

PATIENT

Cara Garby

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

2012

WEIGHT

61

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

The Village
Veterinarian

REFERRING VET

Dr. Longnecker

INVOICE

14653

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Intermittent appetite
- Medication: Denamarin, Dasuquin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical 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. Cortical infarcts were present with concurrent mild medullary mineralization. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged, nonhomogenous and nodular. The left adrenal gland measured 5.7 cm x 3.8 cm.

The right adrenal gland was not definitively visualized yet no obvious visible pathology in the area of the right adrenal gland.

Spleen

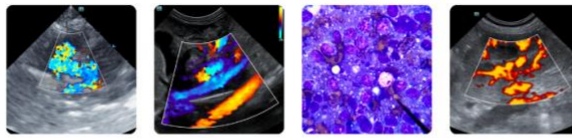
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal noncapsule deforming hyperechoic nodule / nodules were present. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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

The liver revealed generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild / moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete nonhomogenous intraparenchymal nodules were present with an example measuring 1.8 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical nodular left adrenal mass.
- Chronic renal changes exhibiting cortical infarcts and medullary mineral.
- Multiple hyperechoic splenic nodules- myelolipomas, hyperplasia, emerging mineralization or chronic infarcts are all potentials with minor potential for splenic neoplasia.
- Enlarged nonhomogenous discrete nodular liver- chronic vacuolar hepatopathy, hyperplasia, fibrosis, cholestasis, inflammation or combination, occult primary or metastatic hepatic neoplasia (thought less likely).
- Mild gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

Assuming normal clotting status, hepatosplenic FNA cytology and a GI panel to include PLI, TLI, cobalamin and folate to assess for occult hepatosplenic, gastrointestinal or pancreatic disease as a contributing factor may be considered. Gastrointestinal support and empirical therapy for possible chronic pancreatitis is recommended.



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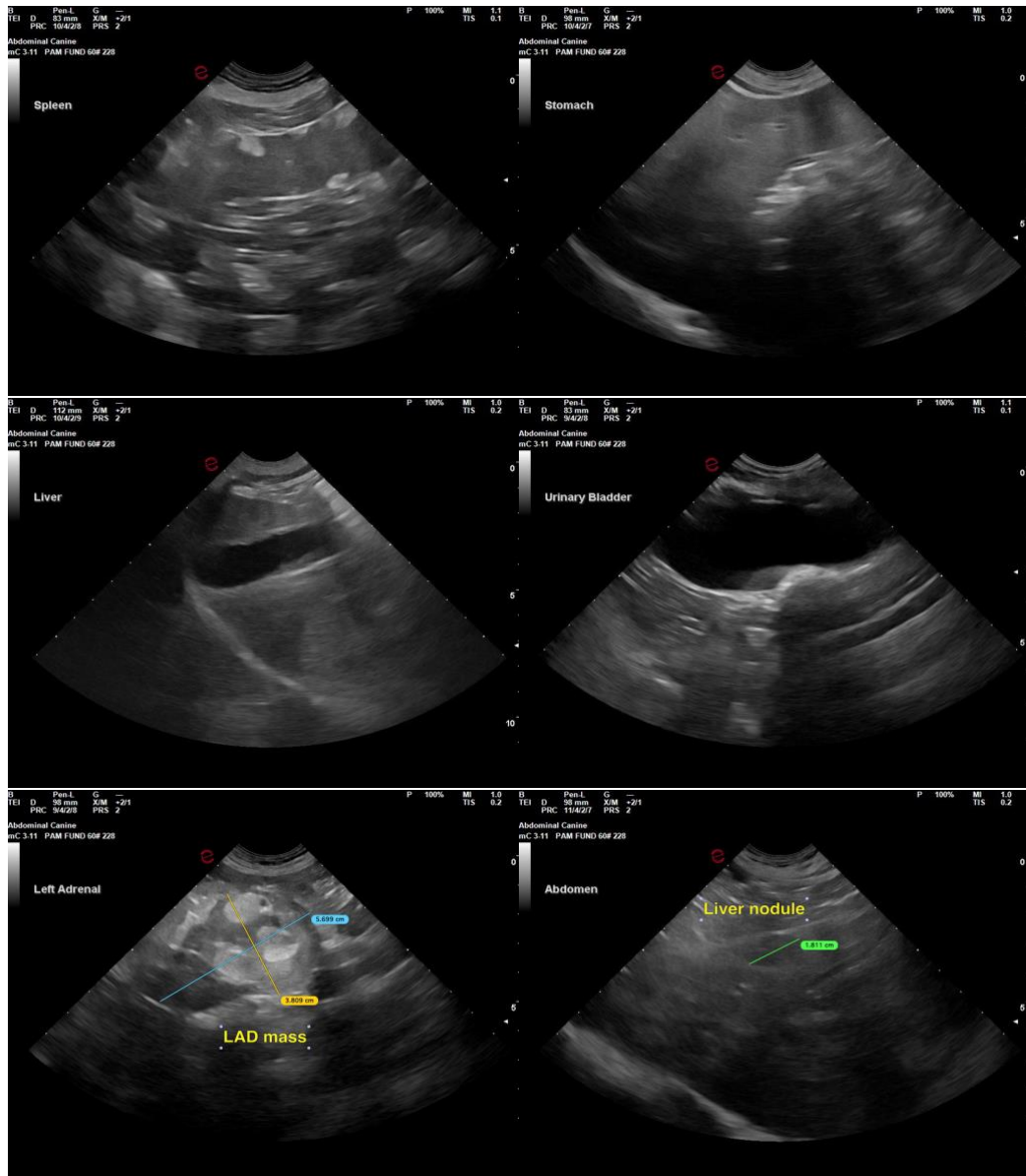
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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