



PATIENT

Hercules Calabro

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

10

WEIGHT

39

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

10730

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- lethargy shaking

Abnormal PE/Chem/CBC/UA Results: ALP 1933

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The 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 changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

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 5.3 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.73 cm width at the caudal pole. 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. A solitary, non-capsule deforming, hypoechoic splenic nodule was noted, measuring 0.66 cm in diameter.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with a non-edematous, non-inflamed wall. Primarily peripheral lumen, nonorganized gallbladder debris was noted with mild subjective entrapped peripheral lumen mucus. No evidence of pericholecystic inflammation. The common bile duct was 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 without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

The pancreas was mildly prominent in size exhibiting capsule asymmetry 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

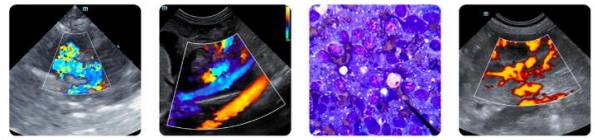
- Hepatopathy – subjective benign
- Early immature gallbladder mucocele
- Age-related renal changes
- Bilateral mild adrenomegaly
- Prominent nonhomogeneous pancreas
- Normal gastrointestinal tract
- Small non-capsule deforming spleen nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With no evidence of pericholecystic inflammation, the gallbladder is of unclear clinical significance, given patient clinical signs. Adrenal workup is warranted if clinical signs consistent with Cushing's Syndrome. Assessment of T4 level is suggested if not recently done. Abdominal discomfort potentially associated with chronic to possible chronic active pancreatitis is possible if cranial abdomen / subxiphoid discomfort on palpation. Correlation with a spec cPL is suggested.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Hepatosupportive medications including Ursodiol may be considered with sonographic monitoring of the gallbladder if evidence of progressive cholestasis.



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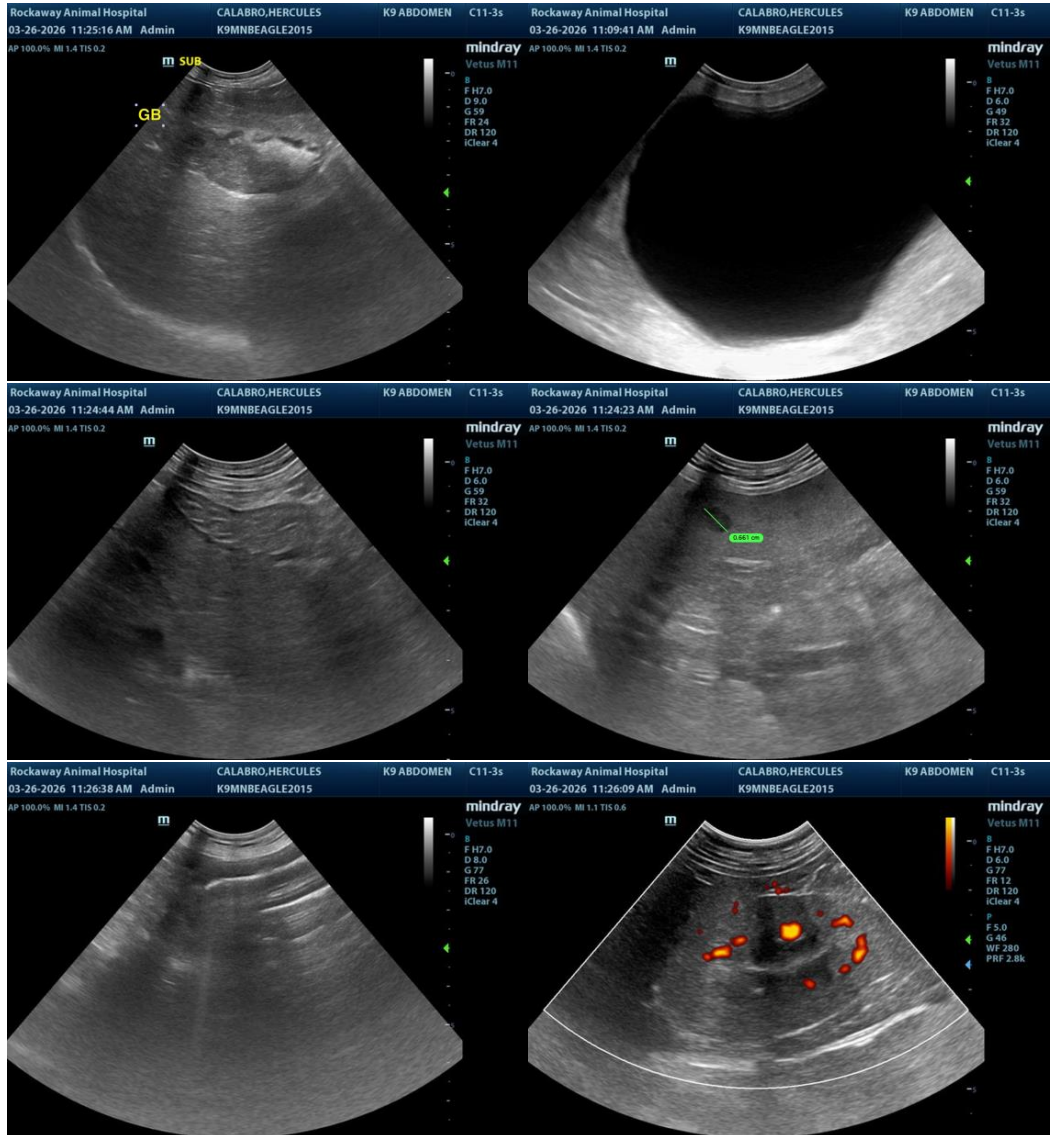
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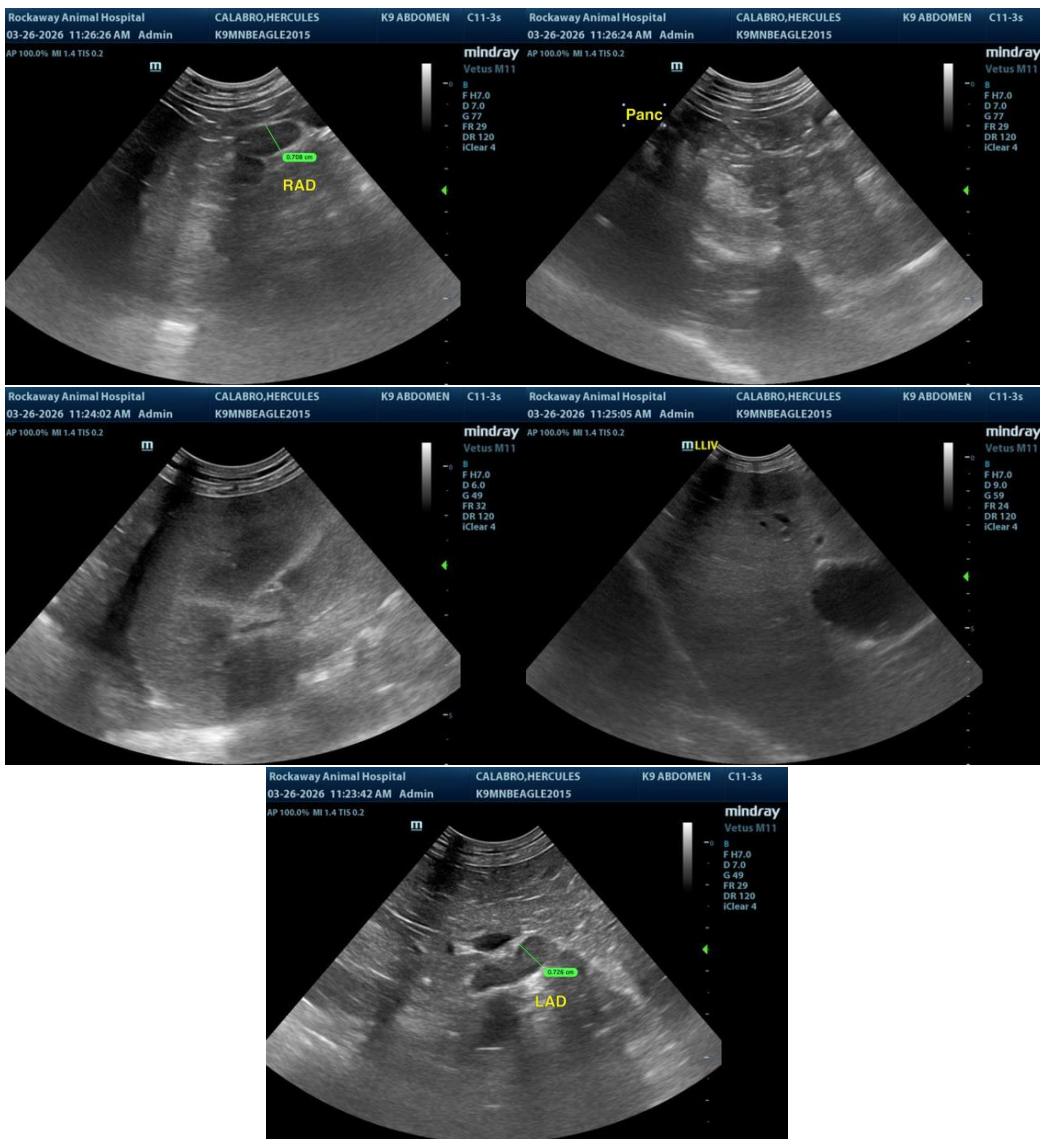
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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