



PATIENT

Salsa Nickels

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

16231

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Patient has a history of azotemia and hypertension. she does not tolerate enalapril, so she is on telmisartan. starting this week, patient stopped wanting to eat and was declining. she urinated last night but this morning, she will not stand up and seems very weak. rDVM radiographs were concerning for bladder distention but she did urinate last night

CBC. neutrophilia, monocytosis, thrombocytopenia Chemistry. BUN 88.5, creatinine 2.8, phosphorus 8.8, calcium 8.2, ALP 432, ALT (too high to read - 2892), ALP 432, GGT 35 EPOC. BUN 70, creatinine 3.74, iCa 1.08, potassium 3.2 UA. spg 1.018, proteinuria, hematuria, pyuria, cocci CpLi. abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone without evidence of distention. The 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 aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate to significant loss of corticomedullary border demarcation was also present with mild left kidney pyelectasia. The left kidney measured 3.1 cm in length. The right kidney measured 3.4 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 0.53 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 subjective mildly 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. A mildly expansive mixed echogenic nodular left liver mass was present measuring 3.6 cm in diameter.



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The gallbladder was non distended in size with moderate nondependent variably congealed yet nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta/chyme 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. The duodenum wall measured 0.41 cm wall width. The jejunum wall measured 0.35 cm wall width.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous 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

- Chronic degenerative kidneys with mild left kidney pyelectasia.
- Hepatopathy with left liver intraparenchymal mass.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract with mild gastric stasis.
- Pancreatic remodeling.
- Sonographically normal nondistended urinary bladder and visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of active pancreatitis, although mild to chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation in conjunction with abnormal cPL. FNA cytology of the liver parenchyma and left liver mass if possible and assuming normal clotting status is warranted for further clarification. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Supportive care with monitoring of hepatic enzyme levels and azotemia for further assessment and prognosis with recheck sonogram indicated if progressive hepatopathy or non-responsive azotemia. Guarded prognosis is indicated.



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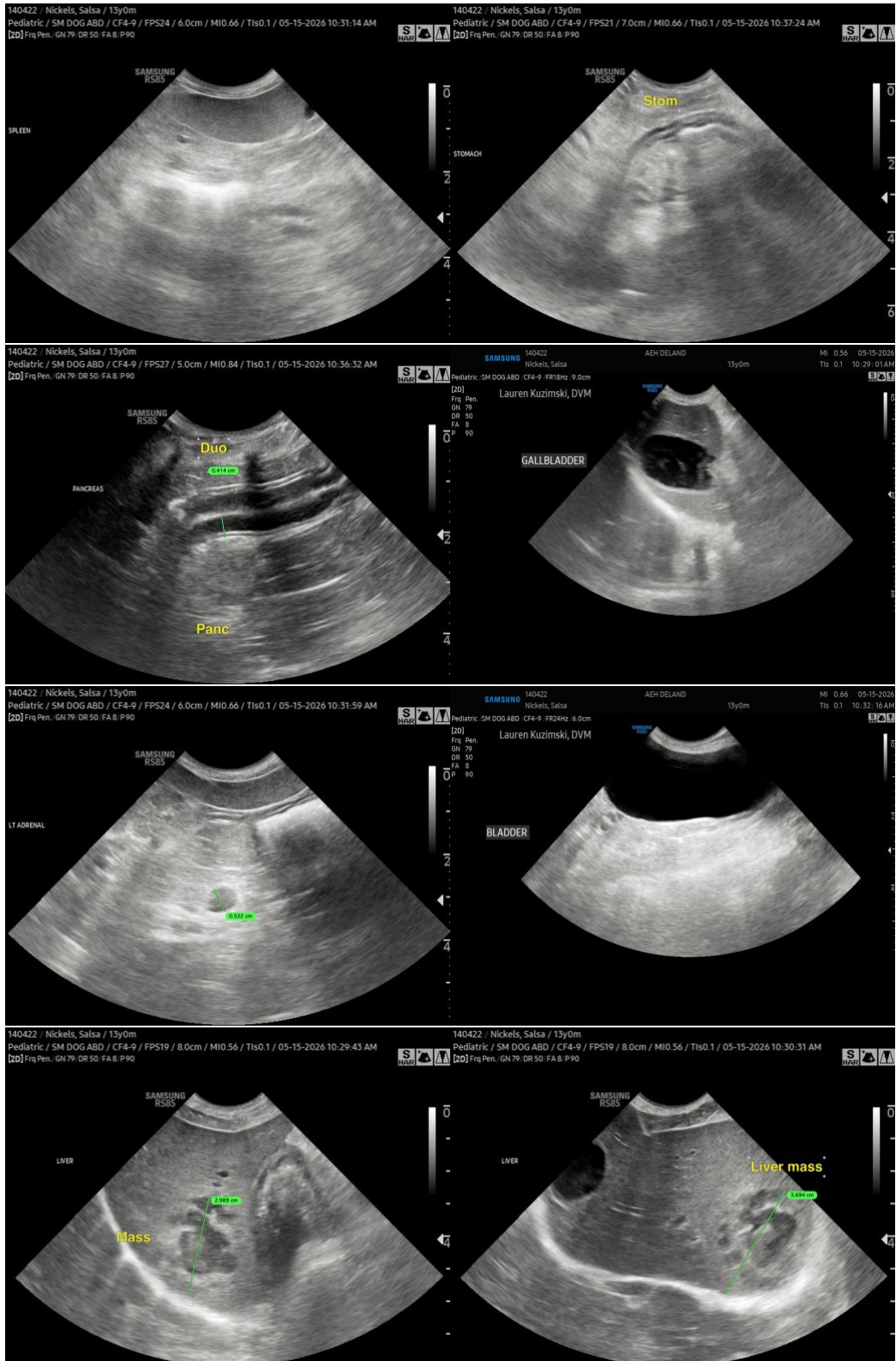
Lauren Kuzimski, DVM

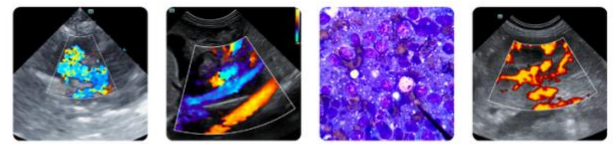
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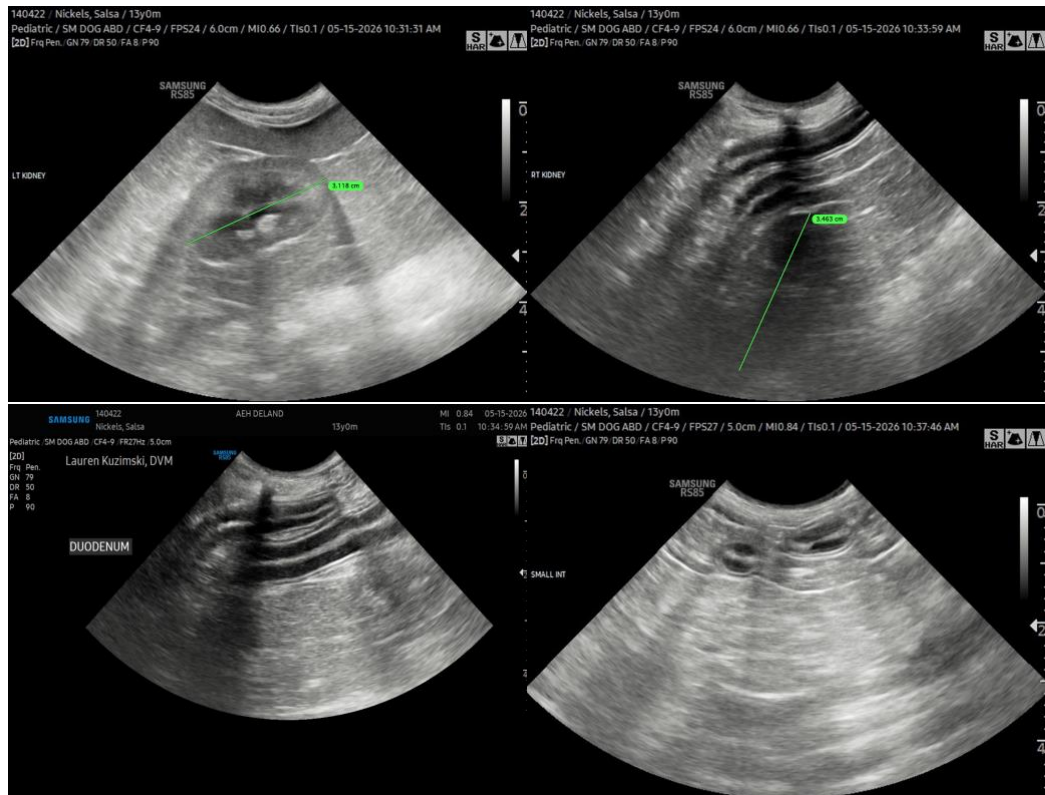
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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