



PATIENT

Axel Facer

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12yr

WEIGHT

95lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Jason Brehm

INVOICE

24827

DATE

05/13/2026

PRESENTING CLINICAL SIGNS

Fibrosarcoma diagnosed 5ish years ago
Currently under going chemotherapy
Met check ultrasound

Patient previously had AUS performed with Sonopath in February 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.8 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with mild, dependent to non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The residual prostate appeared normal and free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild focal medullary mineral were present. The left kidney measured 7.3 cm in length. The right kidney measured 7.6 cm in length. Previously noted left kidney cyst present measuring ~ 7.8 centimeters in diameter.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 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 mild to moderately 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 non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.



PATIENT

Axel Facer

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12yr

WEIGHT

95lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Jason Brehm

INVOICE

24827

DATE

05/13/2026

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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.

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

- Hepatopathy - sonographically similar to previous study and consistent with benign criteria
- Static mild non-organized gallbladder debris
- Chronic renal changes with mild medullary mineral and previously noted left kidney cyst
- Gastric ingesta- consistent with food echogenicity
- Mild cystitis pattern with urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic presentation of the abdomen compared to the previous study without evidence of primary or metastatic neoplastic criteria. Urine C/S on a sterile urine sample recommended if evidence of inflammatory sediment although non-specific with potential urine cellular, crystalline debris or lipid. Hepatosupportive medications may prove beneficial.



PATIENT

Axel Facer

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12yr

WEIGHT

95lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

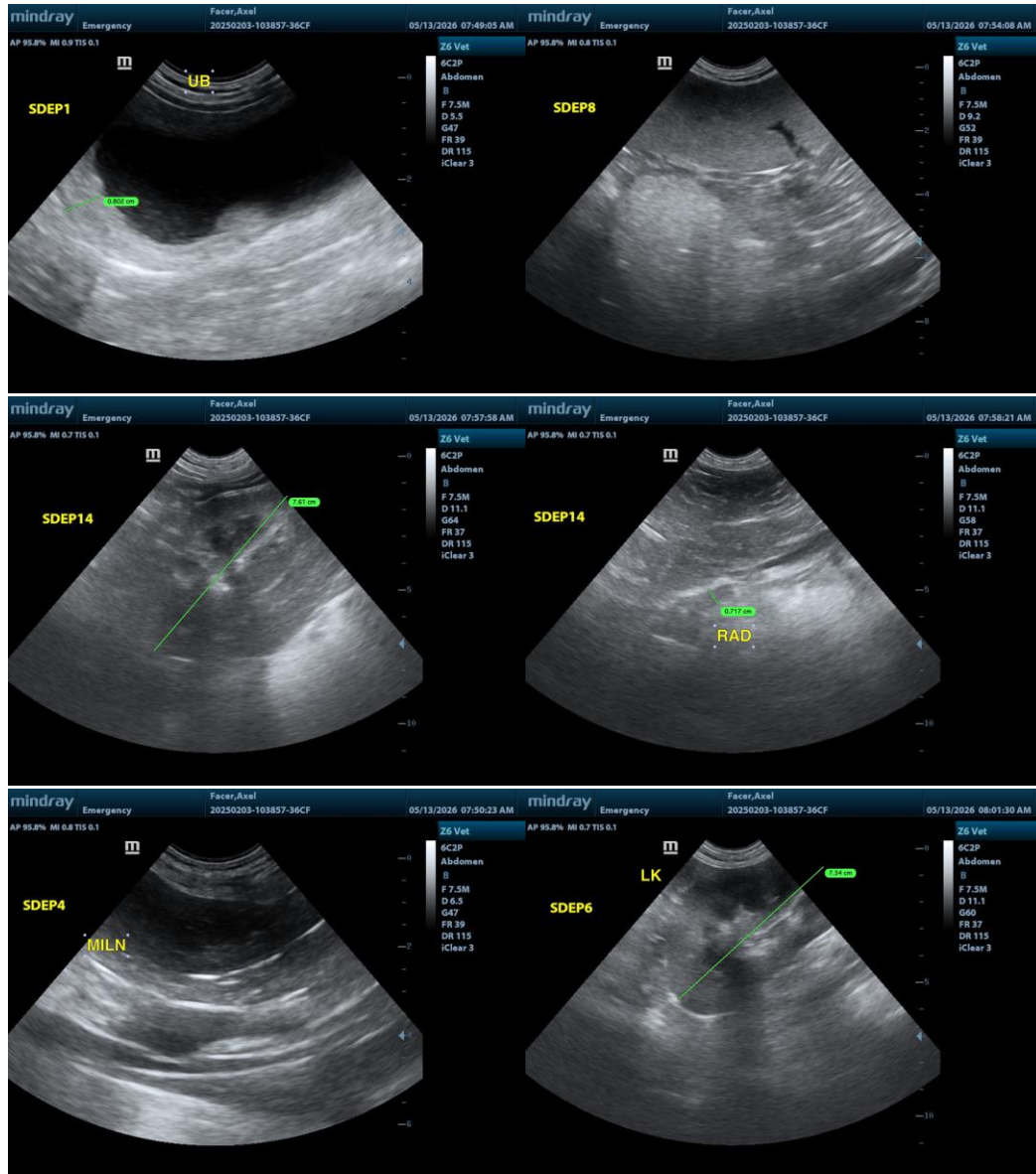
Dr. Jason Brehm

INVOICE

24827

DATE

05/13/2026





PATIENT

Axel Facer

SPECIES

Canine

BREED

Mix

SEX

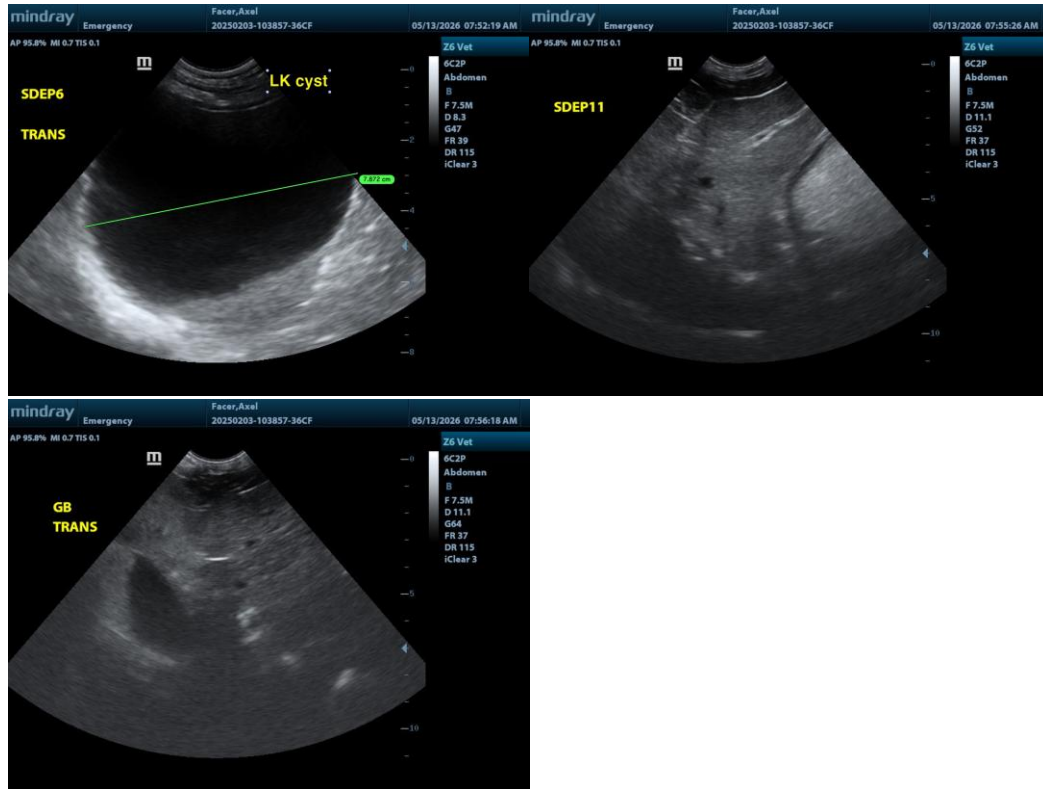
MN

AGE

12yr

WEIGHT

95lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg Veterinary
Hospital

REFERRING VET

Dr. Jason Brehm

INVOICE

24827

DATE

05/13/2026

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