



PATIENT

Yoda Osborne

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

14Y, 6M

WEIGHT

4.5kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Robert Cafaro,
VMD

INVOICE

74027

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate PU/PD, urinary incontinence, and progressive increased liver values despite use of Denamarin.
- Meds: Denamarin Advanced

Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 38.6% L, Hgb 13.3 L, RBC 5.51 L, normocytic, normochromic, Plts 511 H, Mono 1096 H, Neut 10439 H - Chem: ALb 3.1-n, ALP 1765 H, ALT 872 H, AST 68 H, BUN 60 H, SDMA 25 H, Cr 1.1-n, Chol 327-n, Gluc 94-n, Glob 4.1 H - UA: USG 1.018 L, RBC 10-15/hpf, WBC 30-50 / hpf, Pro 1+, Marked cocci > 40/hpf - T4: 2.6-n - 4Dx: Neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended with normal tone. Normal urinary bladder wall. Anechoic urine was present in the lumen. Moderate nondependent particulate urine sediment with mild to moderate dependent lumen and hyperechoic to shadowing sand/mineral was present. The ureteral papillae were normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was normal in size. The residual prostate measured 0.96 cm diameter. Mildly dilated prostatic urethra with focal nonobstructive prostatic urethra lumen mineral was seen. Subjectively mildly thickened yet non urine distended post-prostatic urethra to a depth of 2.0 cm measuring 0.58 cm diameter.

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

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 to moderate indistinct corticomedullary border demarcation. Focal areas of medullary mineral. No evidence of pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 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 0.26 cm width in the caudal pole. The right adrenal gland measured 0.36 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.

Liver/ Gallbladder

The liver was enlarged in size primarily secondary to a moderately sized, irregularly expansive, nonhomogeneous hyperechoic to focally cystic liver mass measuring 6.0-6.5 cm in diameter. Normal hepatic vascular volume was present. Mild hepatic parenchymal remodeling was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and moderate nondependent to congealed yet nonorganized gallbladder debris. No evidence of gallbladder inflammation. The cystic and common bile ducts were normal.

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 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with focal medullary mineral.
- Normal age related adrenal glands.
- Mild distended urinary bladder with moderate nondependent particulate urine sediment and nondependent sand/mineral.
- Nonenlarged residual prostate, mild nonobstructive prostatic urethral lumen mineral and possible mild post-prostatic urethritis.
- Nonhomogeneous hyperechoic to mildly cystic liver mass.
- Immature gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended. No overt lower urinary tract or residual prostate neoplastic criteria which is thought less likely. Screening BRAF assay could be considered for further clarification. No evidence of adrenal pathology as a contributing factor.

Assuming normal clotting status, hepatic mass FNA cytology recommended for further assessment. Hepatosupportive medications including ursodiol, if tolerated, recommended with sonographic monitoring of the gallbladder if progressive cholestasis.



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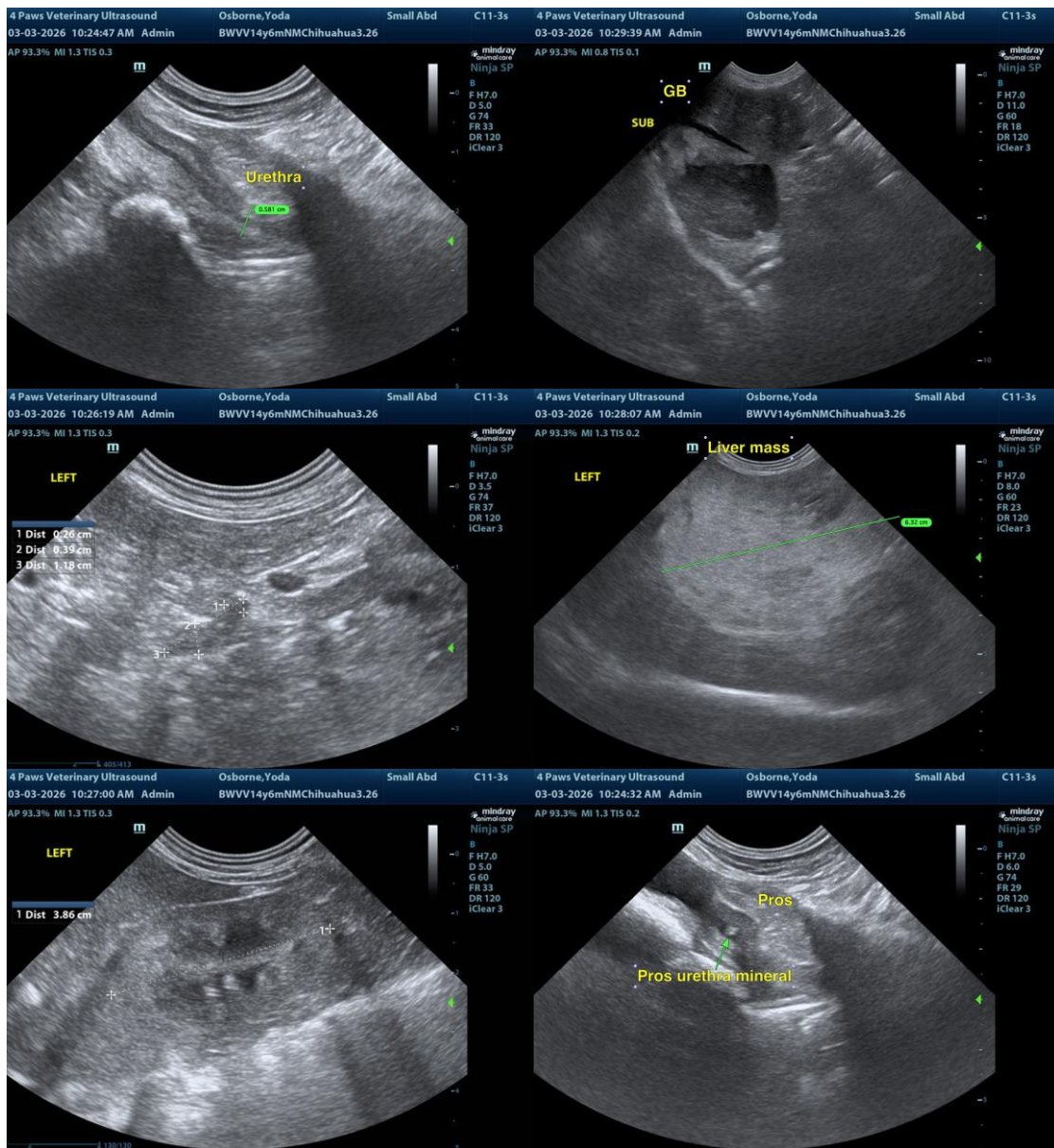
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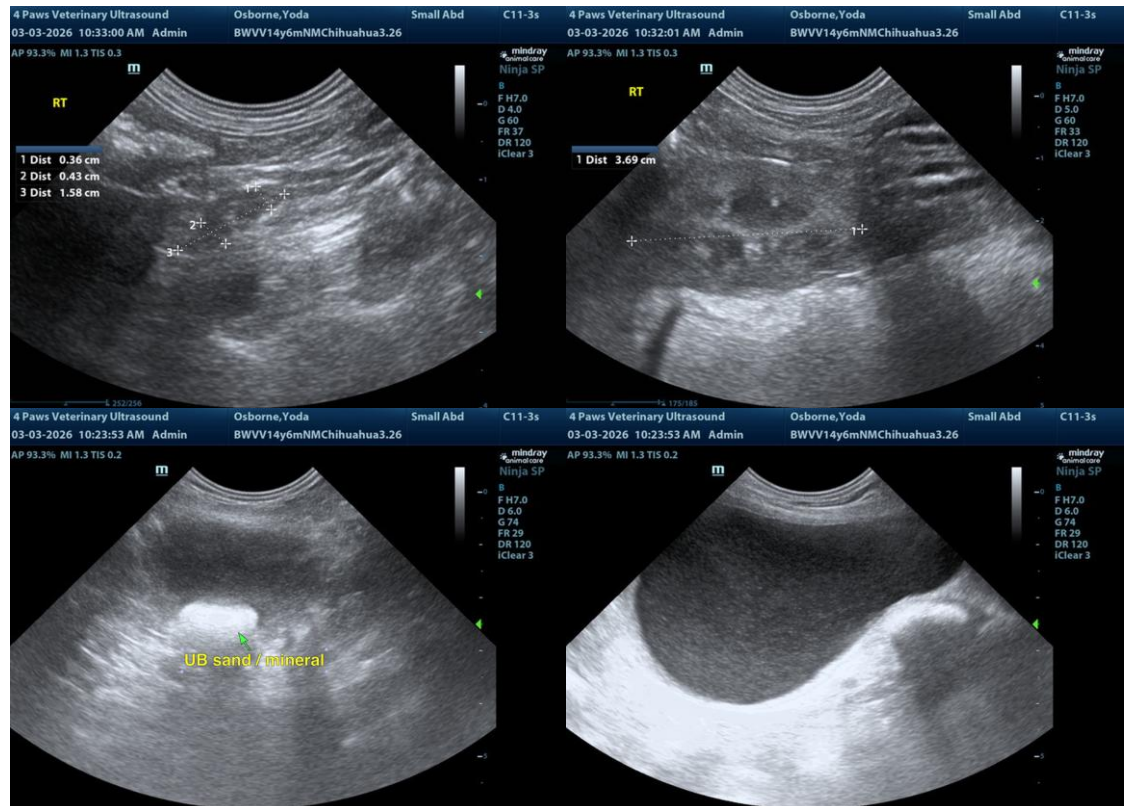
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com