



PATIENT

Bowie Erhardt

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

25.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Elwow River Vet Clinic

REFERRING VET

Dr. Boyer

INVOICE

12931

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

Acute onset of vomiting and lethargy since December 23rd where Bowie was hospitalized for the day and received supportive care of IV fluids, then sent home with omeprazole, sucralfate and Pro-Liv. Concurrent episode of struggling to defecate on December 26th then promptly diarrhea. Radiographs taken 12/24 with no abnormalities. Elevated liver enzymes noted on bloodwork ran on December 24th.

Abnormal PE/Chem/CBC/UA Results: Initially significant elevation of ALT (1700) mild elevation of ALP and GGT. BW that was done today ALT only mildly elevated. Patient did have borderline Leukocytosis, no anemia and normal PLT

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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Minor areas of medullary mineral were present. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly subnormal in size measuring 0.33 cm width at the caudal pole.

A mildly expansive nonhomogenous hyperechoic nonmineralized nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 1.2 cm in diameter. The right adrenal gland was mildly subnormal in size measuring 0.41 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with mild nonhomogenous parenchyma and a noncapsule deforming nonhomogenous perihilar splenic nodule measuring 1.0 cm in diameter.

Liver

The liver was subjectively mild subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. 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 semi formed fecal matter in lumen.

Pancreas

The right pancreas present with mildly prominent size with mild capsule asymmetry. Variably echogenic pancreatic parenchyma exhibiting nonhomogenous mildly hypoechoic to right limb nonhomogenous mildly hyperechoic parenchyma. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No evidence of significant omental lymphadenopathy was present. Very scant lateral to caudal abdomen free fluid was present which, assuming normal albumin levels and without evidence of peritonitis suggests scant physiologic or incidental effusion.

ULTRASONOGRAPHIC FINDINGS

- Subjective borderline to mild subnormal liver size.
- Nonorganized mild gallbladder debris (non-mucocele).
- Noncapsular deforming splenic nodule.
- Age-related renal changes with minor medullary mineral.
- Subnormal left adrenal gland with cranial right adrenal nodule- adrenal nodule may indicate benign hyperplasia, lipogranuloma, adenoma, emerging right adrenal tumor thought less likely.
- Mildly prominent variably echogenic pancreas.
- Sonographically normal gastrointestinal tract with semi formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include (assuming normal clotting status and if accessible) hepatic parenchyma and splenic nodule FNA cytology and if evidence of hepatic dysfunction, bile acid profile. Monitoring of systemic BP for evidence of hypertension which may suggest potential emerging right pheochromocytoma is recommended. A spec cPL or GI panel to include PLI, TLI, cobalamin and folate may be considered if clinical signs are consistent with chronic to mixed pattern pancreatitis or recurrent gastrointestinal signs. Sonographic monitoring of the splenic and right adrenal nodule if evidence of progression would be a more conservative approach.



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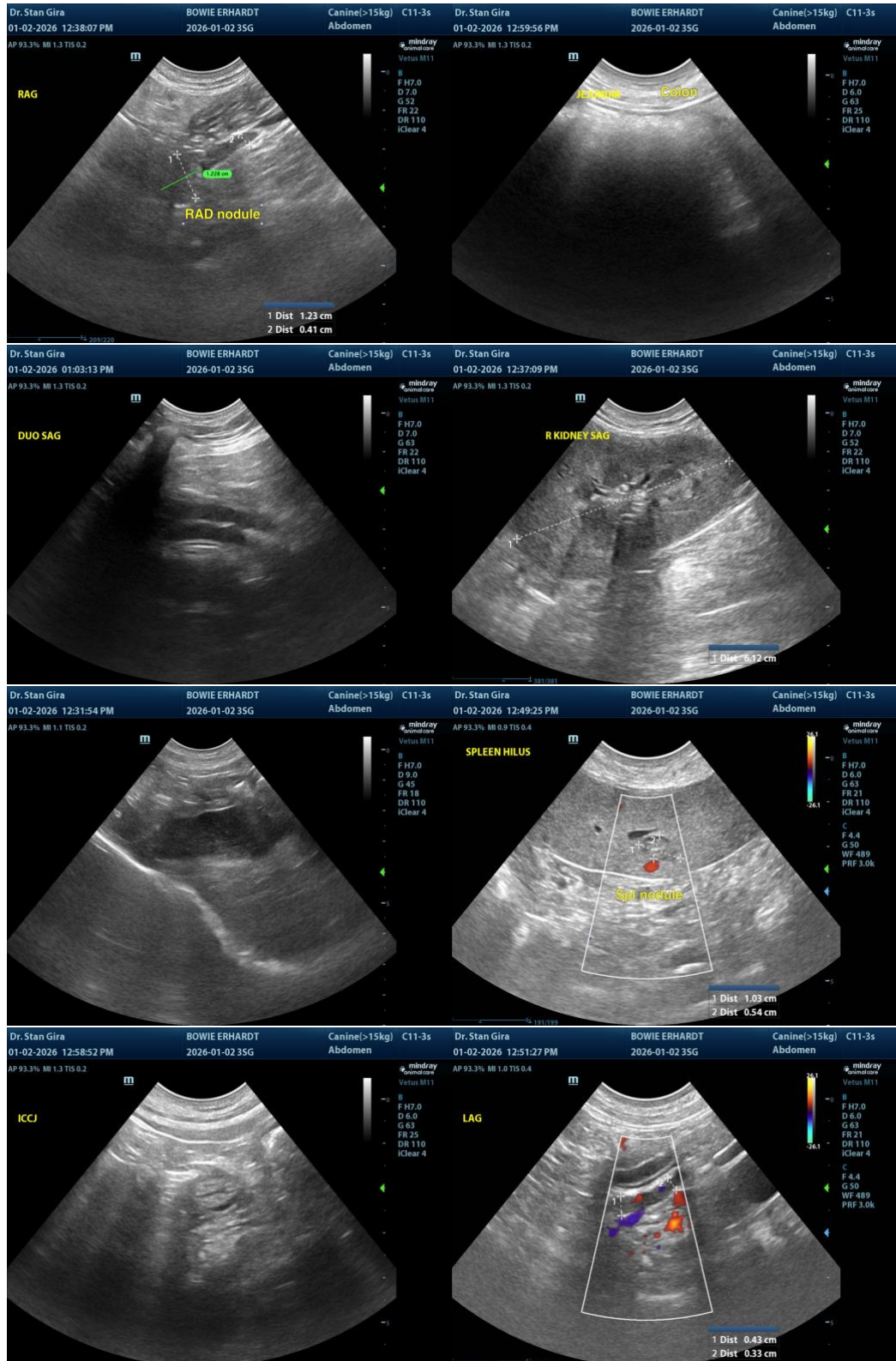
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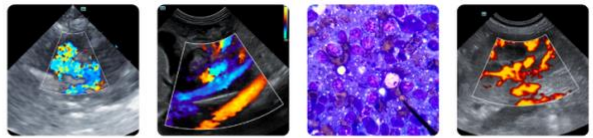
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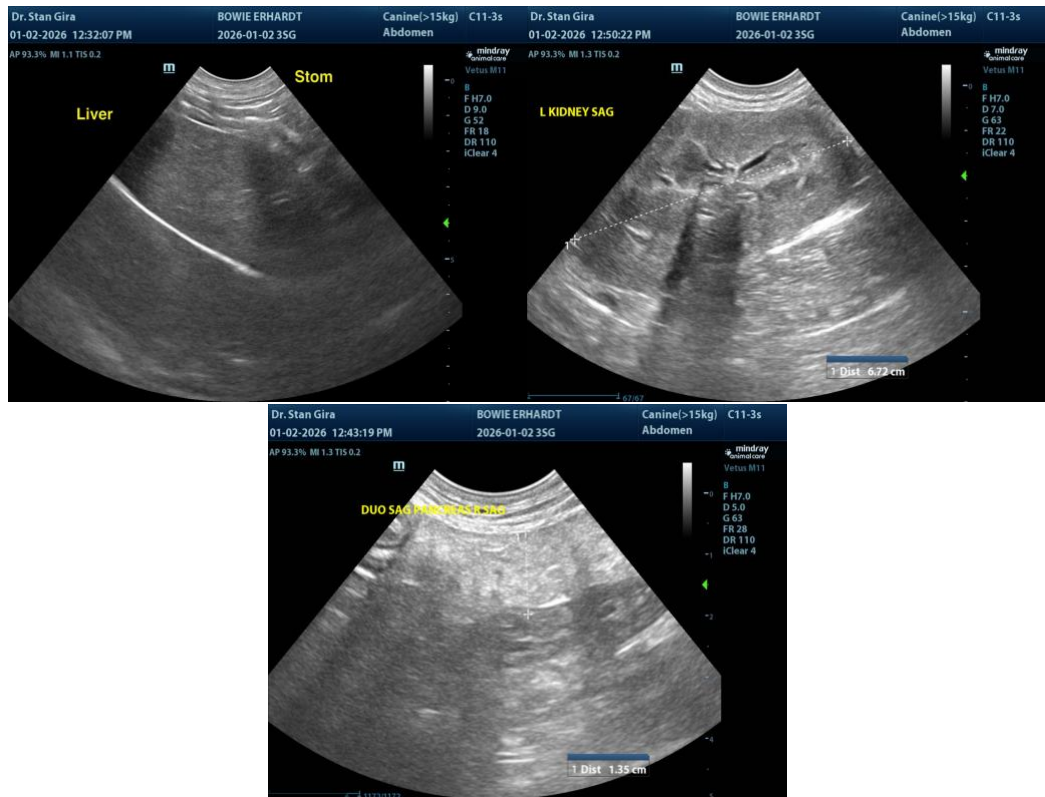
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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