



PATIENT

Otto Santos

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

13.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Little Creek Vet Clinic

REFERRING VET

Dr. Corlene

INVOICE

14685

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- The patient presents with a history of persistently elevated liver values, hypercalcemia, calcium oxalate urolithiasis, and a significant anesthetic complication during a previously attempted surgery.
- Recent laboratory testing revealed hypercalcemia with a calcium level of 3 (reference range high: 2.8), hypernatremia with a sodium of 154 (reference range high: 152), and elevated liver enzymes, specifically an ALT of 143 (reference range high: 121) and an ALP of 363 (reference range high: 160). A mild elevation in CK was also noted at 287 (reference range high: 200).
- The patient has a known history of calcium oxalate stones, which are still present. Last year, the patient was referred to VCA Care for a planned cystotomy to remove the stones and for a lipoma removal. During this procedure, the patient experienced a cardiac arrest, leading to cancelation of the surgery.
- The patient has a history of skin masses, including a melanoma excision years ago. Currently, there is a large, previously sampled mass on the right mid-abdominal region, considered a probable lipoma. There are also a few additional spots noted that appear similar to melanoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic shadowing calculi were present in the dependent lumen. An example measured 1.2 cm diameter. The urethra was normal in structure and tone to a depth of 3.0 cm. A nonobstructive urethral calculus was present measuring 1.4 cm in diameter.

The area of the residual prostate appeared normal and 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. Medullary mineral to small renoliths were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was normal in size with a cranial pole nondisruptive nonmineralized nodule measuring 0.62 cm in diameter. The left adrenal gland measured 0.62 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Solitary perihilar small hyperechoic nodule was 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 nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.



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Liver & Gallbladder

The liver presented mildly 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 moderate nonorganized variably congealed 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 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 mildly prominent in size with normal contour and 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

- Cystitis pattern with nonobstructive urinary bladder and solitary proximal urethral calculi.
- Bilateral medullary renolithiasis.
- Cranial left adrenal nodule- suspect adenoma or mild benign hyperplasia.
- Hyperechoic splenic nodule- most consistent with benign myelolipoma.
- Hepatopathy with normal vascular volume.
- Early immature gallbladder mucocele.
- Mildly prominent heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification, although no overt evidence of hepatic neoplastic criteria. No evidence of intra-hepatic or extra-hepatic macroscopic shunt. Urinalysis +/- urine culture and sensitivity are suggested if not recently done. Hepatosupportive medications may prove beneficial. Assessment of systemic BP for evidence of hypertension is suggested given left adrenal nodule.

Sonographic monitoring of the gallbladder and left adrenal nodule is indicated if evidence of progressive cholestasis or for evidence of nodule progression. A spec cPL is suggested if previous or current clinical signs suggestive of chronic pancreatitis.



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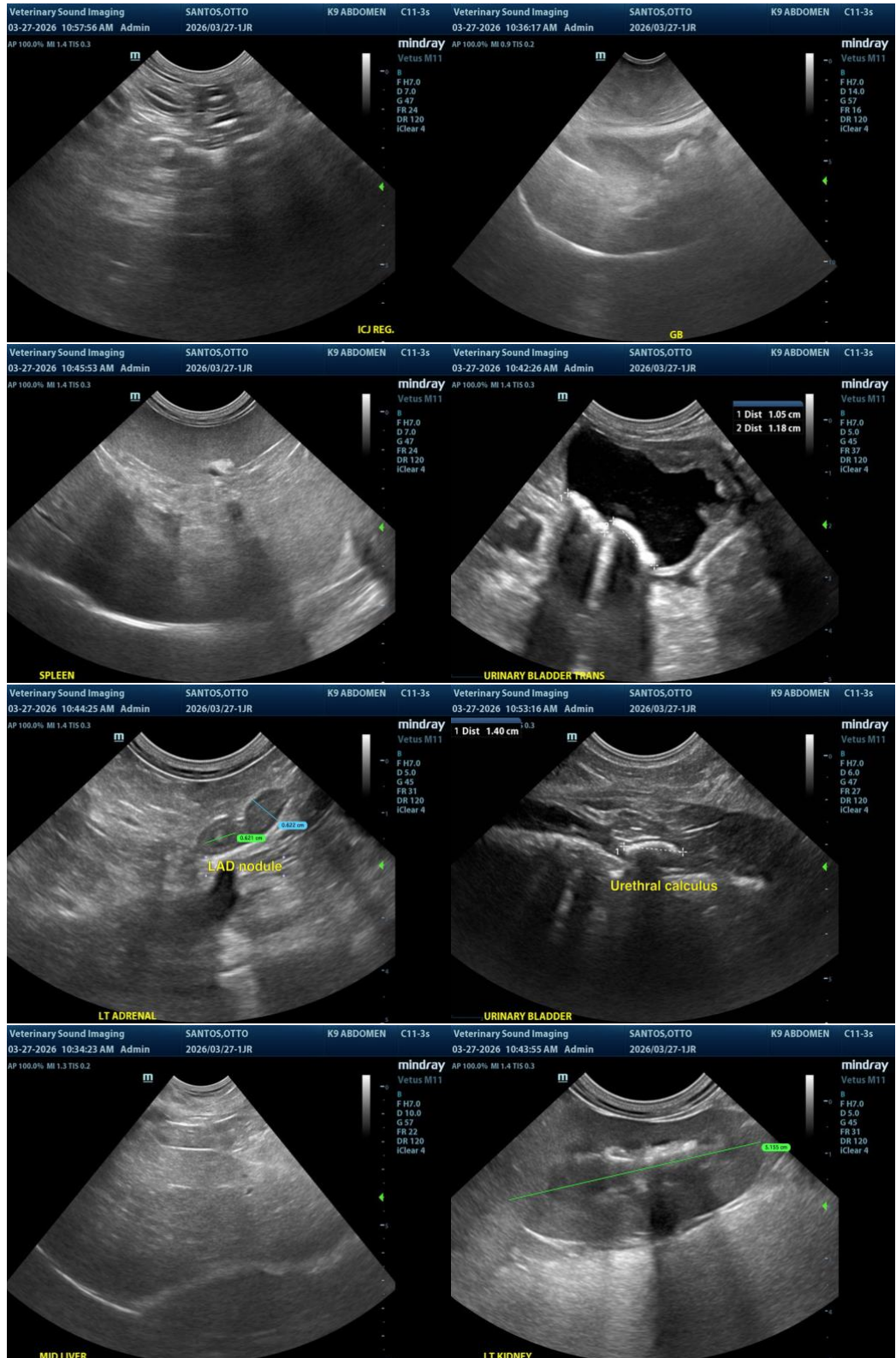
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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