



## PATIENT

Lola Villarosa

## SPECIES

Canine

## BREED

Cava-poo

## SEX

FS

## AGE

8.6 yrs

## WEIGHT

24 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Rodriguez

## INVOICE

10648

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

History:

- Increased pancreatic enzymes

Abnormal PE/Chem/CBC/UA Results: PLI: 1377, fecal neg, ALK: 234, Calcium: 11.5, Chol: 400, Trig: 319, Amylase: 2435, PSL: 767. U/A pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

A solitary visualized mildly prominent nonhomogeneous medial iliac lymph node was present, measuring 1.7 cm diameter with a maintained symmetrical contour.

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. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

### *Adrenal Glands*

The adrenal glands were borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland measured 0.69 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.

### *Liver/ Gallbladder*

The liver was normal in size and contour. Normal hepatic vascular volume was present. Primarily homogeneous parenchyma was noted, exhibiting mild coarse echotexture. A mid-liver, nonhomogeneous, hyperechoic to centrally cystic macronodule to small mass was present, measuring 2.6 cm diameter. The gallbladder was non-distended in size, containing primarily anechoic content with mild, non-organized gallbladder debris. 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 without evidence of retained ingesta, fluid, or foreign material.



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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 formed feces in lumen.

## *Pancreas*

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed peri pancreatic omentum. No signs of active inflammation or neoplasia.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Heterogeneous pancreas
- Nonhomogeneous hyperechoic mildly cystic hepatic intraparenchymal nodule / small mass
- Borderline prominent bilateral adrenal glands
- Mild urine sediment
- Mild nonorganized gallbladder debris (non mucocele)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas was not consistent with active pancreatitis with parenchymal remodeling owing to previous inflammation or mild chronic pancreatitis possible if clinical signs consistent with chronic pancreatitis are present.

The liver macronodule to small mass may indicate nodular cystic hyperplasia, granuloma, biliary cyst adenoma, although emerging to possible low-grade neoplasia, i.e., carcinoma or cystadenocarcinoma possible. Assuming normal clotting status, macronodule / small mass FNA cytology is recommended for further clarification. Sonographic monitoring of the macronodule / small mass for evidence of progression would be more conservative.

Hepatosupportive medications may prove beneficial. Adrenal screening could be considered if clinical signs consistent with Cushing's Syndrome are not reported or arise. Correlation of urine sediment with pending urinalysis is recommended.

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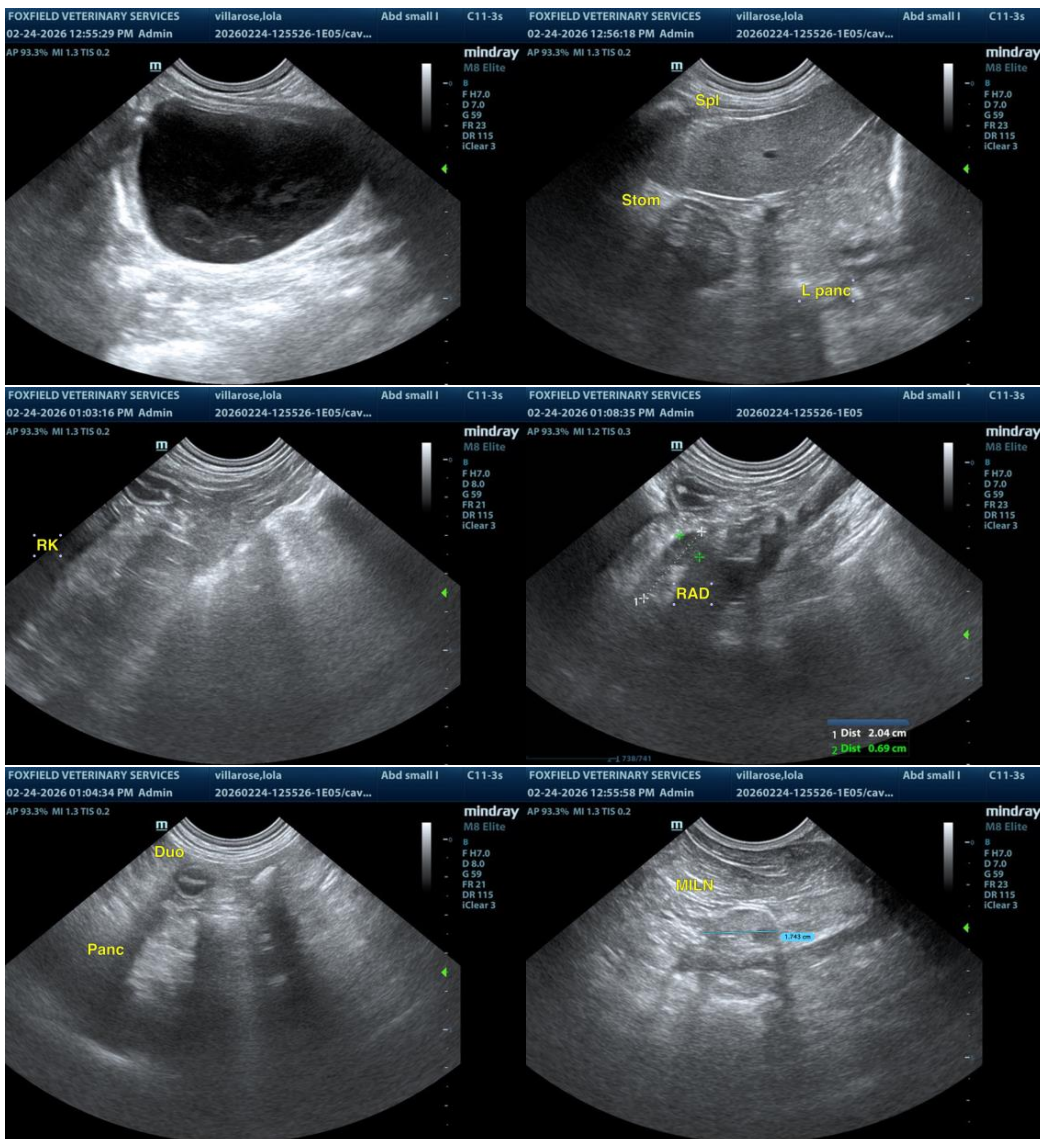
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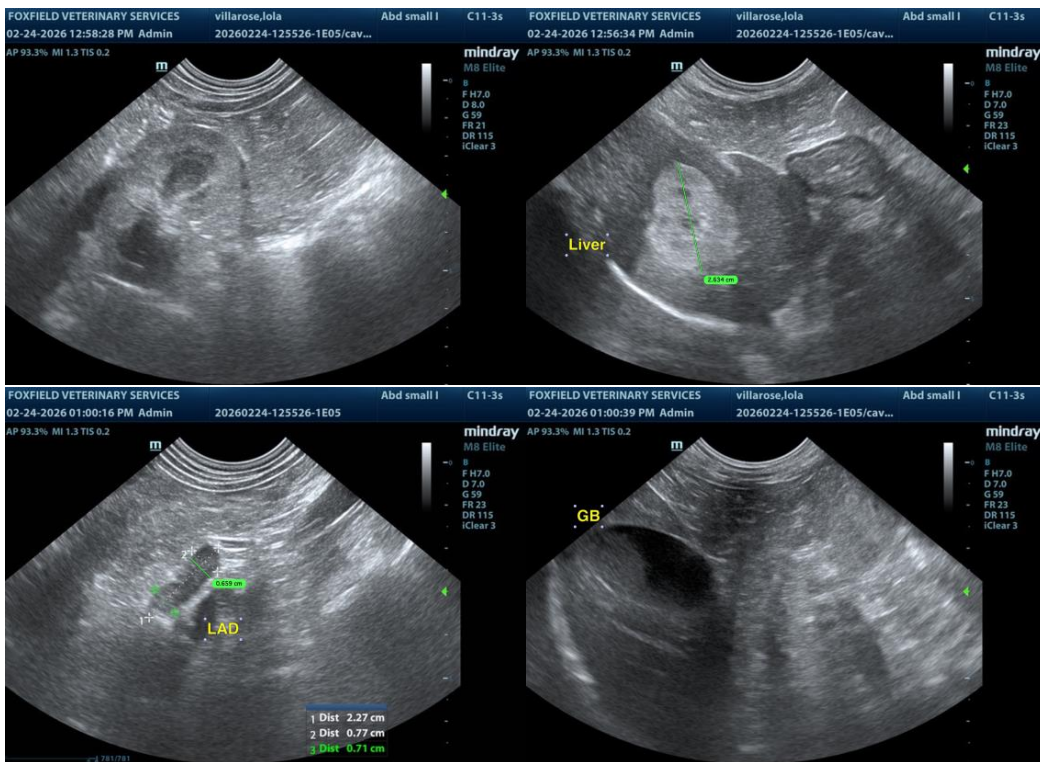
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)