



PATIENT

Pickle Bini

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

9 Years

WEIGHT

15.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Tronfetti VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson VMD

INVOICE

15403

DATE

04/23/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate gradual progressive unintentional weight loss over the past year. Now hyporexic and mild ALT elevation on BW. New grade 2-3/6 left apical systolic HM appreciated end of March 2026.

Abnormal PE/Chem/CBC/UA Results: Doppler BP: 90, 100, 90 mmHg 3V-CXR: results pending CBC: Hct 44.2%, MCV- 60.3 L- microcytosis (r/o spurious vs blood loss/destruction) MCHC 38.9 H- hyperchromic (r/o artifact-most likely), Eos- 0.04 mild L, PLT 623 H CHEM: SDMA- 14 high-norm, Cr 1.2-n, BUN 14-n, Alb 2.5-n, ALT 168 H (10-125), remainder NSF T4: 3.5- nsf UA: USG 1.038, mild proteinuria, no active sediment noted, air present in sample causing flags of rbc/wbc.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 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 0.63 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.

Liver & Gallbladder

The liver presented enlarged with asymmetrical hepatic capsule contour and diffuse moderate to significant nonhomogenous parenchyma exhibiting multifocal variably sized intraparenchymal nodules exhibiting primarily nonhomogenous hyperechoic to peripherally hypoechoic nodule parenchyma. AN example of nodule measured 3.5 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonobstructive intestinal ileus with nonshadowing ingesta/chyme.

Normal visible colon wall layers were present with generalized nonformed fecal matter.

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

Swollen nonhomogenous hepatic lymph node was present adjacent to the portal vein measuring 2.7 cm x 2.0 cm. No additional significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with diffuse significant nonhomogenous parenchyma, multiple variably sized hepatic intraparenchymal nodules- strong concern for target lesions.
- Swollen nonhomogenous hepatic lymphadenopathy.
- Mild gallbladder debris (non-mucocele).
- Normal spleen.
- Normal gastrointestinal tract with mild gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the liver and concern for target lesion type diffuse hepatic nodules are strongly suggestive of neoplastic criteria. Chronic active hepatitis or other chronic inflammatory disease, fibrosis, cirrhosis, nodular hyperplasia or granulomas are possible yet thought less likely.

Correlation with hepatic FNA cytology is recommended. Hepatic biopsies with histopathology may be required for a definitive diagnosis. Correlation with three view chest radiographs is recommended. A GI panel to include PLI, TLI, cobalamin and folate to assess for occult intestinal or pancreatic disease as a contributing factor to the weight loss may be considered pending hepatic sampling.



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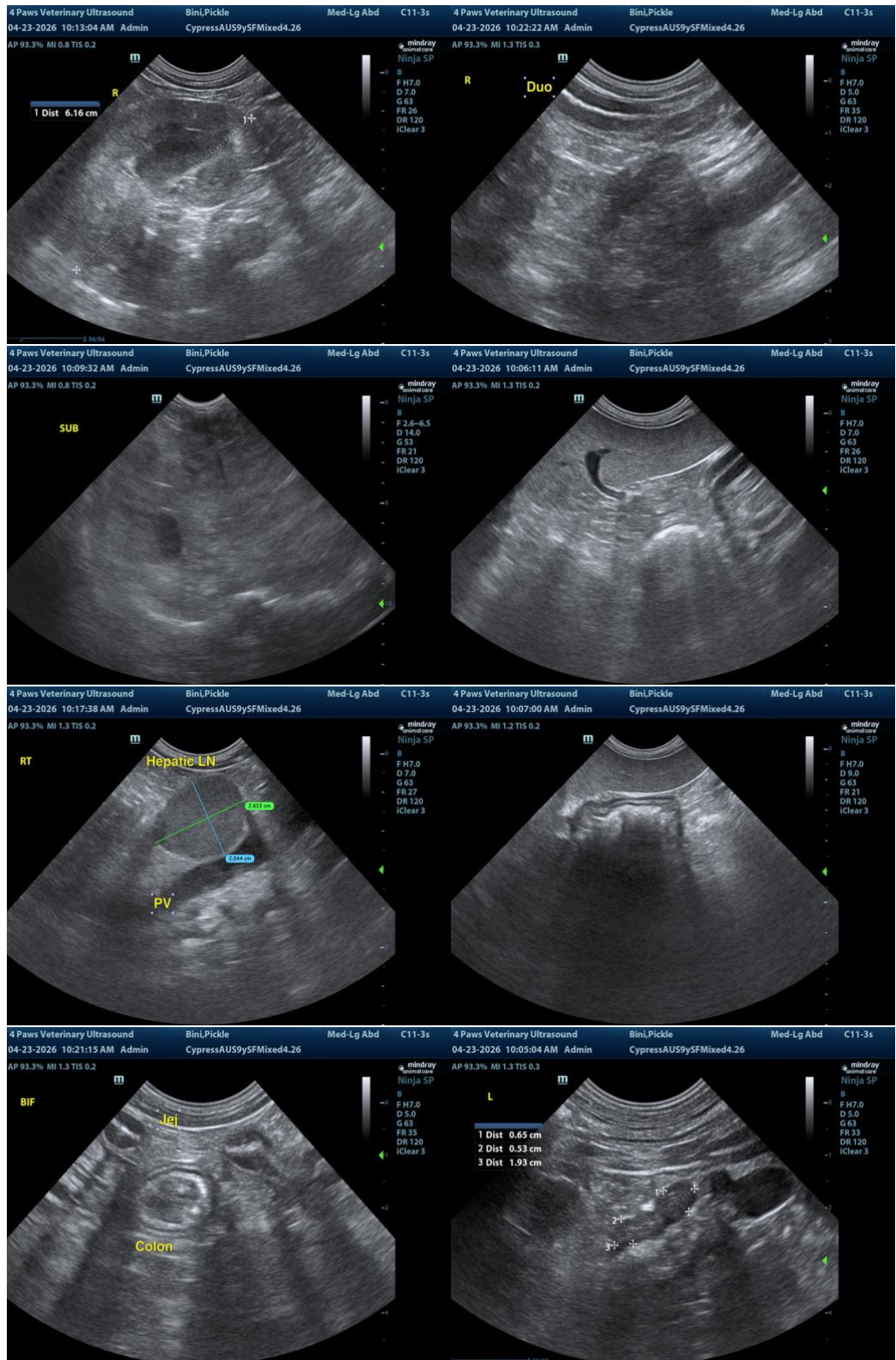
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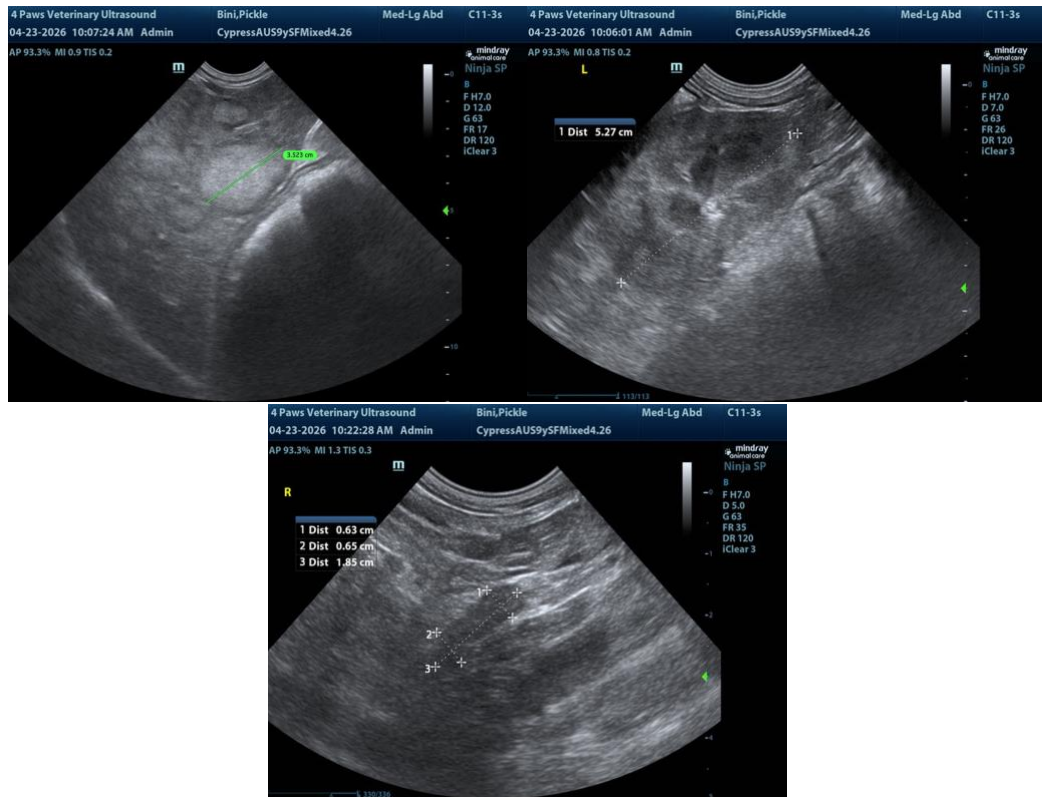
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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