

PATIENT

Gracie Vivona

SPECIES

Canine

BREED

Bichon Frise

SEX

Female Spayed

AGE

17y

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Animal Hospital of
 Sussex

REFERRING VET

Dr. Scairpon

INVOICE

13273

DATE

3/12/26

PRESENTING CLINICAL SIGNS

History:

- Lethargic, Decreased Appetite
- Brief in house U/S - nodular liver, possible new splenic mass
- Current Medications - Lactulose, Denamarin, Benazepril, Ursodiol, AminAvast

Abnormal PE/Chem/CBC/UA Results: ALT 145, BUN 62, Creat 2.4, PLT 588, Previous FNA of Liver - Mild Vacuolar change (glycogen/hydropic type)

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. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited mild to moderate pyelectasia. The left kidney measured 3.1 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

Spleen

The spleen was indistinctly visualized exhibiting subjective subnormal size and possibly indicative of volume contraction. No obvious pathology in the area of the spleen.

Liver

Hepatomegaly with rounded areas of mild asymmetrical hepatic capsule contour. The liver parenchyma was non-homogeneous, remodeled and hypoechoic to the spleen with a variable coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discrete, hypoechoic, non-homogeneous, non-capsule deforming multi chambered intraparenchymal nodule was present. Solitary, mild, multi chambered intraparenchymal cyst was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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 ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

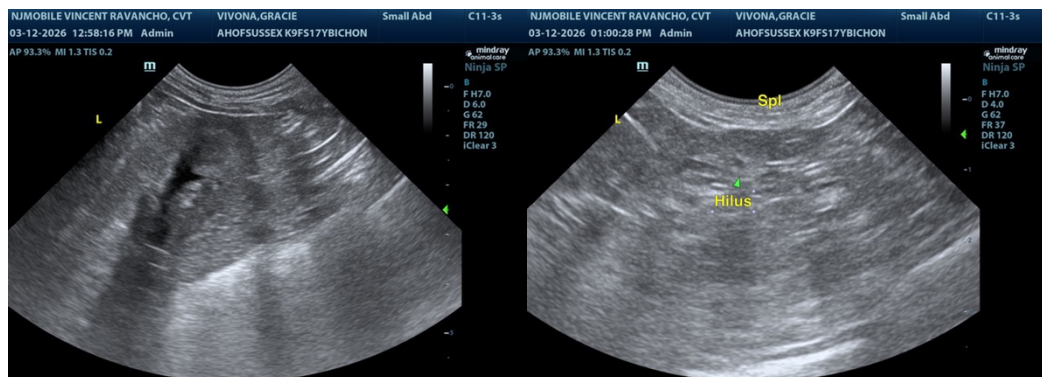
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting left kidney pyelectasia
- Bilateral non-homogenous borderline prominent adrenal glands – no overt tumors
- Large non-homogeneous discrete nodular to focally cystic liver
- Normal gallbladder
- Sonographically normal gastrointestinal tract/area of pancreas
- Subjective subnormal splenic size – possible volume contraction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, recheck FNA cytology of the liver to correlate with the previous cytology, assess for potential inflammatory disease given ALT elevation or although thought less likely, occult neoplasia. No overt splenic pathology visualized. Mild to chronic pancreatitis may present sonographically unremarkable and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Hepato-gastrointestinal support indicated. Full urinary workup including urinalysis, C/S and baseline UPC level for renal staging in conjunction with concurrent renal support/CKD therapy with monitoring of renal parameters is recommended.





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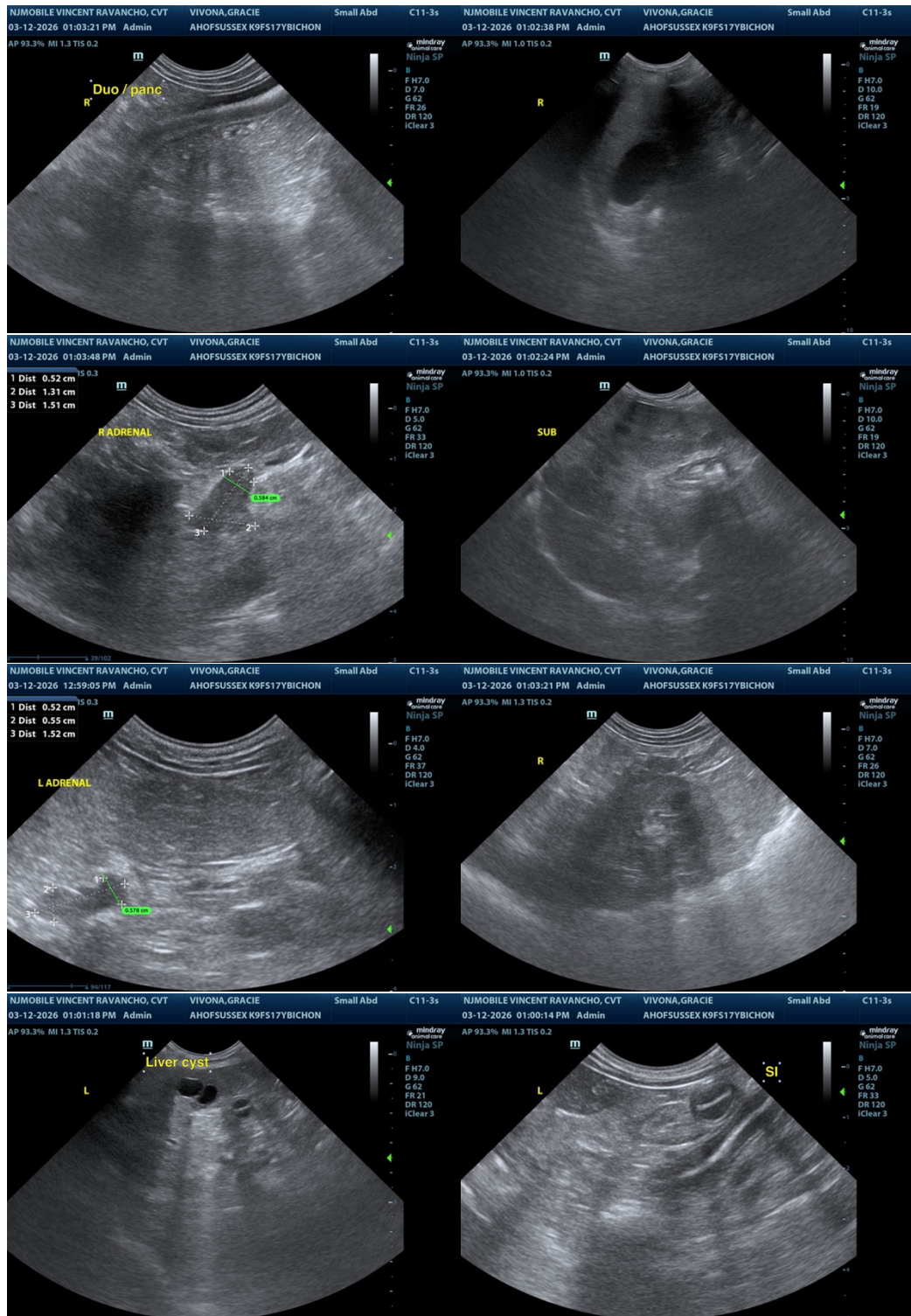
Dr. Scairpon

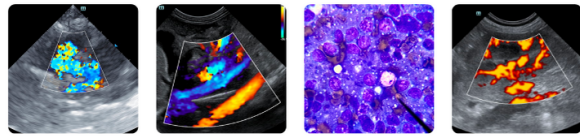
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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