



PATIENT

Gabby Ford

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

7

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gail Schmieder

HOSPITAL NAME

Slade VH

REFERRING VET

Dr. Gail Schmieder

INVOICE

10957

DATE

6/4/26

PRESENTING CLINICAL SIGNS

The owner reports a significant decrease in the patient's energy level. A significant weight loss was noted, from a historical range of 55-60 lbs down to 47.6 lbs at this visit

Abnormal PE/Chem/CBC/UA Results: CBC: The WBC is in the high normal range at 13.6 thousand per microliter, with a high normal neutrophil count (10.68 thousand per microliter), a low normal lymphocyte count (0.99 thousand per microliter), a moderately elevated monocyte count (1.83 thousand/mcL), and a high normal basophil count (0.11 thousand per microliter). There is no evidence of anemia. Chem: Significant azotemia is present with a creatinine of 4.4 mg per deciliter and BUN of 49 mg/dL. Significant hypercalcemia is noted at 15.4 mg/dL. A mild hyperproteinemia (8.7 grams per deciliter), secondary to hyperglobulinemia (5.4 grams per deciliter), w/normal albumin. Liver enzyme elevations present, including mildly elevated ALT (140 units/L), and significantly elevated alkaline phosphatase (405 units/L) and GGT (20 units/L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses or distal aortic thrombus.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 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 0.52 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was subjectively normal in size with primarily symmetrical contour and homogeneous parenchyma. Solitary to intermittent, mildly expansive, hypoechoic splenic nodule / nodules were present with an example measuring 1.2 cm in diameter.

Liver/ Gallbladder

The liver presented asymmetrical hepatomegaly exhibiting nonhomogeneous diffusely nodular hepatic parenchyma. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach was indistinctly visualized. There is no evidence of gastric distention with retained ingesta, fluid, or shadowing content.

The visualized segments of the small intestine were sonographically normal, exhibiting intact wall layering and empty lumen to the level of the colon.

The visualized colon was sonographically normal.

Pancreas

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

Free Abdomen

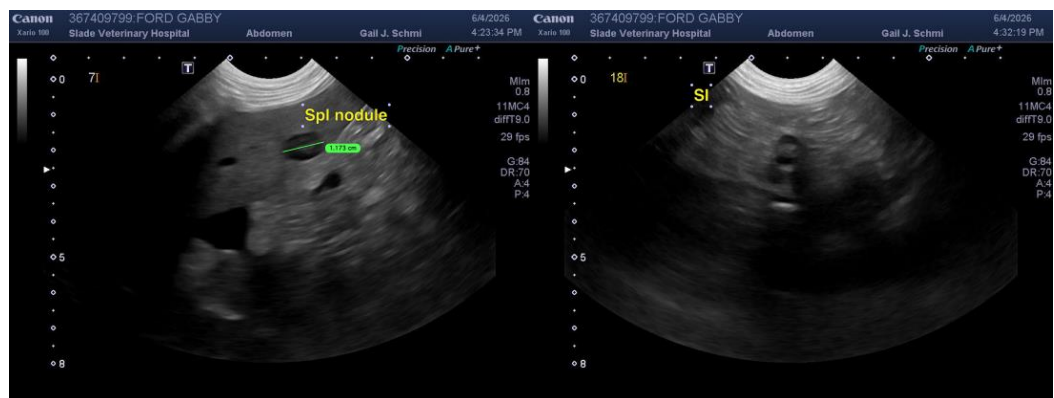
Irregular hypoechoic to swollen mid-abdomen mesenteric lymph nodes were present. Perilymphatic to regional, nonuniform to indistinctly nodular hyperechoic omentum was present. Echogenic peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical hepatomegaly exhibiting nonhomogeneous nodular parenchyma
- Expansive splenic nodule / nodules
- Irregular hypoechoic swollen mesenteric lymphadenopathy, perilymphatic to regional nonhomogeneous subtle nodular omentum
- Peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria involving the spleen, liver, lymph nodes, and omentum in conjunction with significant hypercalcemia is met. Curative surgical options are precluded. FNA cytology and effusion analysis could be considered for further clarification and potential for oncology consult. However, a poor prognosis is indicated.





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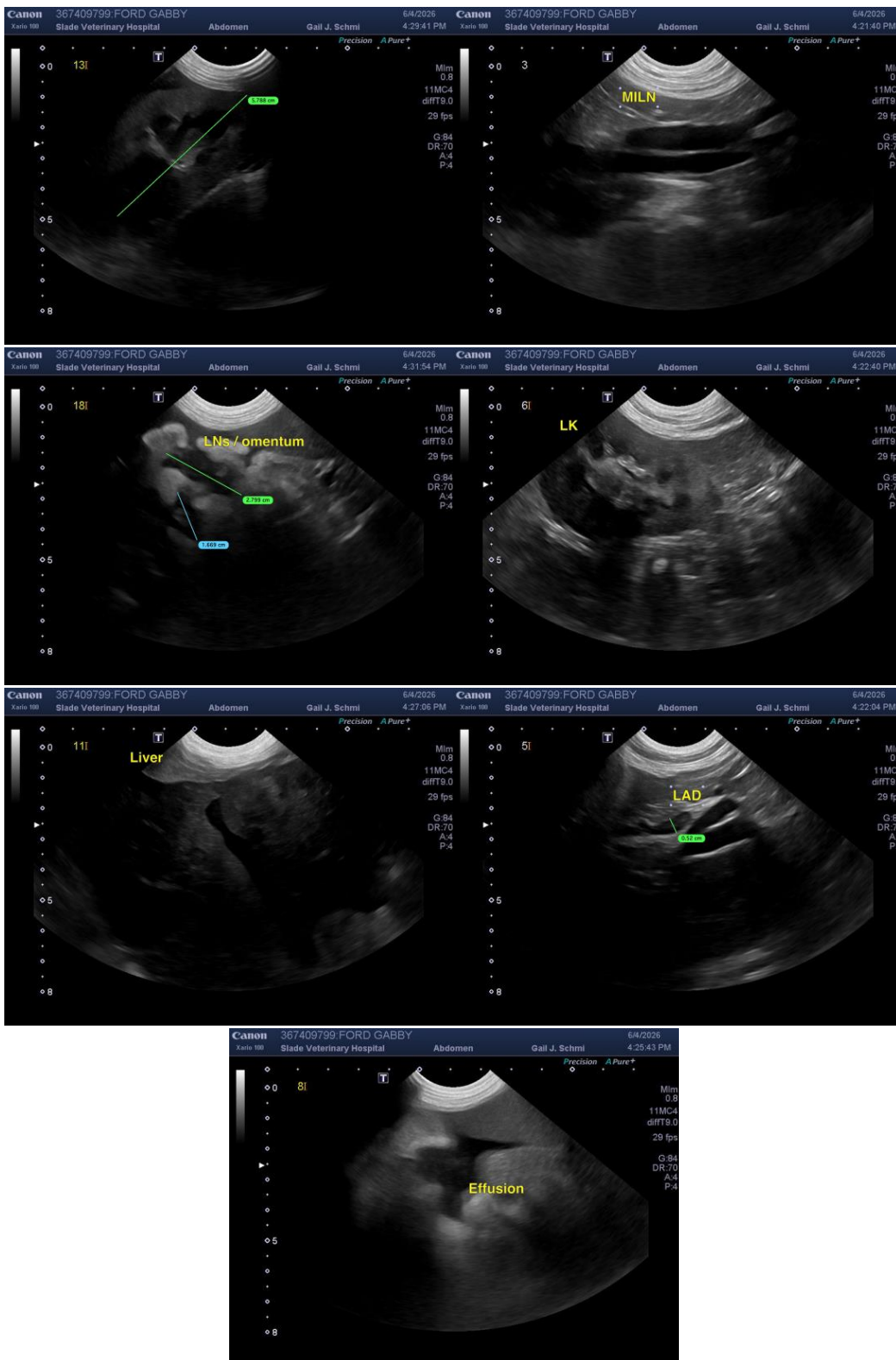
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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