



PATIENT

Finnegan McDaniel

SPECIES

Canine

BREED

Cavalier King Charles

SEX

MN

AGE

10yr

WEIGHT

21.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE

23813

DATE

02/05/2026

PRESENTING CLINICAL SIGNS

P presents with a markedly enlarged L mandibular In. Mildly enlarged L pre-scapular In, R mandibular In, R pre-scapular In. FNA pending of each. 3 view chest rads clear of mets. Hx of mild non-regenerative anemia.

Abnormal PE/Chem/CBC/UA Results: Hx of mild non-regenerative anemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 5.3 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was mildly enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole. The right adrenal gland was mildly enlarged in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and hyperechoic gravity dependent 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 contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction 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 contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was mildly prominent in size with asymmetrical contour and mildly nonhomogeneous hypoechoic parenchyma.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Age-related renal changes
- Mild bilateral adrenomegaly
- Sonographically normal liver/ spleen
- Non-organized hyperechoic gallbladder debris (non-mucocele)
- Gastrointestinal ingesta -consistent with food echogenicity
- Mild non-homogeneous hypoechoic pancreas- age variant, remodeling owing to previous inflammation, possible mild chronic /chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of primary or metastatic abdominal neoplasia or lymphadenopathy. A spec cPL could be considered if clinical signs consistent with pancreatitis are present.

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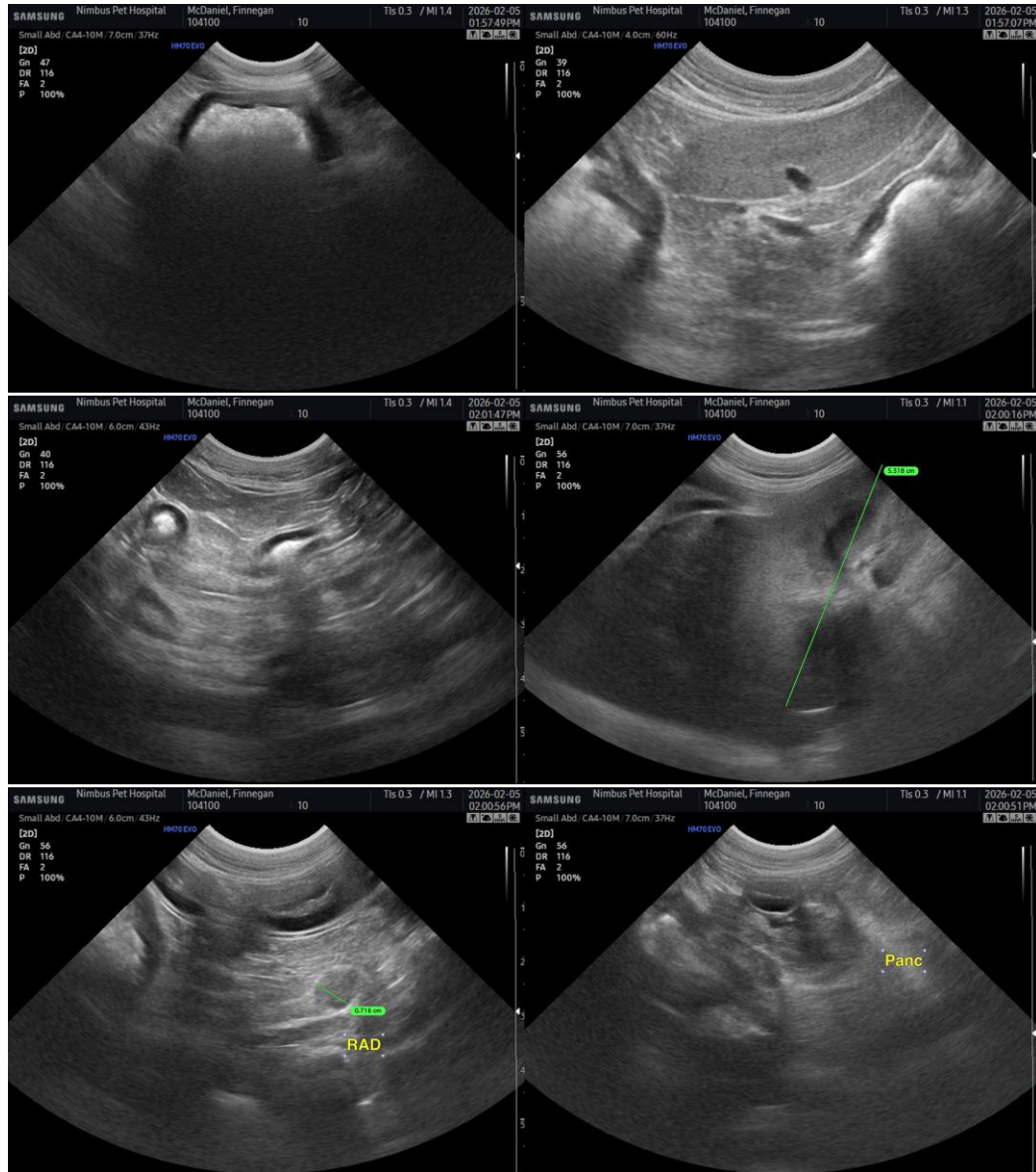
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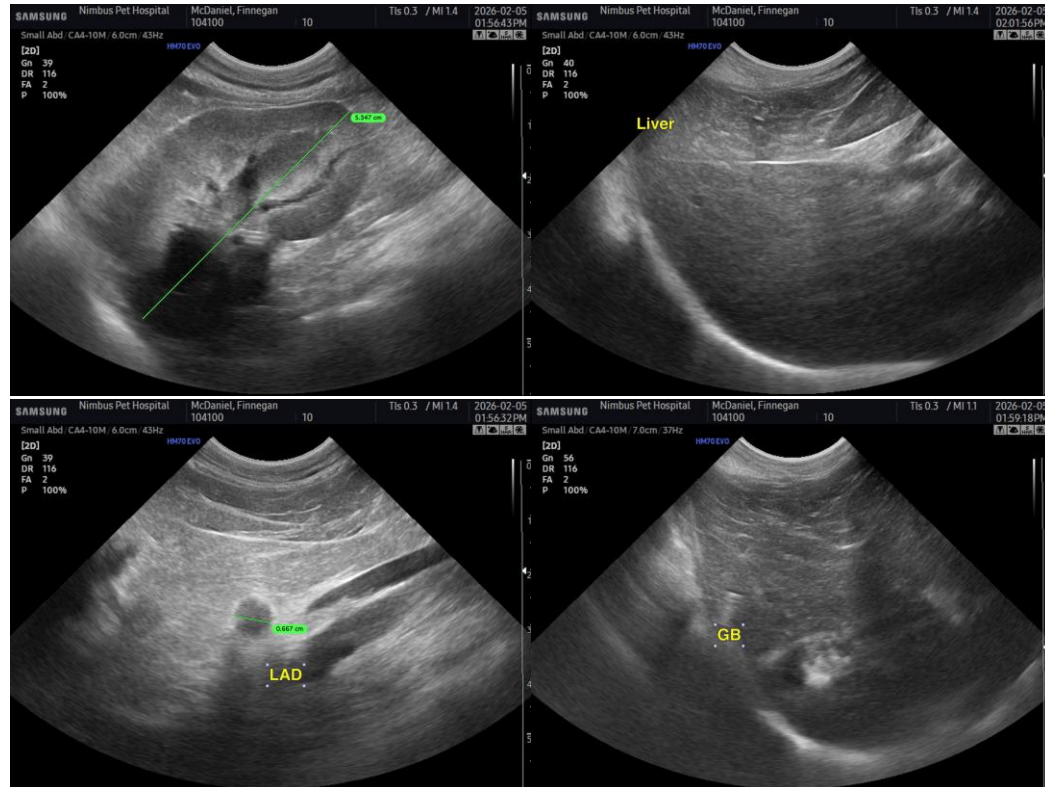
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com