



PATIENT

Howie Johnson

SPECIES

Canine

BREED

Basenji

SEX

Neutered Male

AGE

12 Years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

16239

DATE

05/14/26

PRESENTING CLINICAL SIGNS

P presents for evaluation of persistent UTI. Minimal improvement on amoxicillin. Urine culture pending. Historic increased liver values, no major changes in last few years (note P had an ultrasound 2 years ago with SonoPath. FNA at that time revealed: Moderate vacuolar hepatopathy (glycogen), mild hepatocellular atypia, and possible mild mixed inflammation (please see comments)

Abnormal PE/Chem/CBC/UA Results: mild increase in ALT: 225 U/L Moderate increase in ALKP: 771 U/L Moderate increase in GGT: 30 U/L Moderate thrombocytosis: 1019 K/uL USG: 1.020, 50-75 WBC/hpf, marked rods/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical wall thickness measured 0.66 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 to a depth of 3.0 cm exhibited normal tone. Anechoic urine was present in the lumen with mild particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology measuring 1.1 cm in diameter.

The area of the aortic trifurcation was 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 6.0 cm in length. The right kidney was primarily visualized in the transverse plane.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.88 cm width at the caudal pole. The right adrenal gland measured 0.77 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with rounded contour and nonhomogenous hyperechoic parenchyma with multifocal hypoechoic intraparenchymal nodules with an example measuring 1.4 cm



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in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, progressively nonshadowing ingesta (consistent with food echogenicity) without 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 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 isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This presentation is most consistent with age-related changes or benign remodeling and considered incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis bladder pattern.
- Age-related renal changes.
- Bilateral mild adrenomegaly.
- Enlarged non-homogenous hyperechoic liver with multiple hypoechoic nodules.
- Early immature gallbladder mucocele.
- Small hyperechoic splenic nodules- most consistent with benign criteria, i.e. myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for emerging diffuse urinary bladder tumor yet thought less likely. Correlation with pending urine culture and sensitivity +/- screening BRAF assay is recommended. The liver is consistent with chronic hepatopathy criteria given patient's history, likely consistent with previous sampling. Emerging to primary or metastatic hepatic neoplasia is thought less likely. If significant time since previous hepatic sampling, recheck hepatic FNA cytology, assuming normal clotting status, could be considered. Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome. Hepatosupportive medications may prove beneficial.



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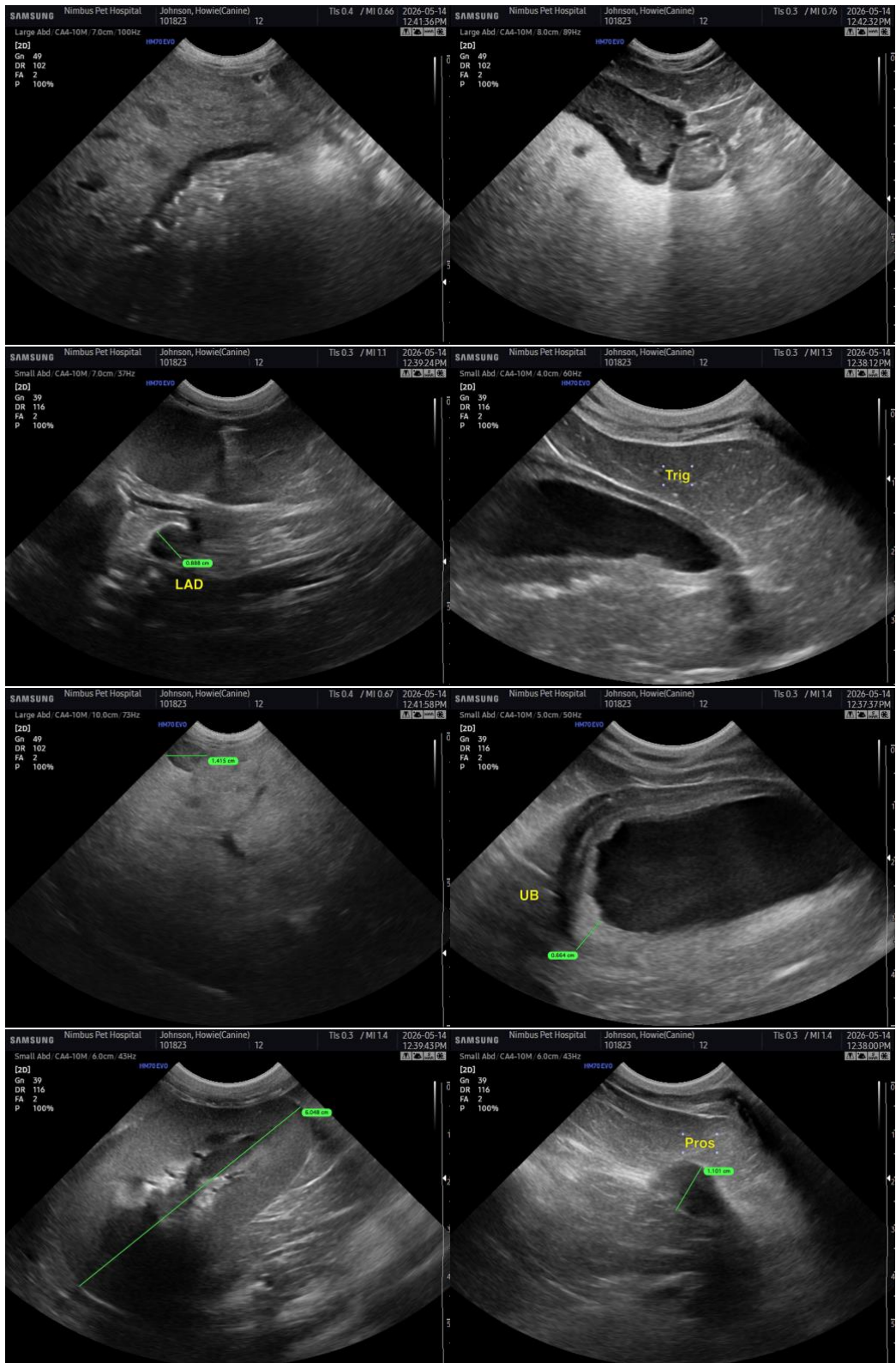
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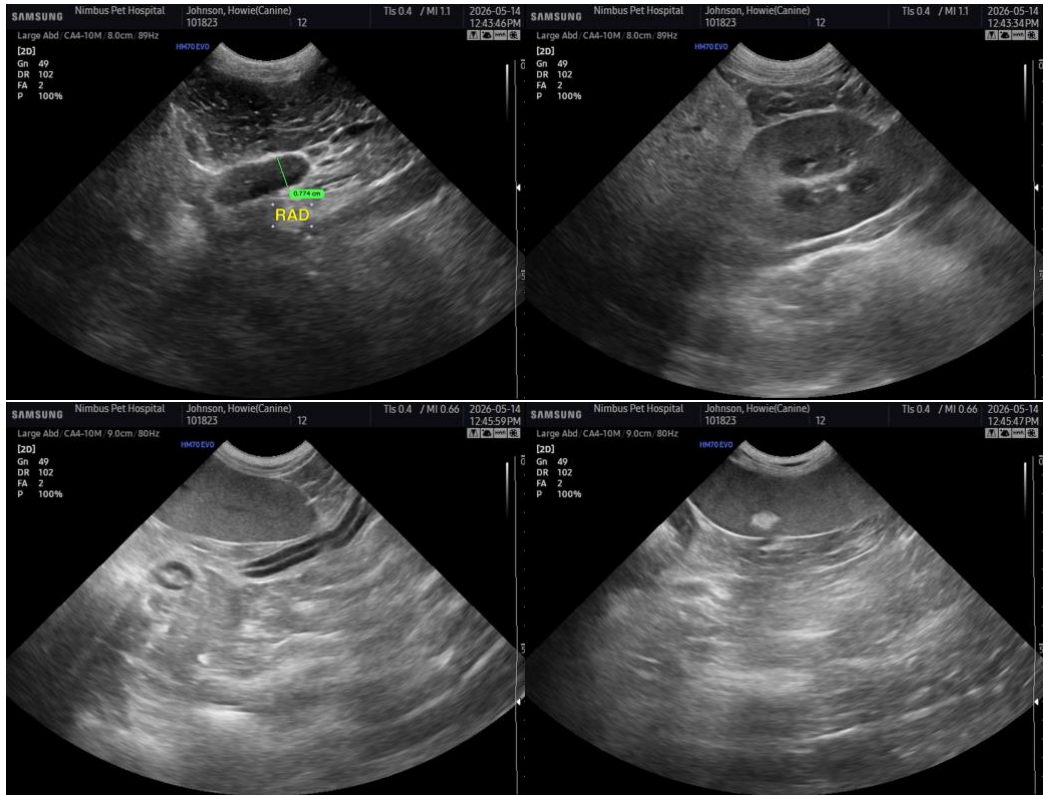
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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