



PATIENT

Gambit MacElwain

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

9y 6m 4wks

WEIGHT

36.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral VC

REFERRING VET

Dr. Fayyhad

INVOICE

13106

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- Presented for a decreased appetite of over ten days, with subsequent bloodwork revealing elevated liver enzymes and bilirubin.
- The primary clinical concern is a decreased and intermittent appetite lasting for more than 10 days, with no associated vomiting or diarrhea. Despite the poor appetite, the patient has gained weight since a visit last week. Recent bloodwork revealed significant liver abnormalities, including a highly elevated ALT (1,928), AST (249), and ALP (1,276), along with an elevated total bilirubin of 7.8. Despite the elevated bilirubin, no jaundice was noted on physical examination. Other laboratory findings included a mildly low hemoglobin (142), lymphopenia (0.87), monocytosis (0.78), a borderline high glucose (6.3), and a low total T4 (10.7).

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 7.4 cm in length. The right kidney measured 7.3 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 0.59 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm.

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 presented subjective normal in size with primarily symmetrical contour and normal vascular volume. The parenchyma of the liver exhibited non-uniform increased echogenicity compared to the spleen with non-uniform patchy to non-homogeneous echotexture. Reduced distinction and visualization of the vasculature borders was present. The gallbladder was non-distended in size with normal wall and without evidence of inflammation or edema. Mild, non-organized gallbladder debris were present. 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 minor retained pyloric fluid.

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 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

Focal to intermittent, minor prominent mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy
- Mild, non-organized gallbladder debris (non-mucocele)
- Structurally unremarkable gastrointestinal tract
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, chronic active hepatitis criteria with potential for concurrent vacuolar changes, hyperplasia, fibrosis, non-obstructive cholestasis, hepatotoxicosis, i.e. copper with hepatic neoplasia thought less likely yet not excluded. Associated or potentially secondary nonspecific gastroenteritis probable without evidence of active pancreatitis or gastrointestinal obstruction. Further assessment may include hepatic FNA cytology and +/-leptospirosis titer/PCR. No evidence of post hepatic obstruction. Definitive diagnosis would require hepatic biopsies for histopathology, C/S and copper assessment. Hepato-gastrointestinal support is recommended.



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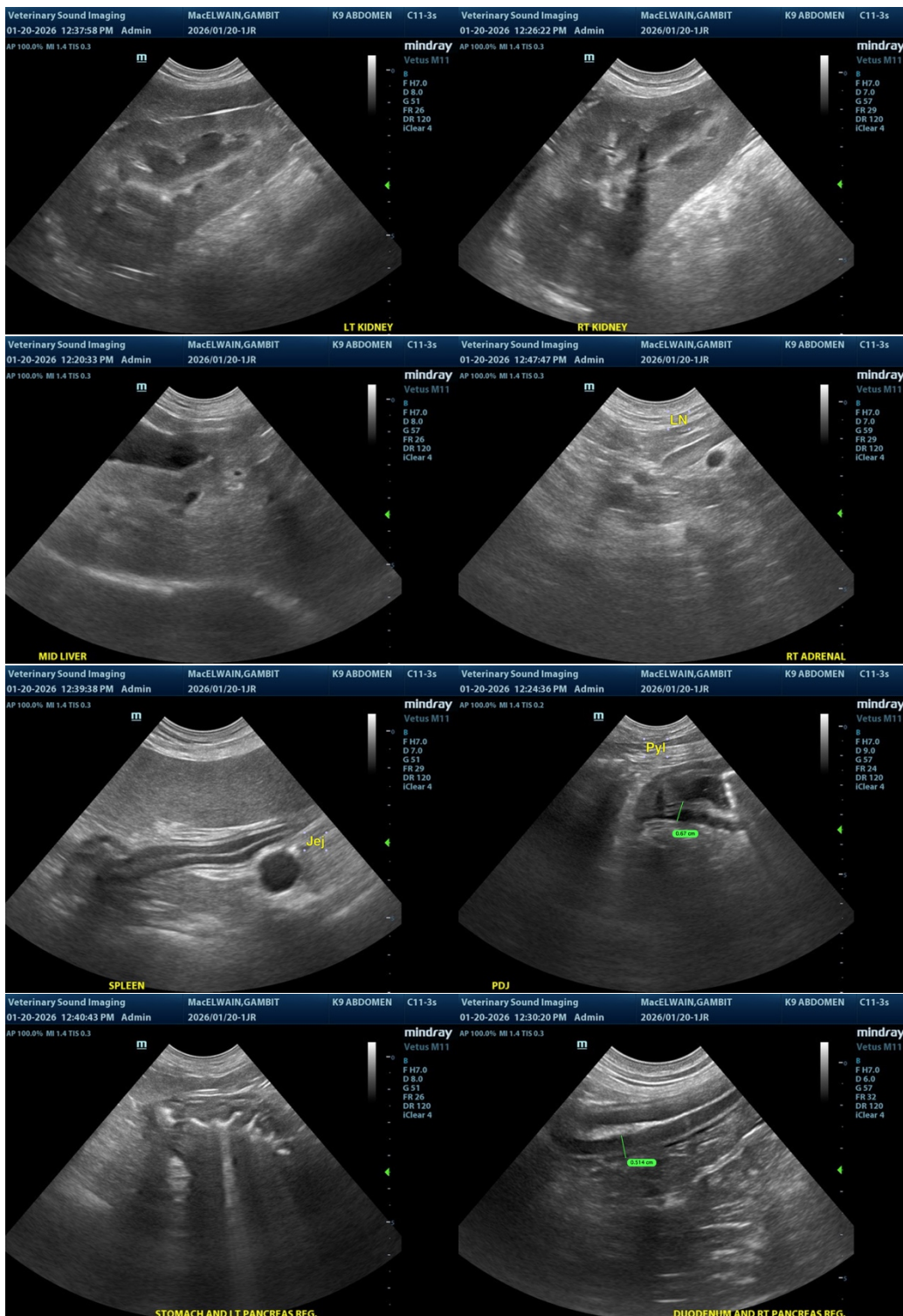
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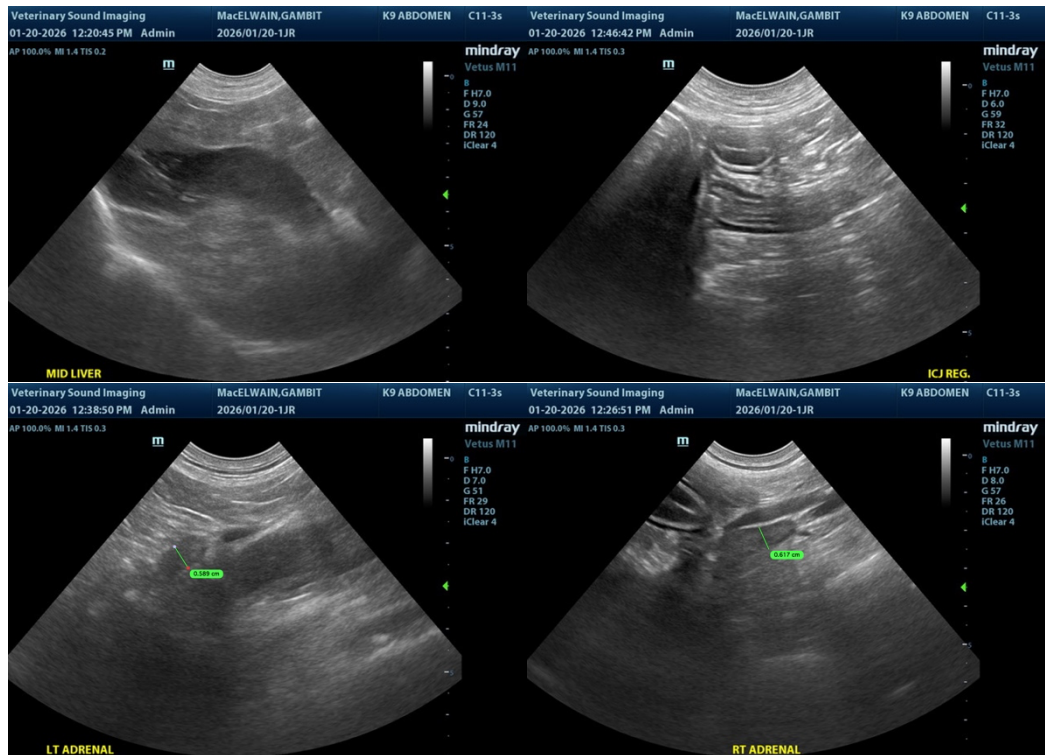
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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