



PATIENT

JD Dembroe

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

14Y, 5M

WEIGHT

16lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Marsh Hospital for
 Animals

REFERRING VET

Dr. Andrew Armani

INVOICE

74904

DATE

5-7-26

PRESENTING CLINICAL SIGNS

Murmur 2-3, Does cough at times. Intermittent diarrhea. Recheck liver mass.
 Abnormal PE/Chem/CBC/UA Results: ALP - 732, ALT - 304, GGT - 36, BUN - 80. USG 1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac 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. Loss of corticomedullary distinction was also present. Multiple small cortical cysts and mild pyelectasia are present in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in 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 moderate generalized enlargement in size. A nonhomogeneous hyperechoic mass was present in the deep left liver measuring approximately 4.3 cm in diameter. Similar appearing subjective separate mass was present in the deep right liver measuring 4.3 cm in diameter. Previously noted mild caudally expansive nonhomogeneous mass was present in the right ventrocaudal liver measuring 4.7 cm in diameter. 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 thin walls and moderate nonorganized to focal emerging mineralized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

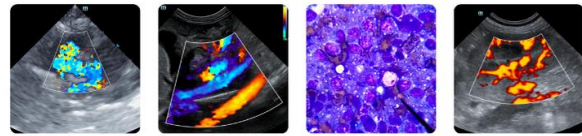
- Previously noted ventrocaudal liver mass with concurrent left and right cranial liver masses.
- Focally mineralized nonorganized gallbladder debris - not consistent with mature mucocele.
- Chronic renal changes exhibiting cortical cysts and pyelectasia.
- Mildly enlarged nonhomogeneous adrenal glands.
- Sonographically normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted liver mass appears subjectively sonographically similar compared to the previous study with newly noted cranial right and left liver masses. Neoplastic criteria, i.e. carcinoma or other is favored with hyperplasia, granuloma, or other benign etiologies thought less likely. FNA cytology of accessible liver mass, if not recently done, warranted for further clarification. Adrenal screening could be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise. Hepatosupportive medications indicated.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Gastrointestinal support which may include dietary trial and high-colony count probiotic may prove beneficial.



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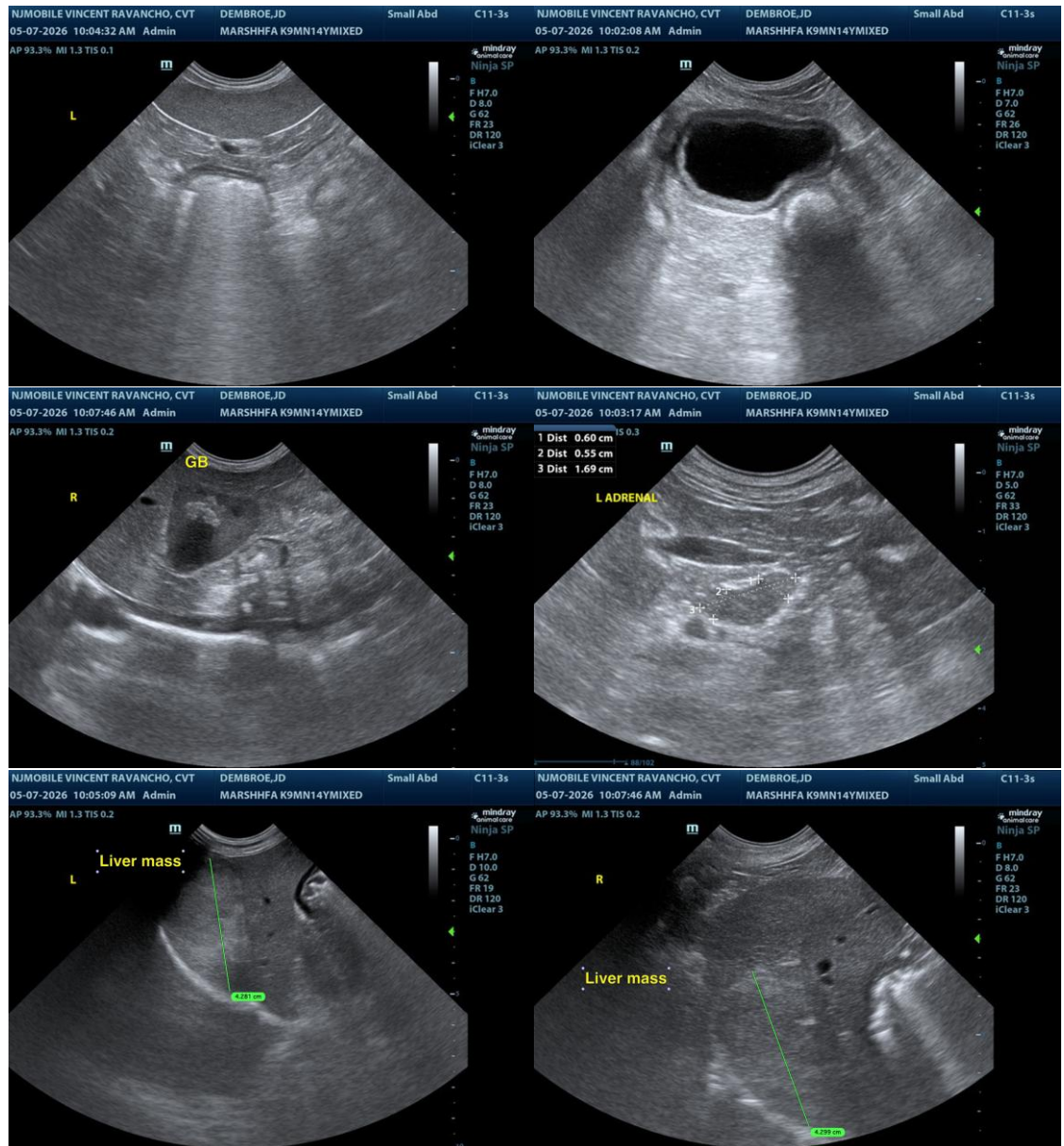
Dr. Andrew Armani

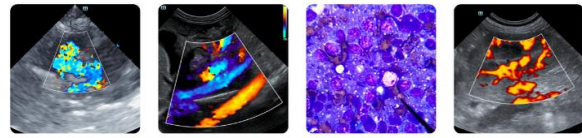
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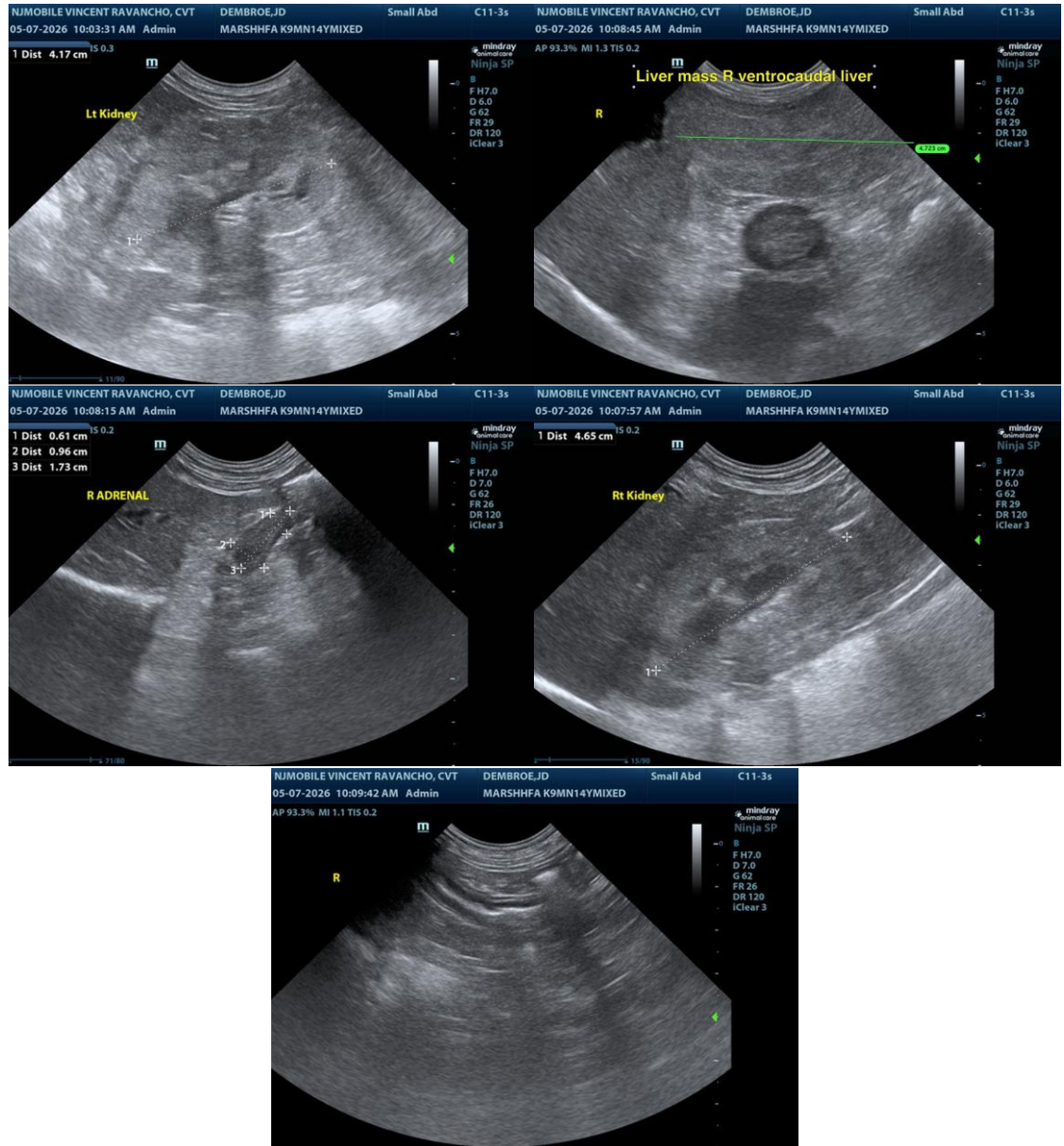
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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