

**PATIENT**

Jabari Souza

**SPECIES**

Canine

**BREED**

Schnoodle

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

15.8 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine /  
Feline Practice)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

Dr. Callahan

**INVOICE**

35994

**DATE**

2/27/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: ALL NORMAL

ABNORMAL Labwork Values:

- ALP 1,040
- ALT 161
- ALB 4.1
- LIPASE 1,433
- UA-I.017, 2+ PROTEIN
- T4 0.9

**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.

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. Left kidney cortical cyst and bilateral mild renolithiasis was noted. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.68 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**

The liver presented 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



**PATIENT**

margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with moderate primarily gravity dependent to peripheral lumen gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Canine

**Gastrointestinal**

**BREED**

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.

Schnoodle

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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.

Neutered Male

Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

**AGE**

**Pancreas**

12 Years

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.

**WEIGHT**

**Free Abdomen**

15.8 Pounds

No overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

**ULTRASONOGRAPHIC FINDINGS**

R. McKenzie Daniel,  
DVM, DABVP (Canine /  
Feline Practice)

- Benign hepatopathy pattern
- Nonorganized gallbladder debris- not consistent with mature mucocele
- Chronic renal changes, exhibiting cortical cyst and mild renolithiasis
- Bilateral mild adrenomegaly
- Sonographically normal pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Edgewood AC

Vacuolar/non-obstructive cholestatic hepatopathy with potential for inflammatory hepatic disease, i.e. cholangiohepatitis or similar is suspected. No evidence of neoplastic criteria is noted. Full adrenal workup is recommended if clinical signs consistent with Cushing's syndrome are present.

**REFERRING VET**

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Assuming normal clotting status, hepatic FNA cytology could be considered, primarily to assess for evidence of non-obvious inflammation. Mild pancreatitis, at times, may present sonographically normal if clinical signs consistent with pancreatitis.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Hepatosupportive medications may prove beneficial.



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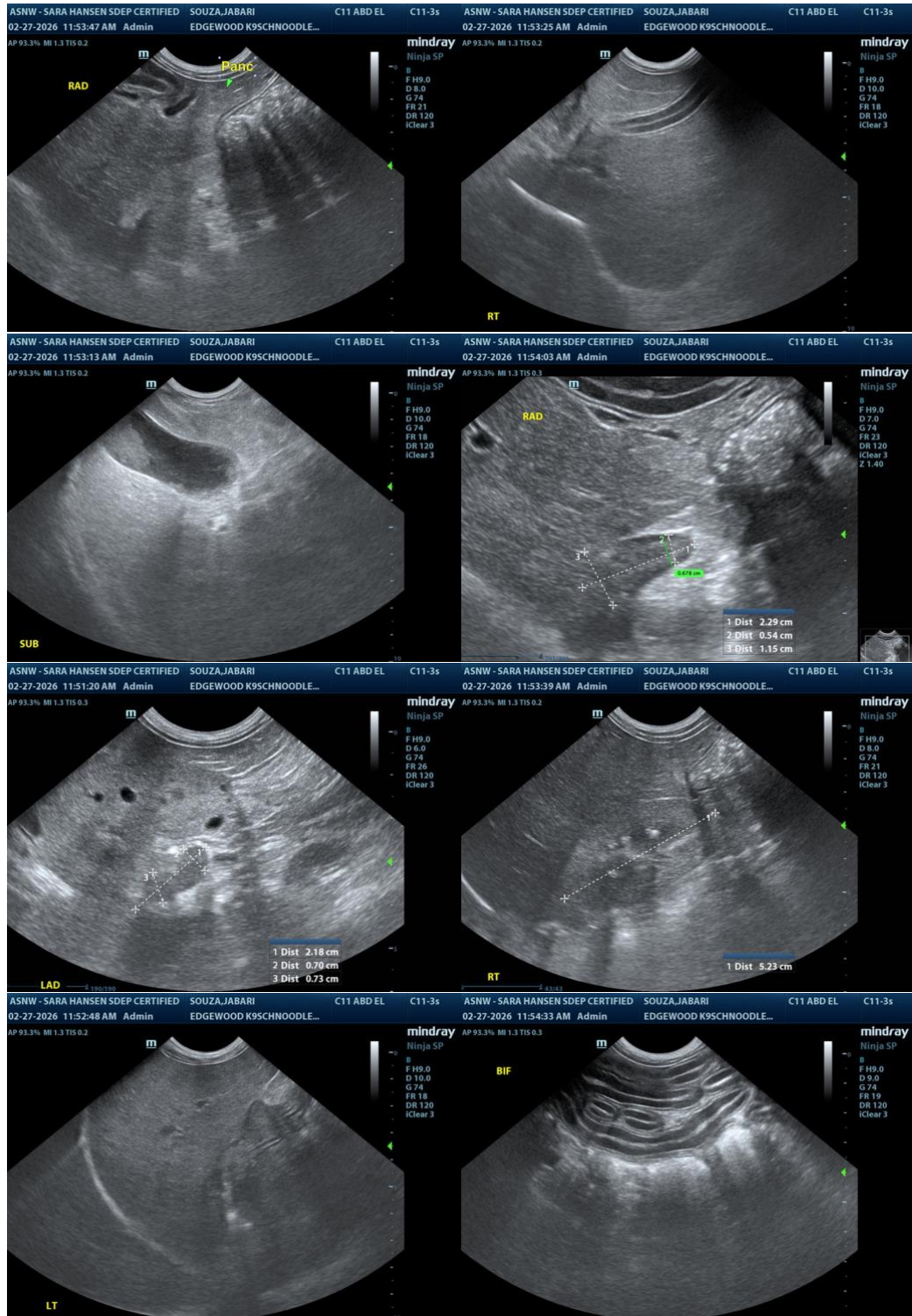
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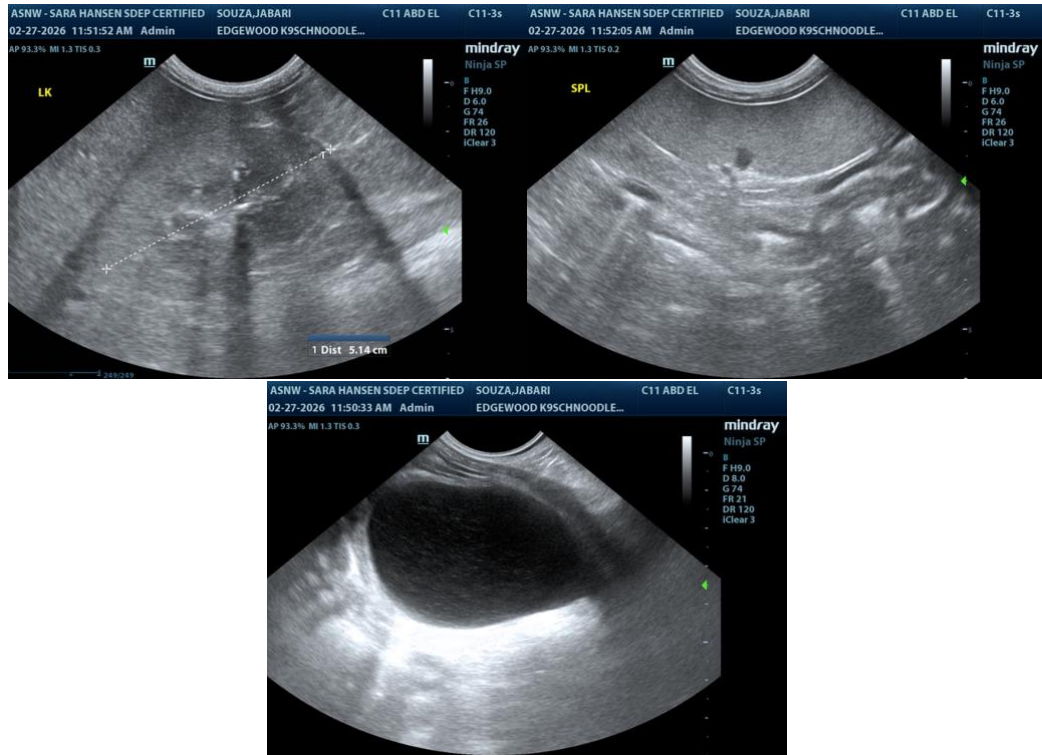
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**

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