



**PATIENT**

Zalyn Harner

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

2017

**WEIGHT**

68

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Littlestown Veterinary  
Hospital

**REFERRING VET**

Dr. Holland

**INVOICE**

13385

**DATE**

01/23/26

**PRESENTING CLINICAL SIGNS**

- History of elevated liver values, continuing with 10# weight loss, decreased appetite, presurgical for ACL repair
- Medication: Gabapentin, Denamarin

**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 uroliths or sediment. 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 aortic trifurcation was free of pathology.

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 6.6 cm in length. The right kidney measured 7.0 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 0.42 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 0.64 cm width at the caudal pole.

**Spleen**

The spleen presented subjective mildly enlarged with symmetrical contour and significant heterogeneous parenchyma with normal vascularity. No mass or nodules were evident.

**Liver & Gallbladder**

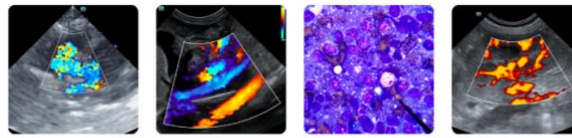
The liver presented subnormal in size with asymmetrical hepatic capsule contour and significant heterogeneous to variably echogenic lobar hypoechoic parenchyma. Indistinct to mildly thickened portal vascular borders. No visualized masses were present.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

**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.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

Zalyn Harner

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Lab Mix

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Chronic hepatopathy exhibiting significant nonhomogenous parenchyma and subnormal liver size.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically unremarkable gastrointestinal tract.
- Mild splenomegaly.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Considerations for the liver may include favored non-specific chronic active hepatitis with emerging fibrosis/cirrhosis, hepatotoxicosis, i.e. copper, vacuolar hepatopathy, non-obstructive cholestasis or other with hepatic neoplasia considered less likely. Correlation with pending hepatic FNA cytology +/- leptospirosis titers/PCR and bile acid profile to assess hepatic function. A definitive diagnosis would require hepatic biopsies for histopathology and copper assessment.

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The splenomegaly is non-specific and may indicate incidental hyperplasia, hematopoiesis, inflammation, or if clinically indicated, sedation. If patient is non-sedated and given reported weight loss, concurrent splenic FNA cytology is warranted for further clarification. Concurrent GI panel to include PLI, TLI, cobalamin and folate and screening three view chest radiographs may be considered to assess for additional occult disease as a contributing factor.

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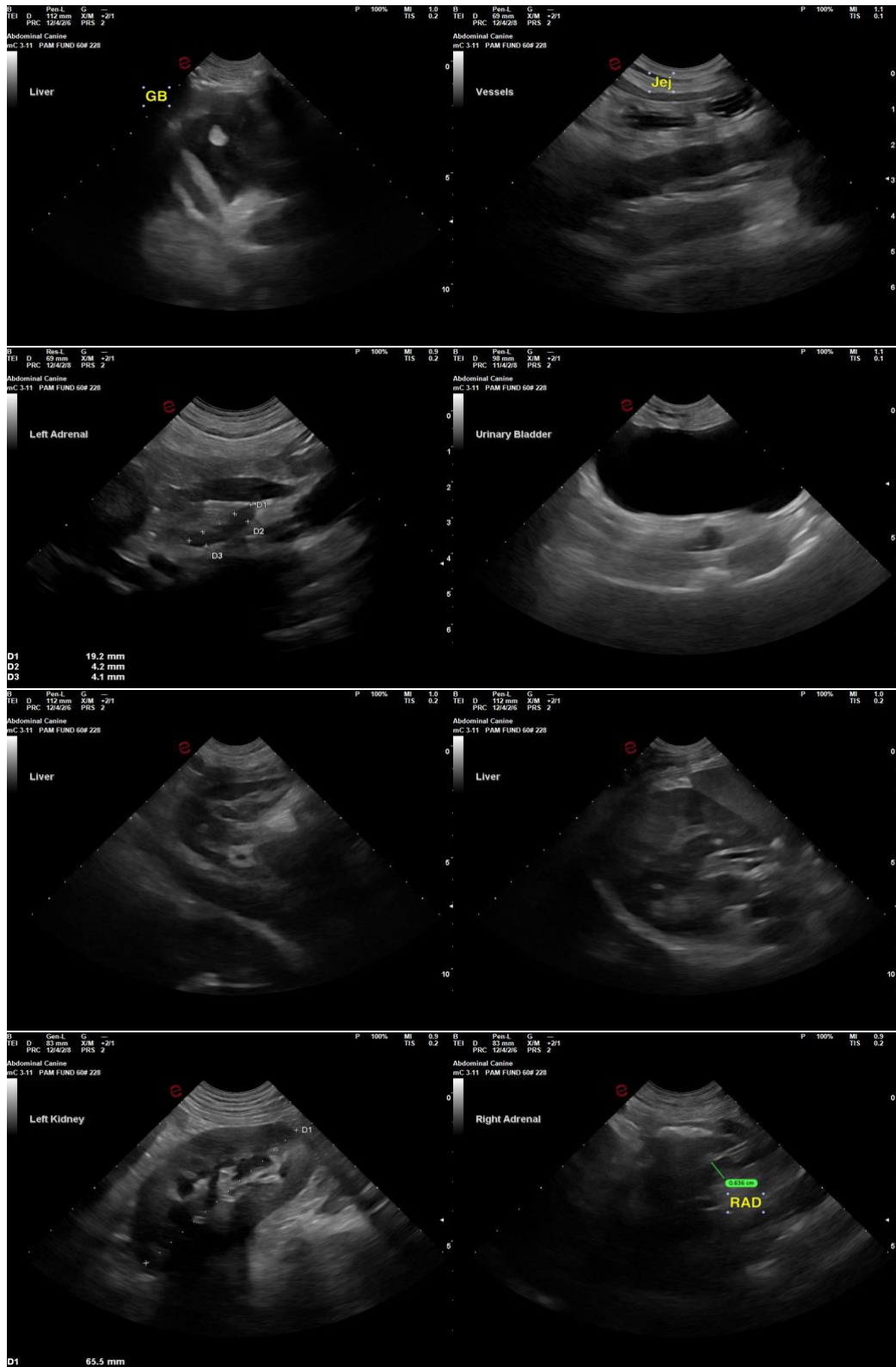
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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