



## PATIENT

Nala Kamel

## SPECIES

Canine

## BREED

Mixed

## SEX

FS

## AGE

11yr

## WEIGHT

19.3kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Gira

## HOSPITAL NAME

Glamorgan AC

## REFERRING VET

Dr Kevin MacAulay

## INVOICE

24388

## DATE

04/02/2026

## PRESENTING CLINICAL SIGNS

Patient presented for pre-dental labs. Elevated liver and lipase enzymes.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 6.05 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.74 cm width in the caudal pole. The right adrenal gland measured 0.90 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

A moderately sized to irregularly expansive mixed echogenic to hyperechoic liver mass occupying a majority of the mid to left liver was present with secondary hepatomegaly. The remainder of the liver parenchyma exhibited normal echogenicity with mild coarse echotexture noted in the right liver. The mass measured ~ 10 cm in diameter.

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.



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## *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

- Liver mass
- Mild non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Bilateral mild adrenomegaly
- Mild pancreatic remodeling

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the liver mass is highly suggestive of neoplastic criteria, i.e. carcinoma or other with significant hyperplasia or granuloma thought less likely. Assuming normal clotting status, hepatic mass and accessible parenchyma FNA cytology could be considered for additional clarification. Gold standard biopsies with histopathology are likely required for definitive diagnosis. Surgical resectability of the liver mass is considered questionable given likely involvement of more than one liver lobe. Hepatosupportive medications may prove beneficial.

A spec CPL could be considered to assess for evidence of mild chronic pancreatitis if concurrent clinical signs are present. The adrenal glands are nonspecific with mild hyperplasia or adenomatous change suspected. Adrenal screening if clinical signs consistent with Cushing's syndrome may be considered.



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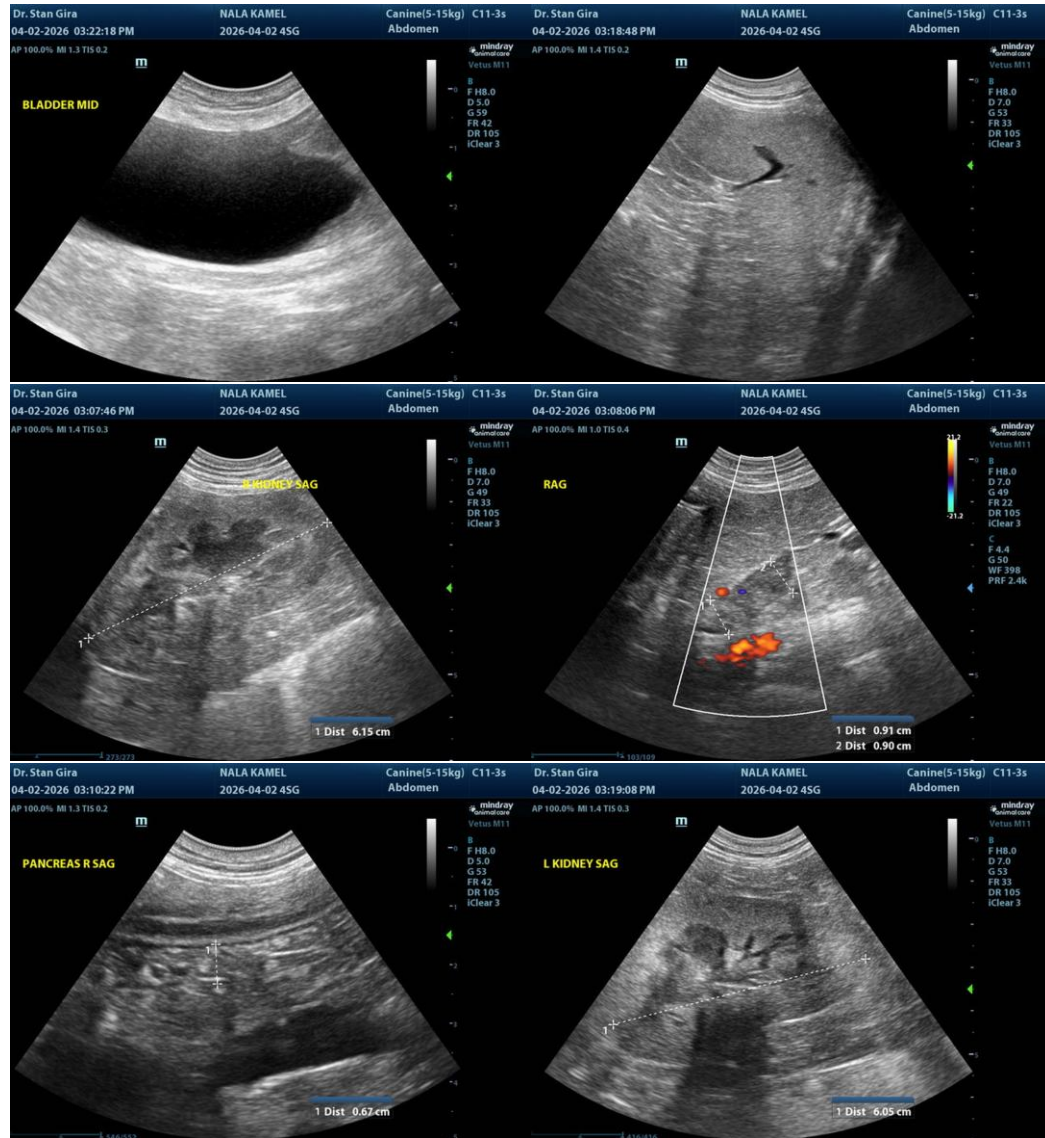
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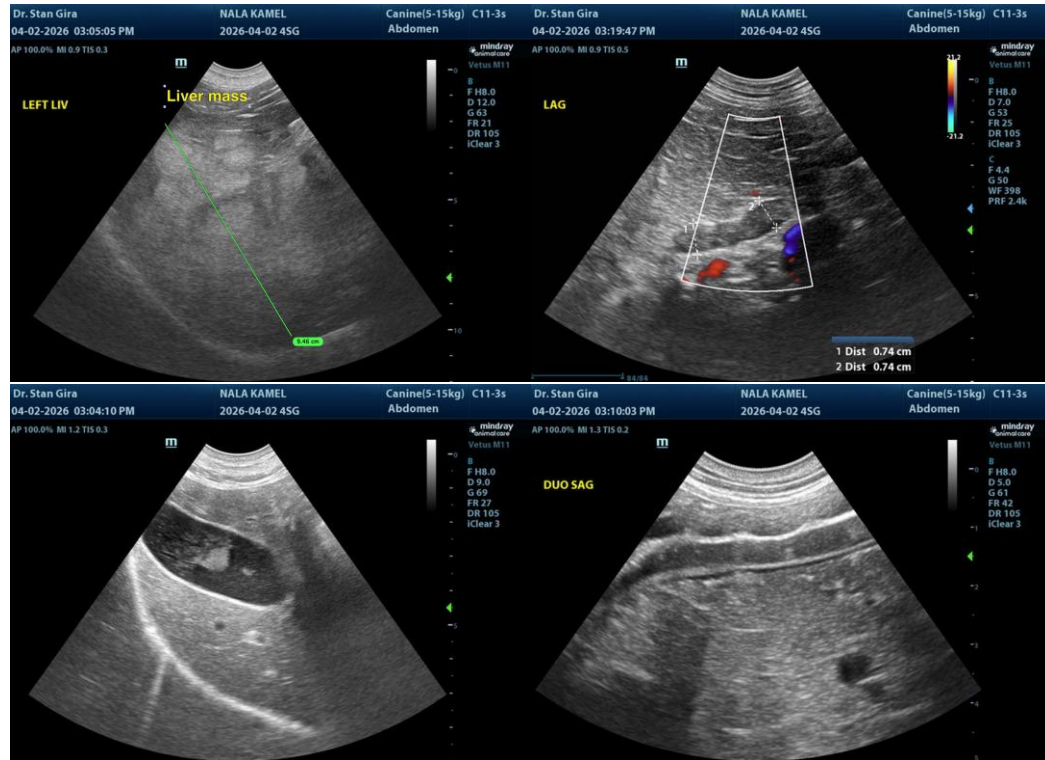
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)