

PATIENT

Pila Graveline

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

9 years

WEIGHT

78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Leduc

INVOICE

10788

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Coughing for 2 weeks, Heart murmur with tachycardia, no murmur when HR 120
ABNORMAL Labwork Values - CBC Anemia HCT 28.1, Chem BG 143 SDMA 17, UA USG 1.025 pH 8.0 Marked rods and WBCs Culture pending, T4 normal. For ECHO Only: Blood Pressure, Avg 143, HR/RR/BP: 120/pant/143. Is there a Heart Murmur? If so, please grade. - gd II-III/VI when tachycardic No murmur when HGR 120

Current Medications- none. Radiographic Findings - Splenomegaly, Cardiomegaly, perihilar effusion with significantly increased interstitium. Abnormal PE/Chem/CBC/UA Results: HX of seizure like episode Tuesday 10-15 seconds. Recovered right away

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 evidence of urine or 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.

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

The left kidney was normal in size exhibiting a 1:3 cortex / medullar ratio with adequate corticomedullary border demarcation. 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. Caudal lateral, mildly expansive, nonhomogeneous lesion, measuring 2.7 cm in diameter was present with mild associated renal capsule distortion. Soft tissue echo was present in the subjective left renal artery with associated mild arterial dilation, measuring 1.2 cm in diameter. The left kidney measured 7.0 cm in length.

Normal size and margination were present in the right kidney. 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 right kidney measured 7.1 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 0.58 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 0.59 cm width at the caudal pole.

Spleen

The spleen was normal in size with mild asymmetrical splenic capsule contour maintaining homogeneous parenchyma. There were no visualized splenic masses or nodules. Normal splenic vascularity was noted.



PATIENT	<i>Liver/ Gallbladder</i>
Pila Graveline	The liver presented marked hepatomegaly with symmetrical yet swollen capsule contour and homogeneous parenchyma exhibiting mild coarse echotexture. Subjective mild increased prominence of the hepatic vasculature was present, most notable at the level of the hepatic vein caudal vena cava junction with concurrent mildly dilated cranial abdomen caudal vena cava measuring 2.0 cm in diameter. No obvious visualized vena cava thrombus. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
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SEX	<i>Gastrointestinal</i>
FS	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
AGE	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.
9 years	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	<i>Pancreas</i>
78 lbs.	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 were evident.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Minor perihepatic effusion was noted with generalized normal omental echogenicity. No significant or swollen mesenteric lymphadenopathy was visualized.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Sara Hansen	<ul style="list-style-type: none"> • Marked hepatomegaly with evidence of mild congested vasculature • Non-edematous gallbladder • Non-enlarged spleen with mild asymmetrical contour • Left kidney lesion with subjective left renal artery soft tissue echo • Normal adrenal glands • Minor perihepatic effusion
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INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
10788	The liver presentation may indicate emerging passive hepatic congestion or primarily parenchymal disease, including potential for hepatic neoplasia. Correlation with echocardiogram is recommended.
DATE	
4/9/26	The left kidney lesion and subjective soft tissue echo in the left renal artery are concerning for neoplastic criteria with potential renal vascular invasion. Nonspecific benign etiologies, such as granuloma or arterial thrombosis, are possible.



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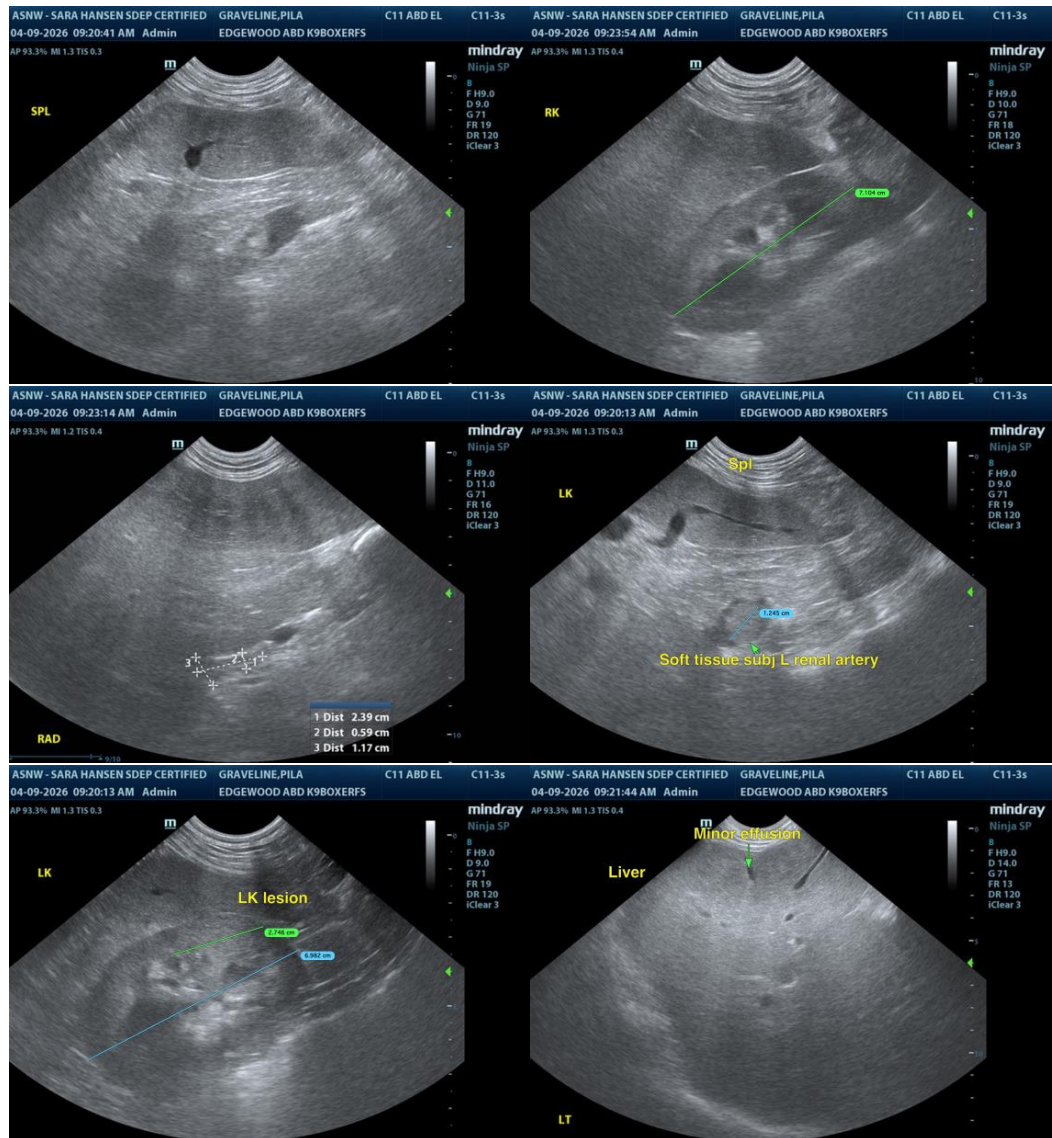
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Clotting status is suggested. If normal, and using a 25-gauge needle, screening hepatosplenic cytology is warranted to assess for occult disease. Serial sonographic monitoring of the left kidney lesion and vascular echo for evidence of progression is recommended.





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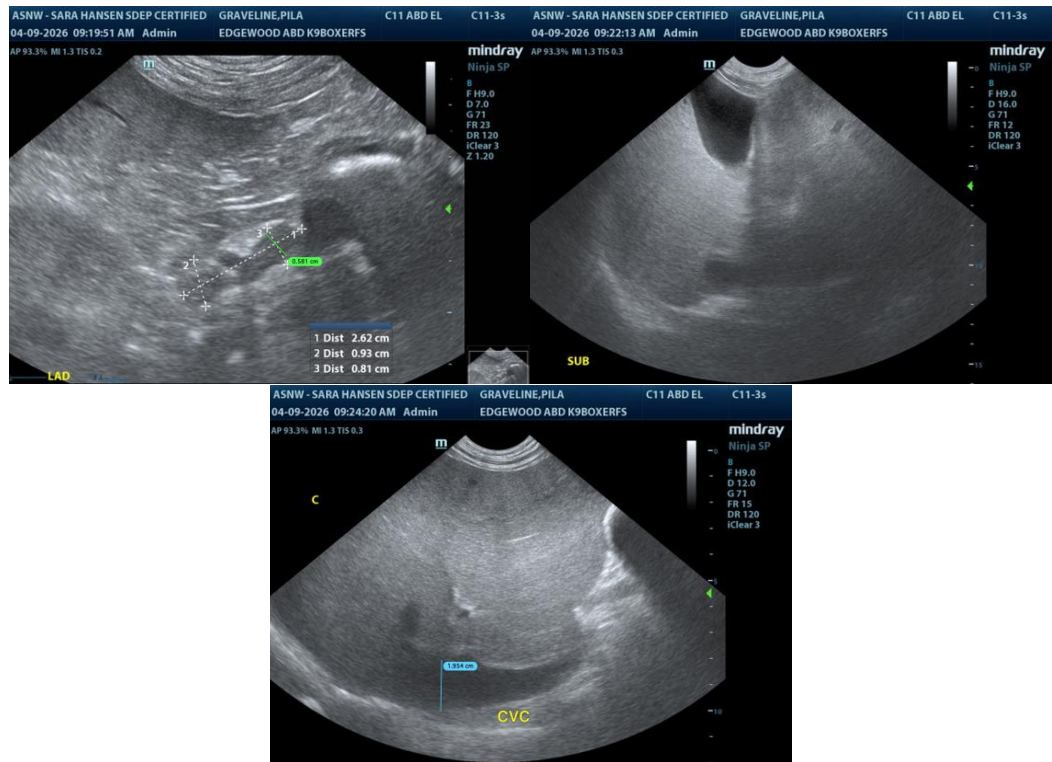
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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