



## PATIENT

Brandy Bustos

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

MN

## AGE

16yr

## WEIGHT

18.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rivera

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Rivera

## INVOICE 23821

## DATE

02/05/2026

## PRESENTING CLINICAL SIGNS

Brandy is acting in pain when waking up and when he is walking, arthritis due to his old age.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL NSAID: ALT 1869 (10-125), AST 688 (0-50), ALKP 1803 (23-212)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

The residual prostate appeared normal and free of pathology

Normal size and margination were 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 4.6 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland was subjectively mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

### Spleen

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

### Liver/Gallbladder

Generalized hepatomegaly. A moderately sized to expansive non-homogenous ventral liver mass was present measuring 6.4 cm in diameter. Concurrent, separate intermittent hyperechoic hepatic nodules were present. The gallbladder was non-distended in size with thin walls and mild gravity dependent hyperechoic non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal



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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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Hepatomegaly with liver mass and hyperechoic nodules.
- Mild non-organized gallbladder debris (non-mucocele)
- Age-related renal changes.
- Hyperechoic splenic nodules - most consistent with benign myelolipomas
- Mild cystitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the liver mass is suggestive of neoplastic criteria, i.e. carcinoma or other. Significant hyperplasia, granuloma, or other benign mass possible, yet thought less likely. The hyperechoic nodules may indicate incidental to benign, separate nodular hyperplasia or lipogranulomas, although concurrent neoplastic or metastatic hepatic nodules not definitively excluded.

Assuming normal clotting status, hepatic mass FNA cytology is warranted for initial clarification. Biopsy with histopathology is likely required for definitive diagnosis. Hepatosupportive medications may prove beneficial.

A UA is recommended.

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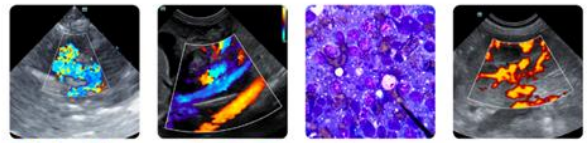
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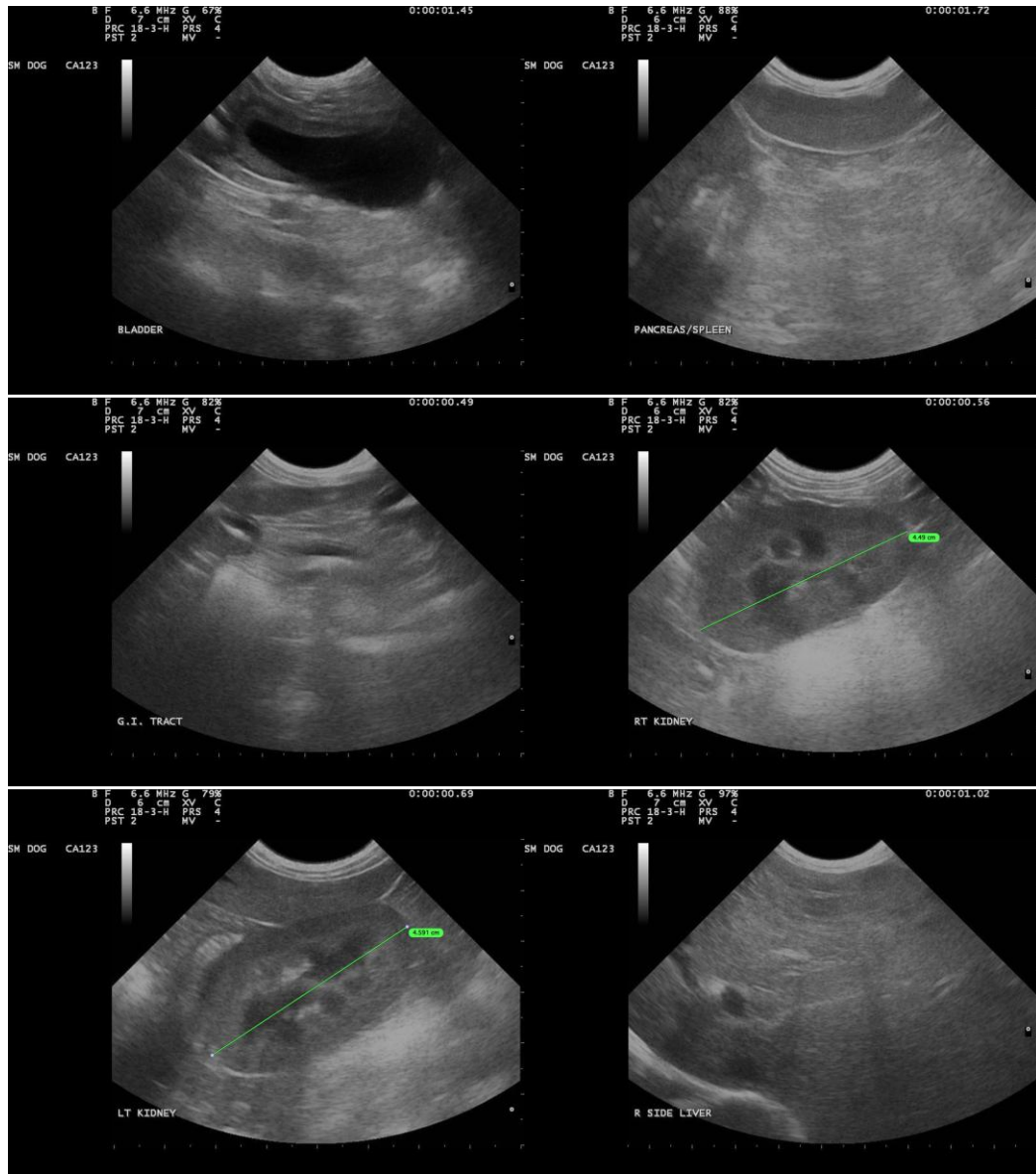
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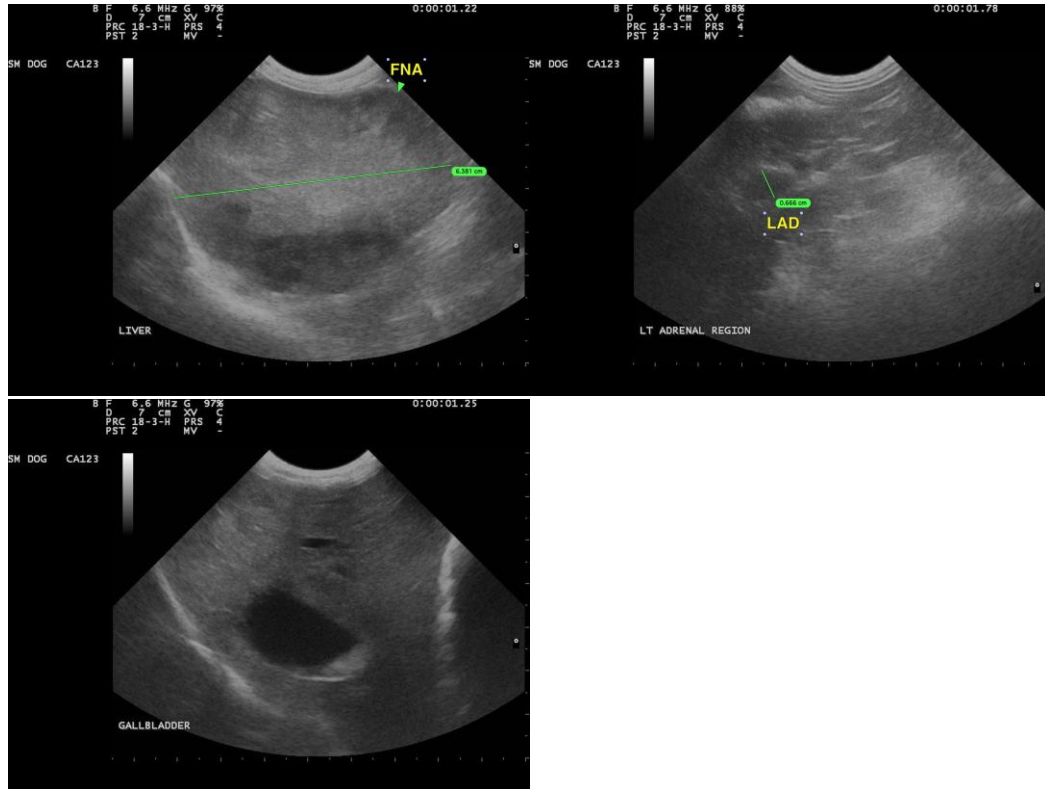
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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