



PATIENT

Izzy Thorenson

SPECIES

Canine

BREED

Labradoodle Mix

SEX

Female Spayed

AGE

13y

WEIGHT

21.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver Vet Clinic

REFERRING VET

Lauren Salgo, DVM

INVOICE

13137

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History:

- Historical elevated liver enzymes, liver nodule, hx of splenectomy

Abnormal PE/Chem/CBC/UA Results: Tender on cranial abdominal palpation; owner reports soreness when moving to lay down - ALT: 168 - ALP: 805 (static) - GGT: 0 remainder of labs are wnl

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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 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. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the caudal pole.

Spleen

Spleen not visualized owing to previous splenectomy. No evidence of pathology in the area of the splenic fossa.

Liver

The liver was subjective mildly enlarged in size with normal vascular volume. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild / moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Previously noted, mildly expansive ventral caudal isoechoic to mild non-homogeneous liver nodule measuring 1.5 cm in diameter. The gallbladder was non distended in size with mild to moderate, gravity dependent, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing ingesta without overt 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.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

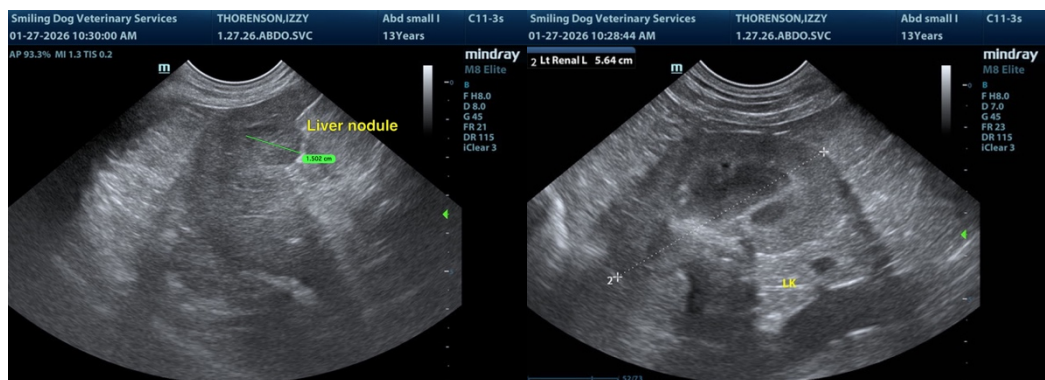
No overt lymphadenopathy or peritoneal effusion was present.

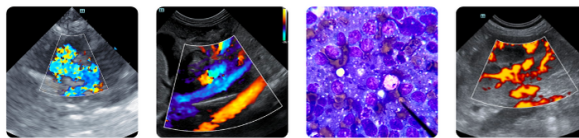
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with static appearing yet mildly expansive liver nodule
- Non-organized gallbladder debris (non-mucocele)
- Non-visualized spleen – previous splenectomy
- Static age-related renal/adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic presentation compared to the previous study including static appearing liver nodule. Benign criteria, i.e. hyperplasia, hematopoiesis, small granuloma, etc. favored given lack of progression compared to the previous study. Low-grade neoplastic hepatic nodule thought less likely yet not excluded. FNA cytology of the liver parenchyma and nodule, assuming normal clotting status warranted for further clarification. Continued sonographic monitoring of the liver nodule with hepato-supportive medications would be more conservative.





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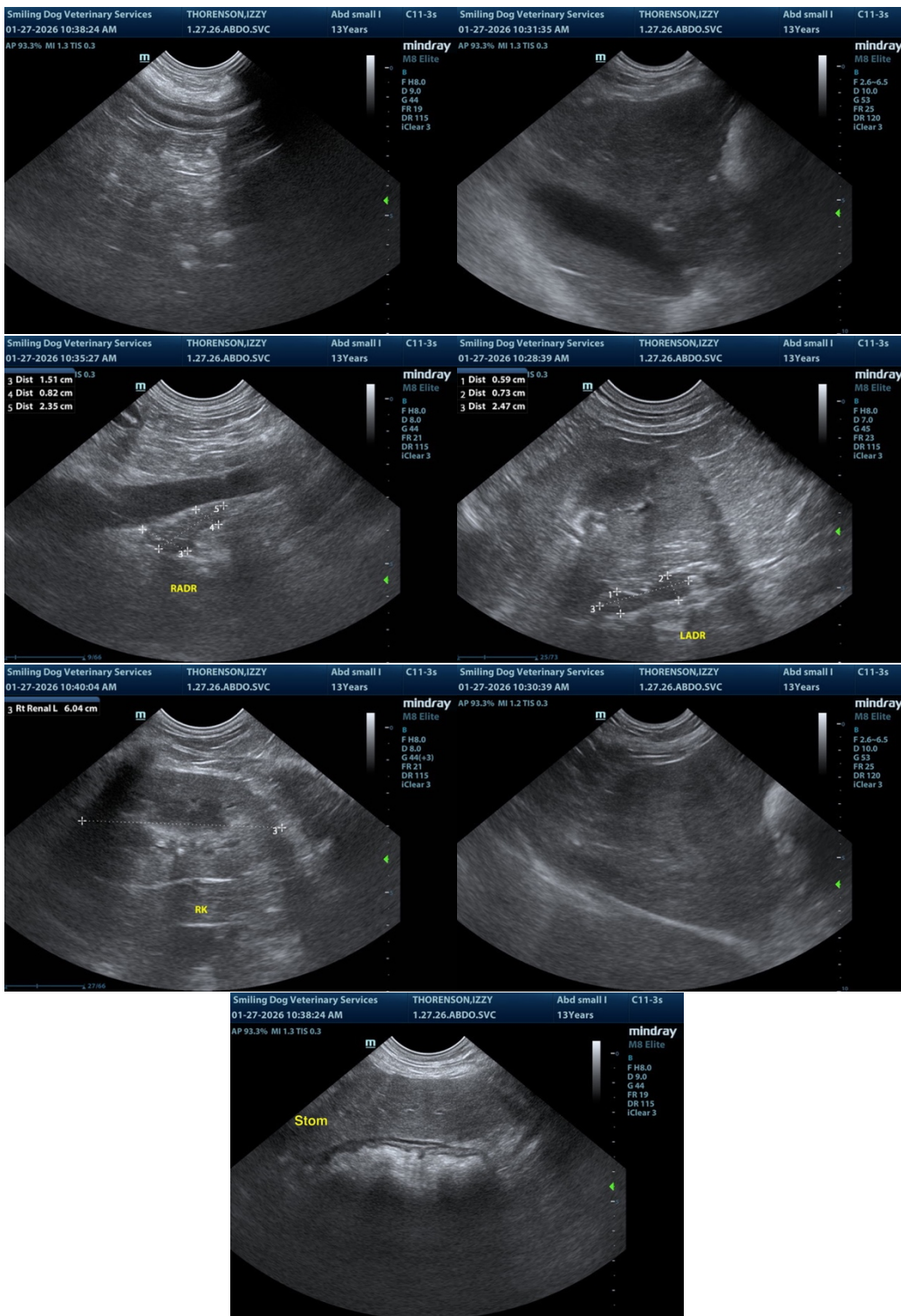
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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