



PATIENT

Pompei Brumfield

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

9 Years

WEIGHT

20.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Mack

INVOICE

15408

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Patient seen 4/16 for panting more and not acting normal. In-house rads showed an enlarged liver. Bloodwork from appointment in February was normal. Patient also has history of pancreatitis, acute neck pain and tracheal collapse. Previous ultrasound sent to SonoPath on 5/17/25.

Abnormal PE/Chem/CBC/UA Results: Bloodwork in February was WNL - Ultrasound guided cystocentesis showed rods and cocci on in-house U/A analyzer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

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. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was borderline prominent in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was borderline prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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 in size with symmetrical contour and generalized nonhomogenous parenchyma exhibiting previously noted static hyperechoic nodule with concurrent intermittent discrete hypoechoic nodules. The hyperechoic nodule measured 1.0 cm in diameter. A discrete hypoechoic nodule measured 1.0 cm in diameter.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid and lumen gas 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 normal in size and contour with heterogeneous mildly remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

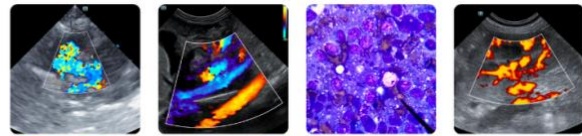
ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous liver exhibiting static to discrete variably echogenic parenchymal nodules.
- Early immature gallbladder mucocele.
- Bilateral borderline adrenomegaly.
- Mild age-related renal changes.
- Mild remodeled heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar/cholestatic hepatopathy, inflammatory disease, hyperplasia, hematopoiesis with suspect static lipogranuloma or other hepatopathy are possible with neoplasia thought less likely. Adrenal screening could be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise. Correlation with recheck hepatic enzyme levels is recommended.

The pancreas suggests remodeling owing to previous inflammation given patient's history. Persistent mild chronic pancreatitis may be suspected if gastrointestinal signs or cranial abdomen/subxiphoid discomfort on palpation. If patient is non-clinical, hepatosupportive medications with sonographic monitoring of the liver and gallbladder, specifically if progressive cholestasis or clinical signs are consistent with progressive gallbladder mucocele would be reasonable.



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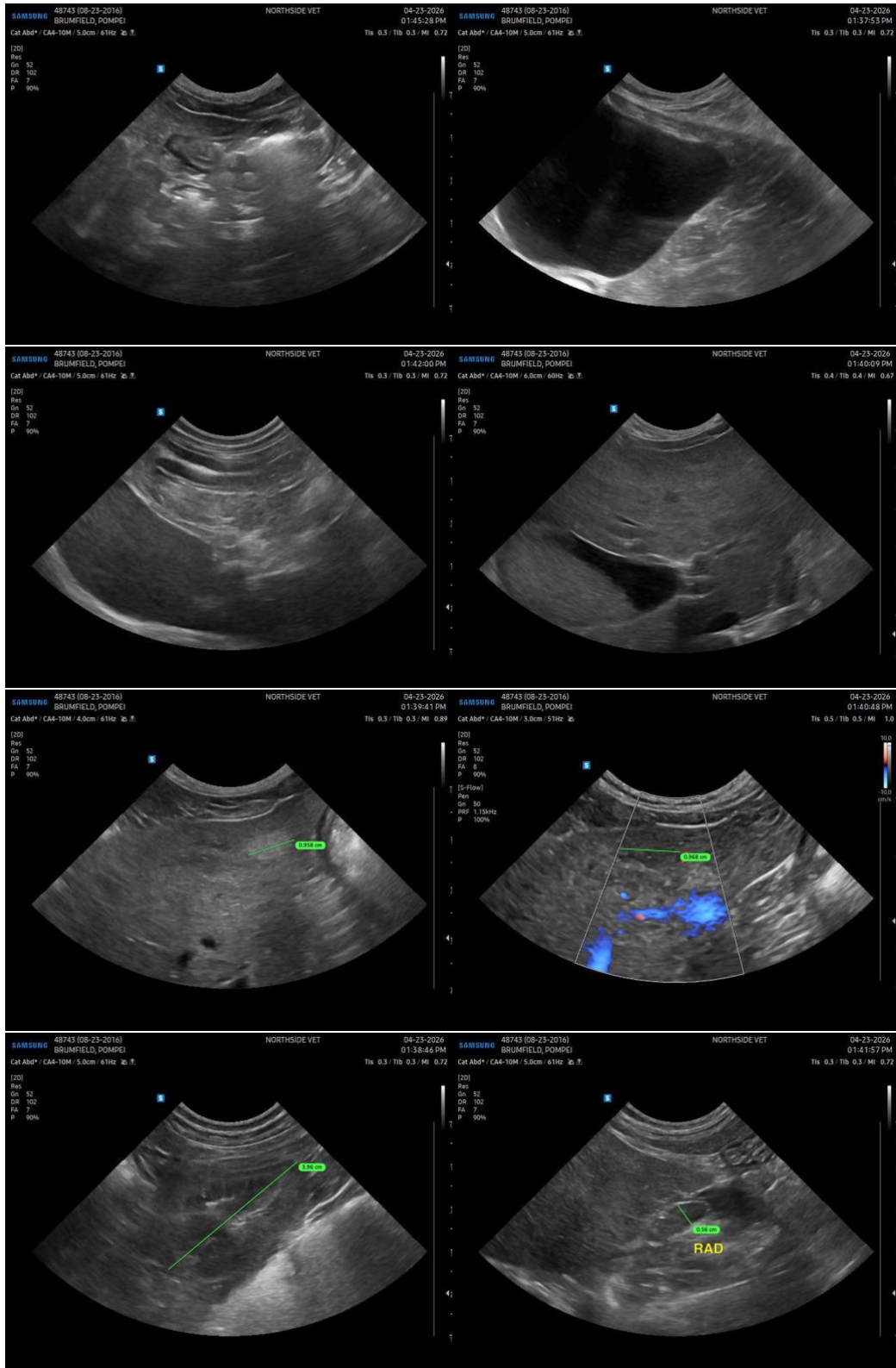
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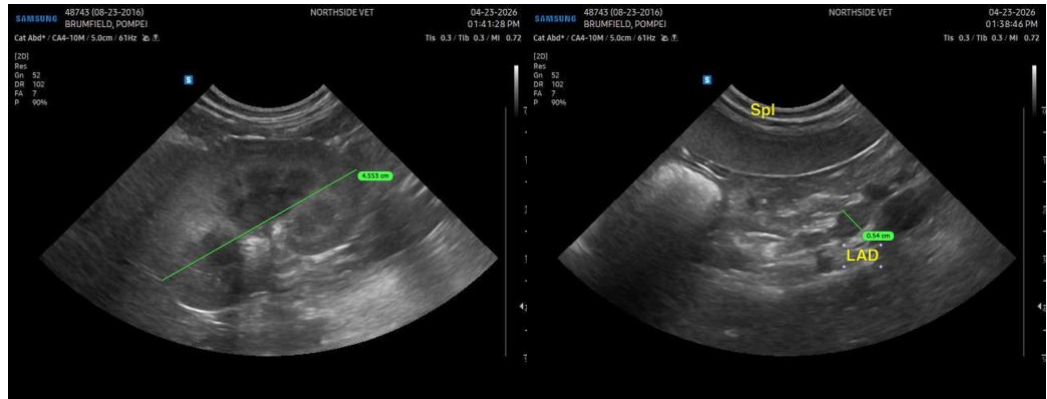
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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