



PATIENT

Ruth Laub

SPECIES

Canine

BREED

Pug Mix

SEX

SF

AGE

12 yrs

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Carter

INVOICE

10783

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Chronic degenerative valve disease stage B2 with moderate left side cardiomegaly. Pimobendan. Heart murmur; grade 3/6. Presented on March 24 for weight loss and polydipsia for the last 4 months. Mostly in the morning. Will drink excessively and become bloated. Weight loss, 18% of body weight in 4months

Abnormal PE/Chem/CBC/UA Results: monocytes 1170 (0-840) platelets 420 (170-400) PSL 542 (24-140) triglycerides 1194 (29-291) cholesterol 867 (92-324) cl 101 (102-120) creatinine 0.3 (0.5-1.6) ALP 757 (5-131) GGT 22 (1-12) cysto yellow, clear usg 1.004 (>= 1.025) protein 1+ trace occult blood rbc 2-3 (0-3) T4 <0.5 (0.8-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

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

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 4.5 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

Mild bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.69 cm width at the caudal pole. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

The spleen exhibited several variably expansive, nonhomogeneous nodules, some with associated splenic distortion. An example of a splenic nodule measured 1.7 cm in diameter.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. There is no evidence of pericholecystic omental inflammation or effusion. The common bile duct was not definitively visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Focal discrete hyperechoic intestinal mucosal speckling was noted. Mild nonshadowing intestinal ingesta was present. There is no evidence of an obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

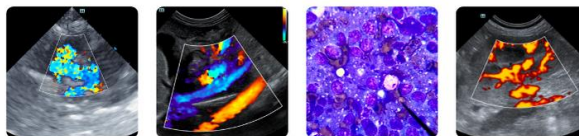
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Variably expansive splenic nodules – hyperplasia, hematopoiesis, granuloma, neoplasia to emerging tumors possible
- Hepatopathy – subjective benign
- Noninflamed gallbladder mucocele
- Structurally normal gastrointestinal tract exhibiting focal discrete intestinal mucosal speckling and gastrointestinal ingesta – ingesta consistent with food echogenicity
- Age-related renal changes
- Bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is recommended if clinical signs or suspicion of Cushing's Syndrome. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of an accessible splenic nodule is warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs, given weight loss, is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on a sterile urine sample may be considered. Pending additional diagnostics, diagnostic and prophylactic splenectomy with gross inspection of the liver / gallbladder +/- cholecystectomy and gastrointestinal biopsies may be considered.



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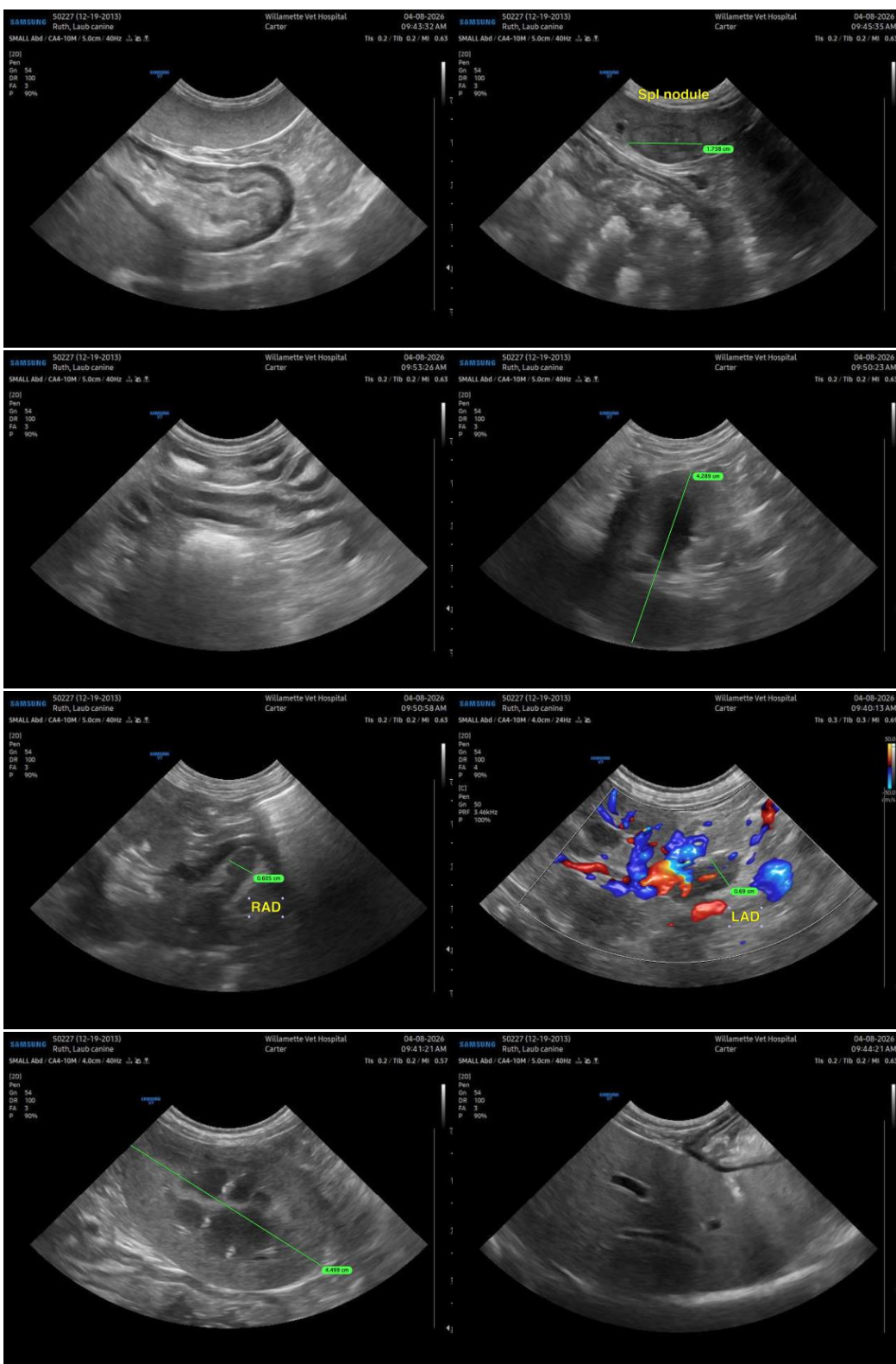
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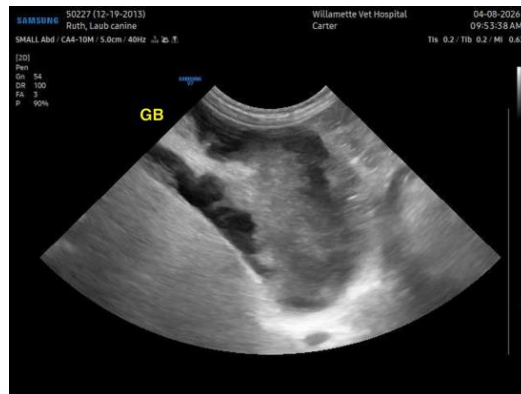
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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