

**PATIENT**

Agnes Kramkowski

SPECIES

Canine

BREED

Standard Poodle

SEX

FS

AGE

12yr

WEIGHT

22kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Renee Trionfetti, VMD

HOSPITAL NAMEBrandywine Valley
Veterinary Hospital**REFERRING VET**Karen Clark-Rubin,
DVM**INVOICE**

24502

DATE

04/13/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate a very mild anemia and mild liver enzyme elevation (ALT, ALP, GGT). CXR preformed today and a pulmonary nodule was present.

PMH: Squamous cell carcinoma (years prior, digit-amputations, managed w/ oncology; Hypothyroid

Meds: Proin, Denamarin Advanced, Thyro-tabs 0.3 mg

Abnormal PE/Chem/CBC/UA Results: - 3VCXR: Pulmonary nodule noted - PT 14 (11-17), PTT 86 (72-102)- WNL - Liver FNA of left liver intraparenchymal mass - Pending - Chem: Alb 3.3-n, ALP 792 H (5-160), ALT 355 H (18-121), GGT 29 H, remainder NSF - CBC: Hct 39.9% L, Hgb 13.6 L, RBC 5.61 L, normocytic, normochromic, plts 177-n, remainder NSF - T4: 2.1 (on thyro supp) - 4Dx: Anaplasma pos, neg x 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.47 cm width in the caudal pole. The right adrenal gland measured 0.48 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 exhibited mild generalized enlargement and maintained symmetrical mildly rounded contour. An indistinctly marginated, isochoric to mildly hypoechoic mass occupying the majority of the mid liver without evidence of associated capsule distortion was present measuring ~ 10 cm x 6.2 cm. The mass exhibited similar to mild hypoechoic echogenicity compared to adjacent normal appearing hepatic



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parenchyma. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Homogenous liver mass
- Mild gallbladder debris (non-mucocele)
- Normal spleen
- Age-related renal/ adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver mass may include hyperplasia, hepatoma like mass, low-grade primary, malignant or metastatic neoplasia or other. Correlation with pending mass cytology is recommended. Biopsy with histopathology may be required for definitive diagnosis. No evidence of adrenal pathology as a contributing factor to the hepatopathy. Hepatosupportive medications pending cytology or further workup may prove beneficial.

Aside from the nonspecific liver mass, largely a geriatric abdomen without evidence of additional visceral pathology or neoplastic / metastatic criteria.



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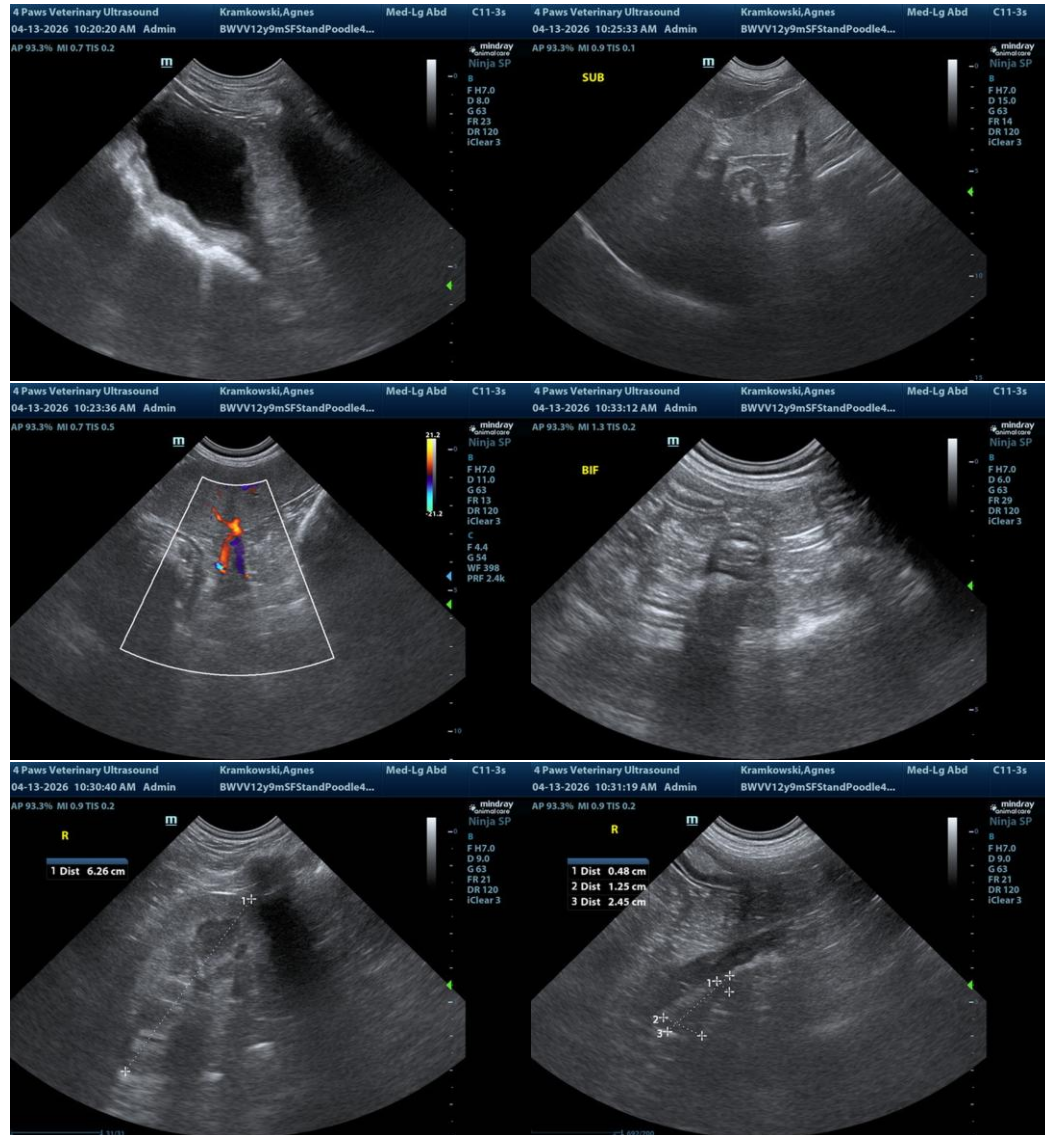
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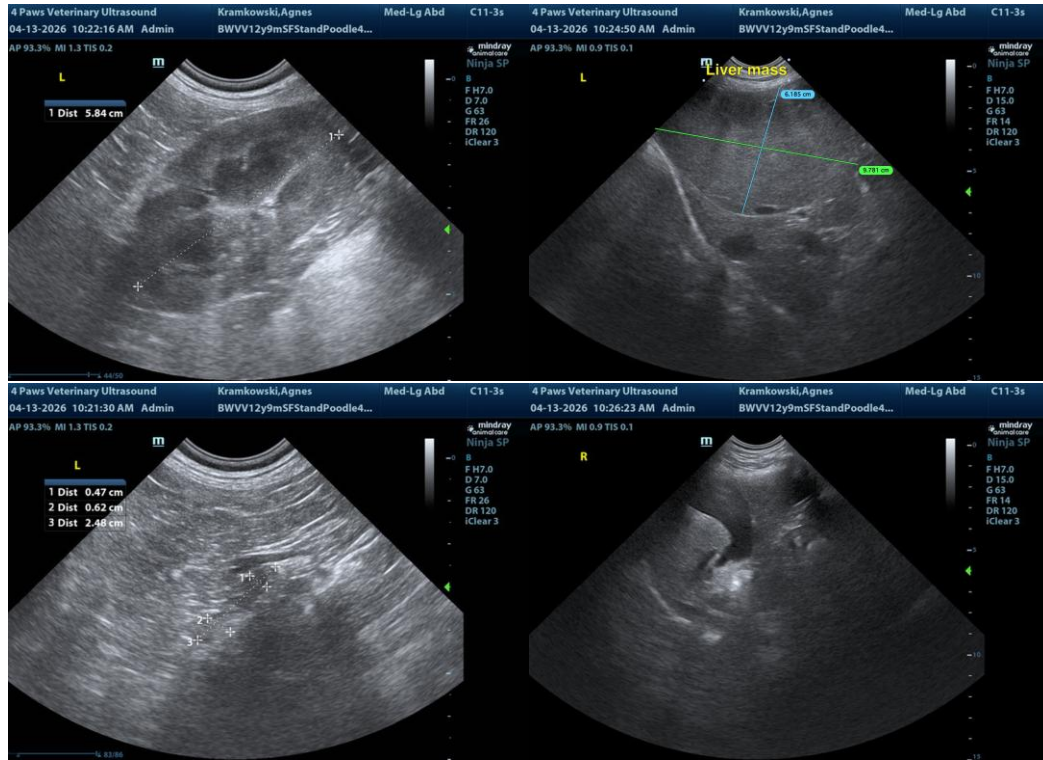
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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