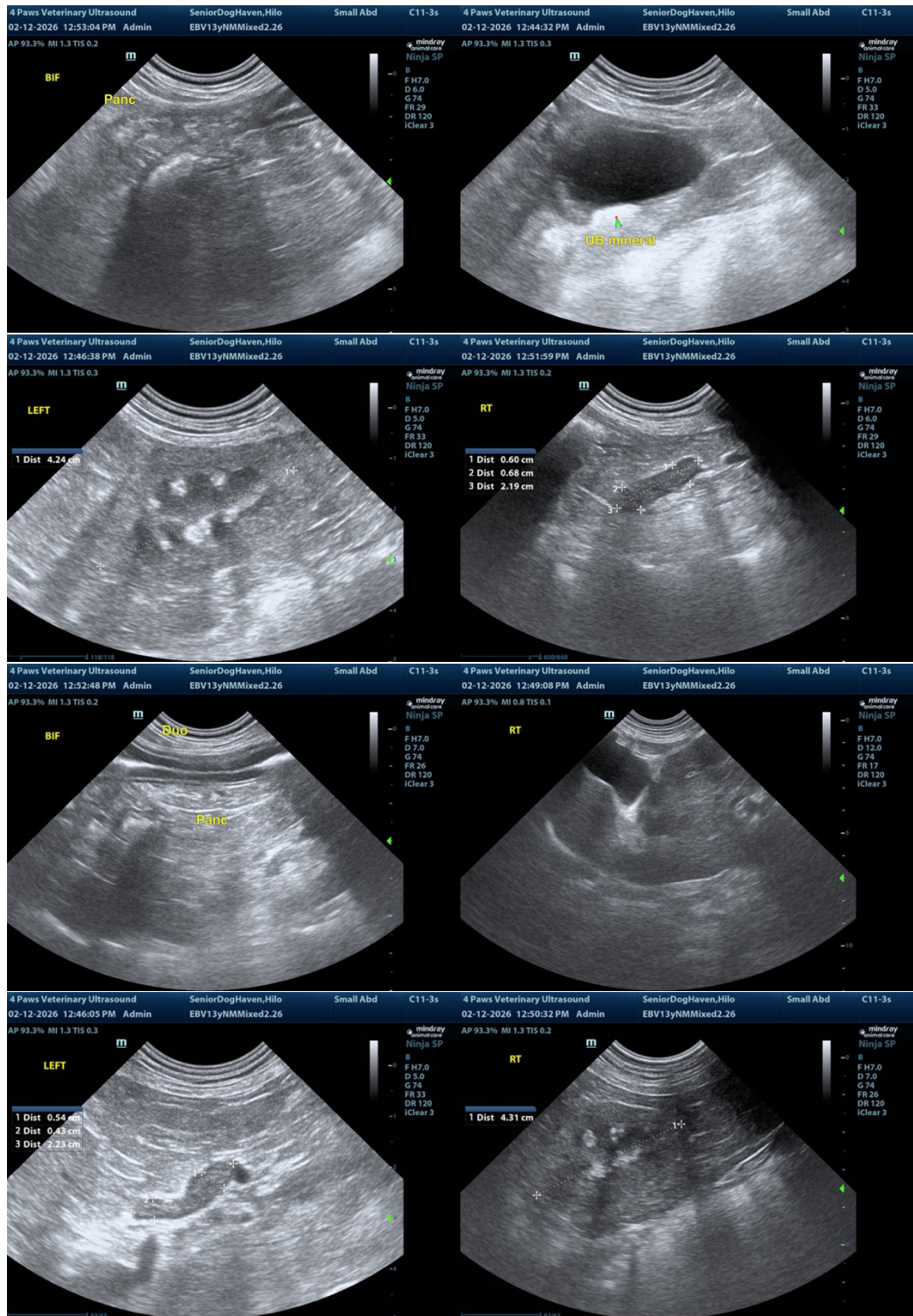
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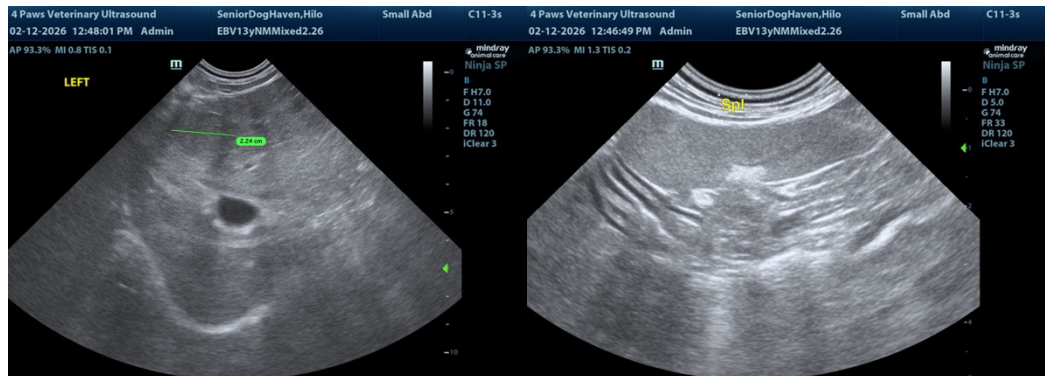
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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