



PATIENT

Thor Knight

SPECIES

Canine

BREED

Cavapoo

SEX

MN

AGE

12.5 yrs

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

10941

DATE

6/2/26

PRESENTING CLINICAL SIGNS

LFT elevation and intermittent hyposthenuria, PUPD (per O, not quantified)

Abnormal PE/Chem/CBC/UA Results: LFT elevation and intermittent hyposthenuria, PUPD (per O, not quantified), Lichenified, hyperpigmented ventral skin. BP 100 doppler. AM USG today was 1.029. ALT 231↑ (ref <118); 133→190→231 ALP 575↑ (ref <131); 343→353→575 PrecisionPSL 349↑ (ref <140); pancreatitis supportive Cholesterol 325↑ borderline, stable Platelets 148↓; clumping, likely minimum UA: protein 1+, SG 1.011, WBC 4-10/hpf (squamous contam) T4 1.6 low-normal; variable trend

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 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.

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

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 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 measured 6.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mild enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.75 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length x 0.71 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 was subjectively borderline/mildly enlarged, exhibiting nonhomogeneous to subtle nodular generalized hepatic parenchyma with variably coarse echotexture. There were no visualized hepatic masses or nodules. Normal hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar-appearing, nonshadowing intestinal ingesta was present without signs of ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous subtle nodular liver
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Bilateral mild enlarged nonhomogeneous adrenal glands – subjective benign
- Sonographically normal area of pancreas
- Gastrointestinal ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is warranted, given the clinical history and decreased urine specific gravity in conjunction with hepatopathy. The hepatopathy suggests probable benign criteria with possible mixed to chronic vacuolar, cholestatic, inflammatory hepatopathy with parenchyma remodeling, possible fibrosis, or discreet nodular hyperplasia, with hepatic neoplasia thought less likely.

Hepatic FNA cytology, assuming normal clotting status, could be considered pending adrenal workup. UPC level is suggested if persistent proteinuria, given quiet urine sediment. Hepatosupportive medications, including Denamarin and Ursodiol, may prove beneficial.



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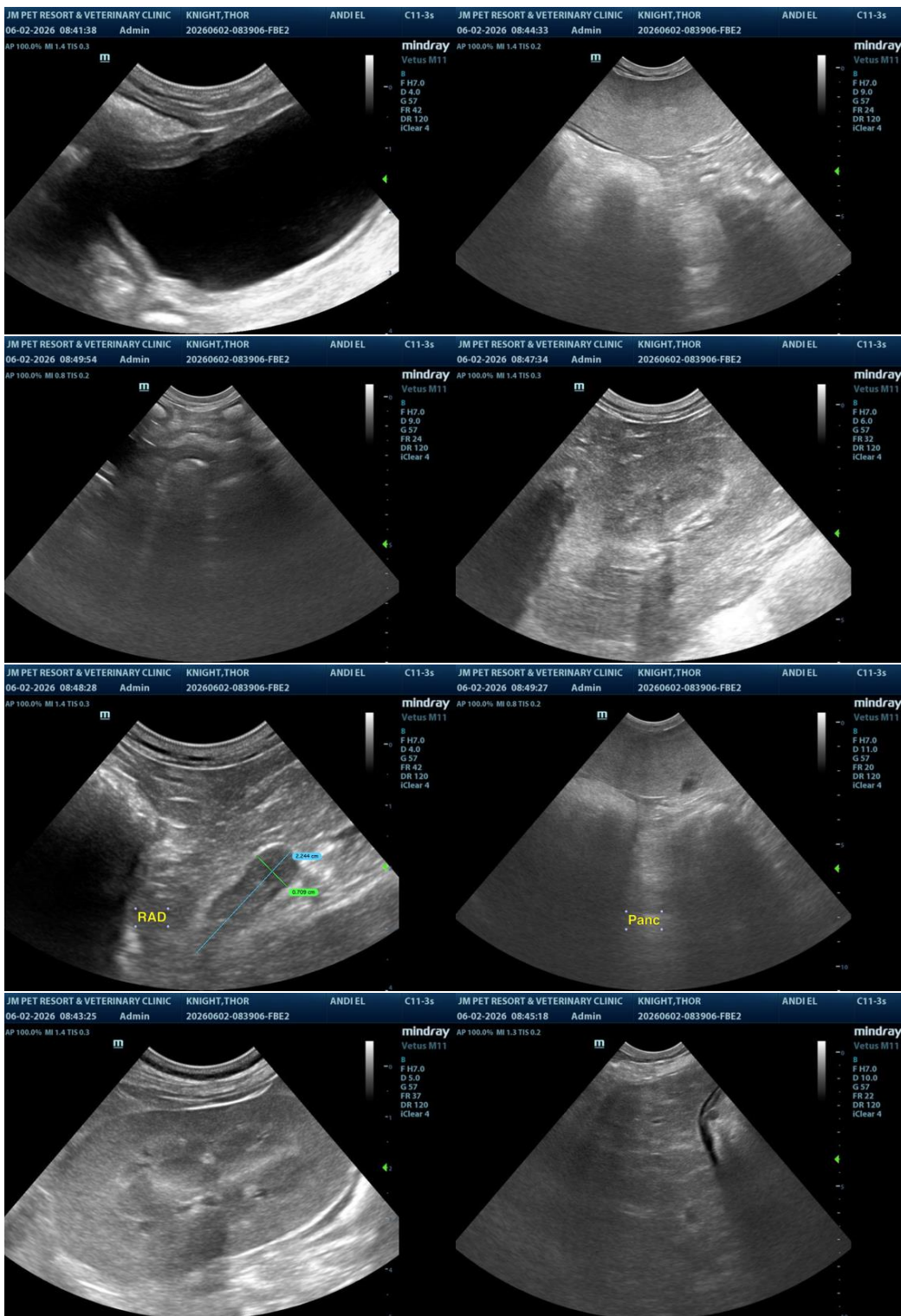
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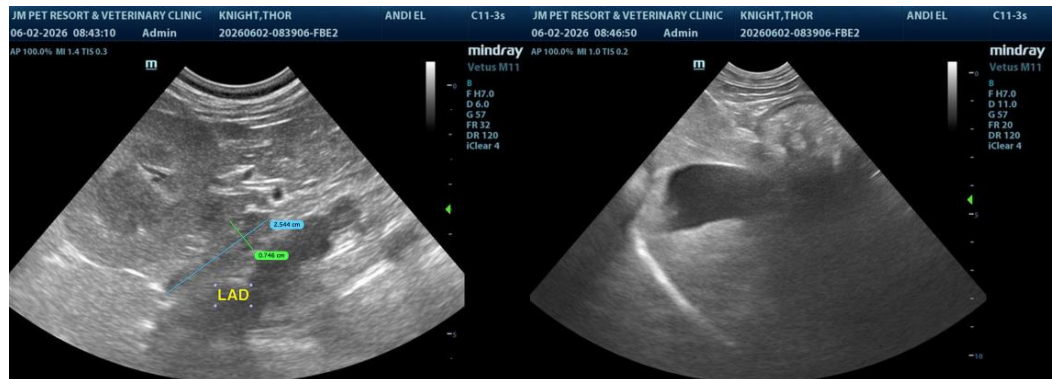
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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