



PATIENT

Angus Simmons

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male Neutered

AGE

10y

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Jones

INVOICE

13162

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- P presented for wellness exam. Discussed dental cleaning. Sr panel sent out

Abnormal PE/Chem/CBC/UA Results: Glu 136, ALP 1778, Chol 462, Lipase 384 Cl 105 usg 1.016, urine protein 2+, 10-15 rbcs

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 to accumulated small calculi present with an example of small calculus measuring 0.7 cm in diameter. 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of medullary mineral was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

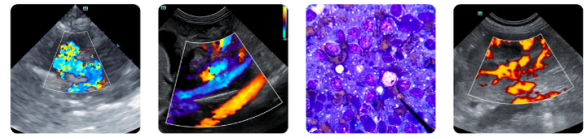
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in the caudal pole.

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. Possibly indistinctly visualized non-capsule deforming, hypoechoic caudal splenic nodule was present potentially measuring 1.1 cm in diameter.

Liver

The liver exhibited mild to moderate hepatomegaly. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary to possibly intermittent, discrete, hypoechoic intraparenchymal nodules were present with an example measuring 1.6 cm in diameter. The gallbladder was non distended in size with



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mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, non-shadowing ingesta consistent with food echogenicity.

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 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 overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Urinary bladder lumen mineral/small calculi
- Age-related kidneys with pinpoint to focal medullary mineral
- Non-enlarged age-related adrenals
- Possible small caudal splenic nodule – possible small nodular hyperplasia or hematopoiesis favored
- Hepatopathy with subtle intraparenchymal nodule – benign criteria, i.e. vacuolar or cholestatic hepatopathy, potential inflammatory disease or other probable
- Non-organized gallbladder debris (non-mucocele)

SECONDARY FINDINGS

- Gastric ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt neoplastic criteria with emerging neoplastic hepatosplenic criteria thought less likely. Adrenal screening or workup could be considered if clinical signs consistent with Cushing's Syndrome or non-reported or arise despite lack of adrenal pathology. Hepato-supportive medications may prove beneficial. No overt anesthetic contraindications. Sonographic monitoring of the hepatic and splenic nodules with initial recheck in 6 weeks would be ideal.



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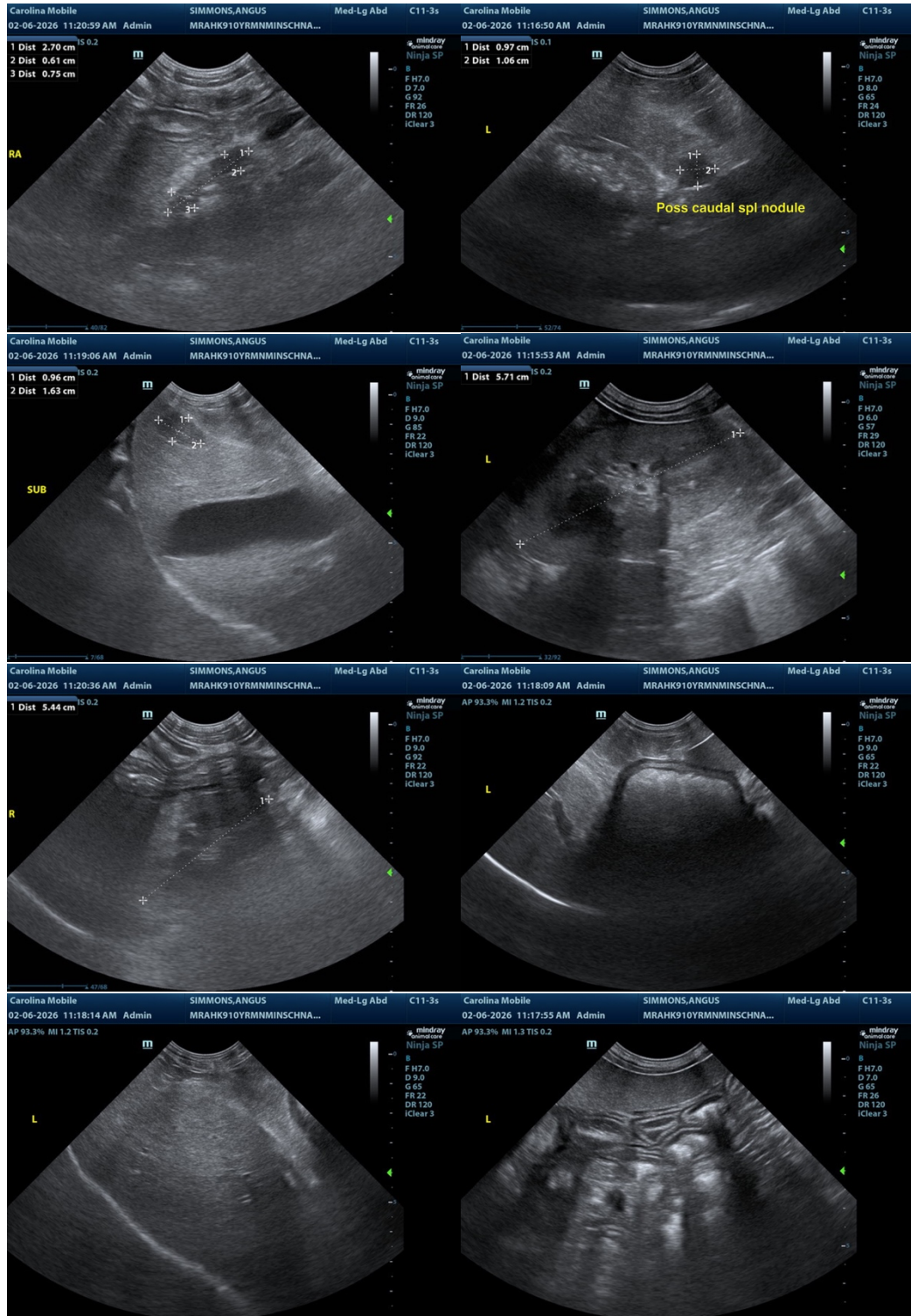
Dr. Jones

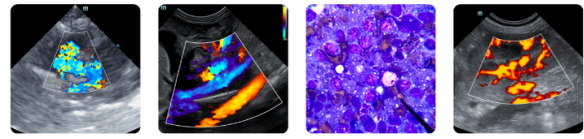
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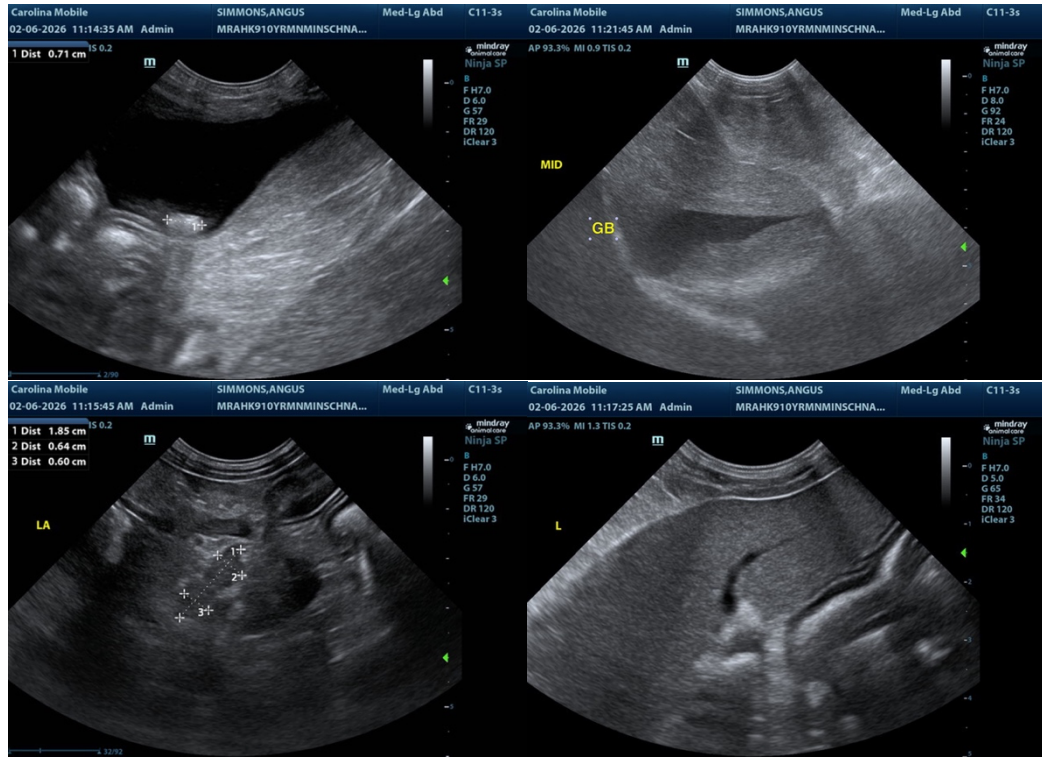
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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