

PATIENT

Frankie Muscato

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male Neutered

AGE

2017

WEIGHT

23.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Banfield Pet Hospital
(Westminster)

REFERRING VET

Jantz

INVOICE

13180

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Hepatopathy, colitis

Medication: pro-pectallin

Abnormal PE/Chem/CBC/UA Results: ALP 519, ALT 125

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 tone. The bladder wall with normal in appearance. Solitary, small, dependent, hyperechoic, shadowing calculus was present in the dependent lumen. Calculus measured 0.85 cm diameter.

The area of the aortic trifurcation was free of pathology.

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. Small medullary renolith present. The left kidney measured 5.4 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

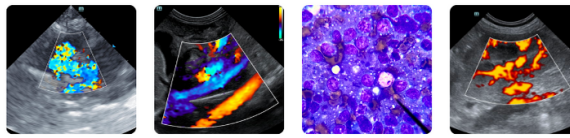
The bilateral adrenal glands exhibited symmetrical mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland measured 0.74 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, well-defined, symmetrical, hyperechoic nodules were present in the medial parenchyma to the perihilar with an example measuring 1.3 cm in diameter. 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

The liver hepatomegaly with symmetrical to rounded capsule contour and non-homogeneous mildly increased hepatic parenchyma. Intermittent, subtle, non-homogeneous, hypoechoic parenchymal nodules present with an example measuring 0.91 cm in diameter. The gallbladder was non distended in size with moderate, congealed, echogenic, nonmineralized biliary sludge primarily in the caudal lumen and gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 right pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

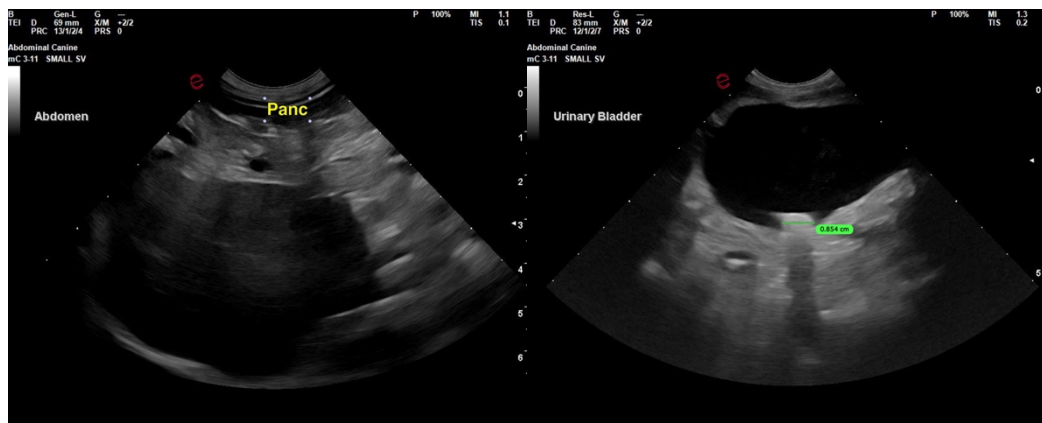
No overt lymphadenopathy or peritoneal effusion was present.

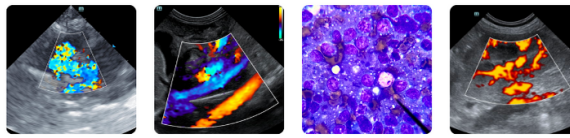
ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder calculus
- Bilateral non-obstructive renoliths
- Bilateral mild adrenomegaly
- Hyperechoic splenic nodules – consistent with probable myelolipomas
- Enlarged non-homogeneous liver with subtle intraparenchymal nodules – vacuolar hepatopathy with subtle hyperplasia or hematopoiesis, inflammatory disease, fibrosis, cholestasis with hepatic neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)
- Heterogeneous pancreas
- Sonographically normal gastrointestinal tract and colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup warranted if clinical signs consistent with Cushing's Syndrome. Assuming normal clotting status, hepatic FNA cytology could be considered for further assessment. Hepato-gastrointestinal support recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Urinalysis and +/- C/S on sterile urine sample suggested if not recently done.





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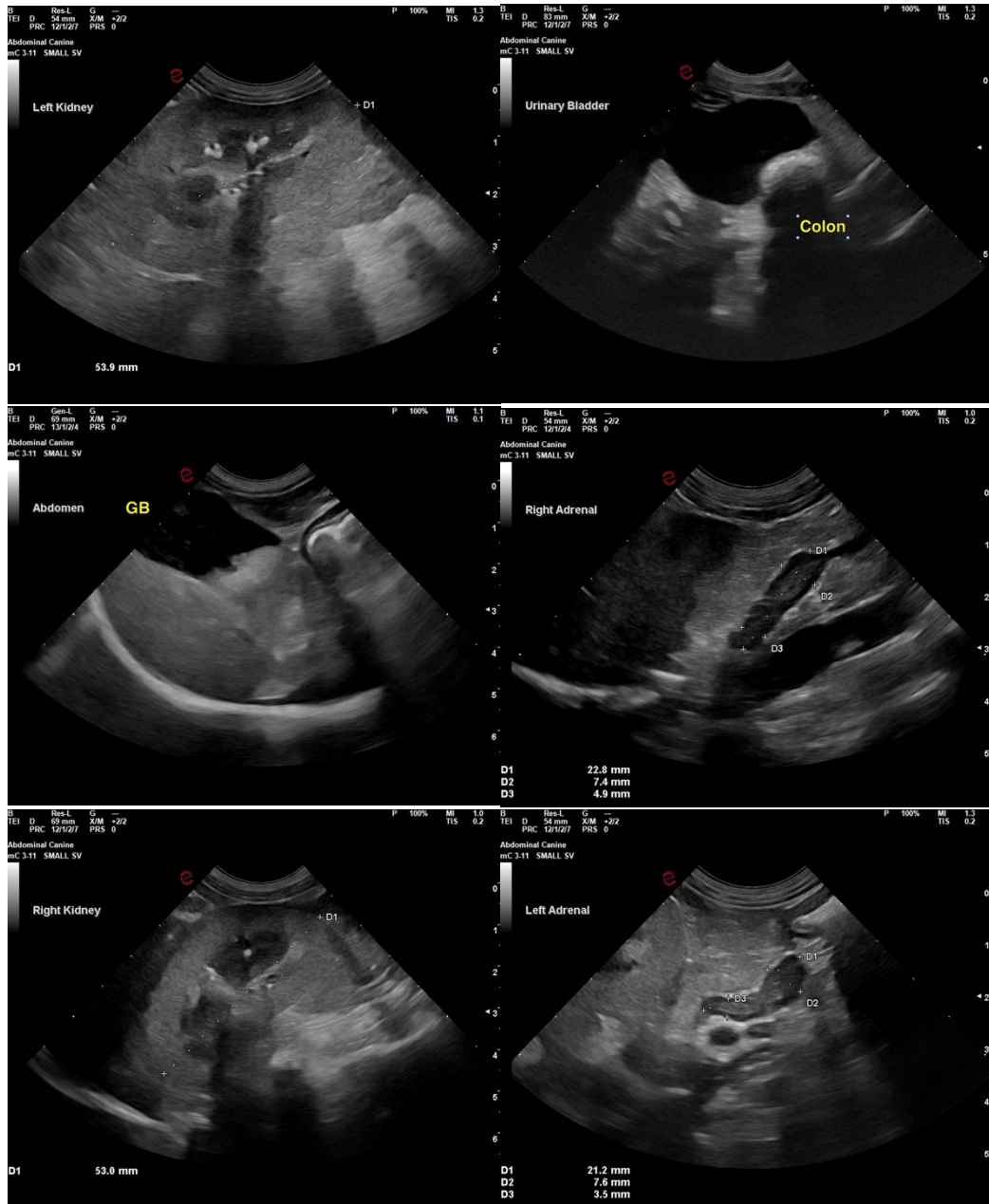
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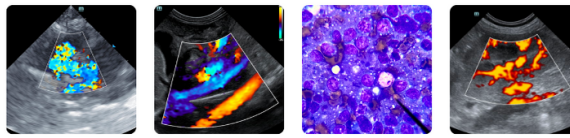
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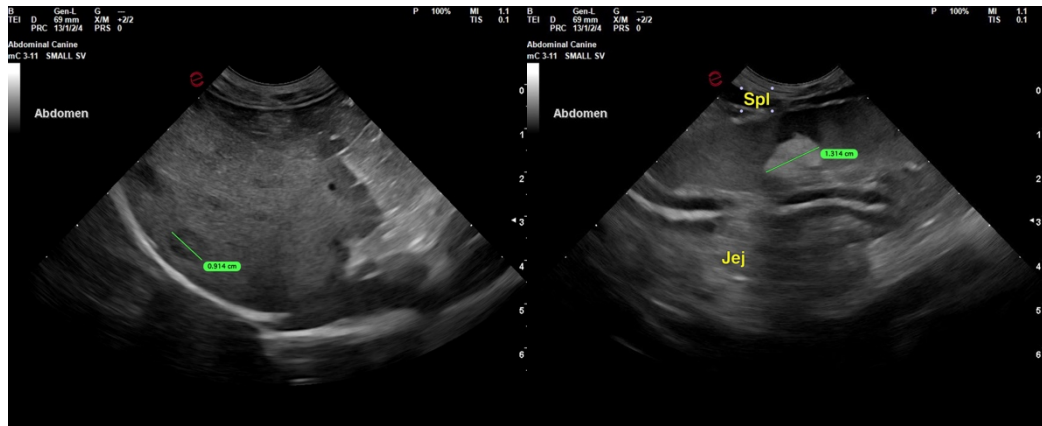
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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