



## PATIENT

Laddie McNutt

## SPECIES

Canine

## BREED

Scottish Terrier

## SEX

Male Neutered

## AGE

12y 4m

## WEIGHT

25

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathleen Whitcraft,  
DVM

## HOSPITAL NAME

Craig Road AH

## REFERRING VET

Cathleen Whitcraft,  
DVM

## INVOICE

13056

## DATE

1/11/26

## PRESENTING CLINICAL SIGNS

History: History of liver elevations. Former elevations of ALP more recently elevations of ALT.

## 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.

Normal size and margination was 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 6.3 cm in length. The right kidney measured 6.0 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 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at 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

The liver exhibited mild to moderate hepatomegaly. 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. Solitary, non-capsule deforming, isoechoic to mildly heterogeneous central to ventral caudal intraparenchymal macronodule to small mass was present measuring ~3.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact borderline thickened wall exhibiting propensity for borderline prominent mucosa. The stomach contained a mild to moderate amount of retained anechoic fluid without evidence of obstruction to pyloric outflow.

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.



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Normal visible colon wall layers were present with apparent 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 was evident.

## Free Abdomen

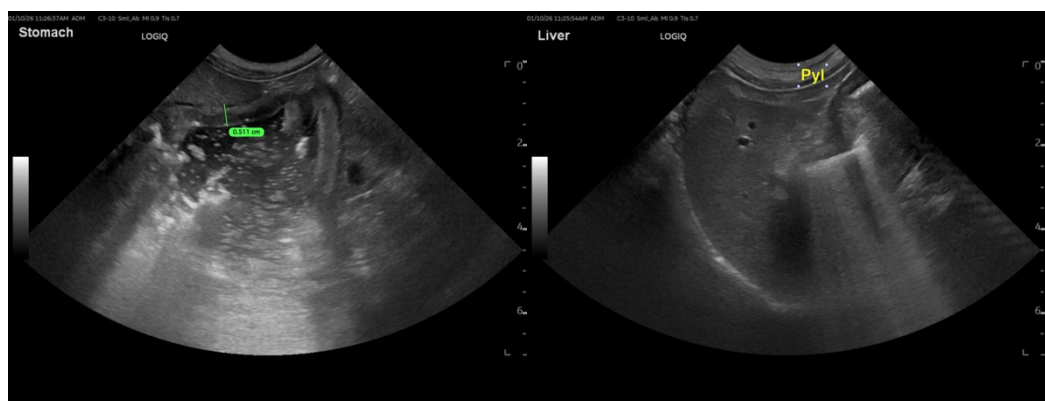
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with indistinct ventral/caudal intraparenchymal macronodular to small mass
- Sonographically normal gallbladder
- Normal empty small intestine
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include idiopathic or breed associated vacuolar hepatopathy and inflammatory disease, hyperplasia, indistinct, granuloma, non-obstructive cholestasis with potential for emerging to low-grade neoplasia. Further assessment may include, assuming normal clotting status, hepatic parenchyma and indistinct macronodular to small mass FNA cytology. If patient is non-clinical, hepato-supportive medications with serial monitoring of the liver and macronodular/small mass for evidence of progression would be reasonable. No evidence of adrenal pathology as a contributing factor. Gastrointestinal support if non-reported clinical signs suggestive of gastritis is recommended.





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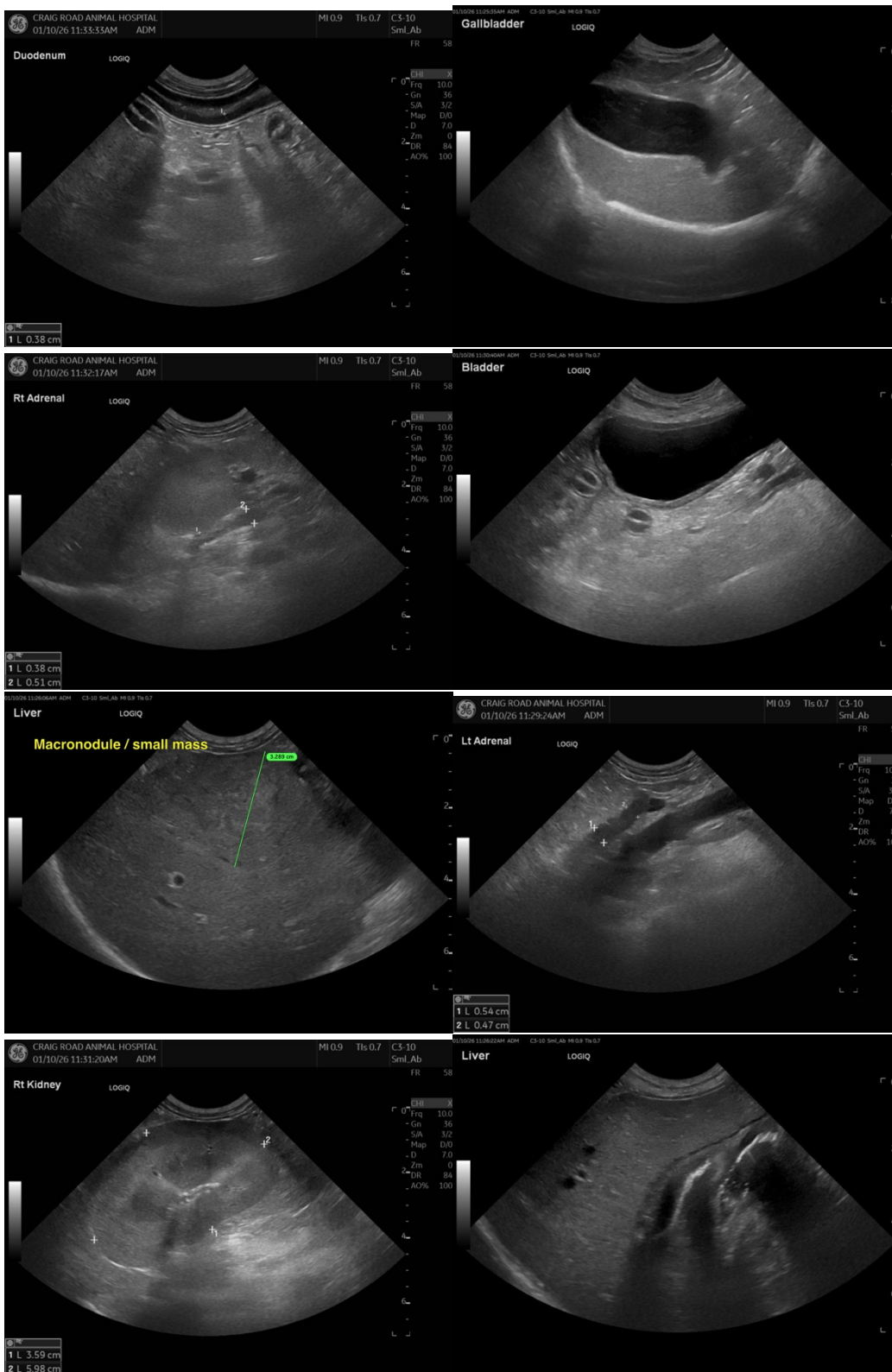
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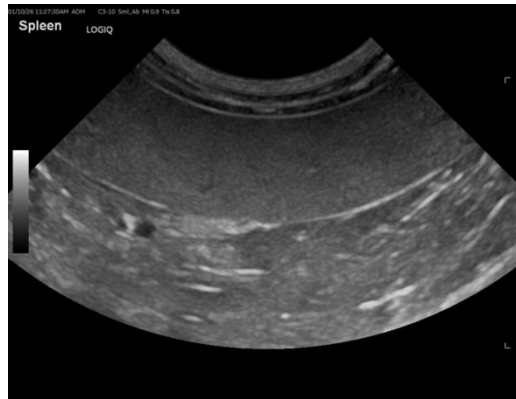
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)