



PATIENT

Wicklow Gronholt

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

9yr

WEIGHT

58lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

23703

DATE

01/28/2026

PRESENTING CLINICAL SIGNS

- History chronic hepatopathy. 2021 he had an ultrasound, liver biopsy, bile culture (positive). Bx negative for copper staining, consistent with mixed inflammation due to ascending infection. Since then has had a mild chronic hepatopathy.

Abnormal PE/Chem/CBC/UA Results: Recent liver panel shows all LEZ mild/moderately elevated including bilirubin. No anemia at all but there is a mild reticulocytosis. BUN low, BG elevated. He is clinically doing super well. He presented for crusts of the nasal planum -

Medication: 150mg cyclosporine SID 250mg ursodiol SID 425mg Denamarin SID fish oils SID Cosequin SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 7.4 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 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 0.69 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/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with significant nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. Subjective adequate vascular volume



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was present. The gallbladder was non distended in size with mild to moderate, dependent to non-dependent non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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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.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Mild primarily homogenous asymmetrical hepatic lymph nodes present adjacent to the portal vein. An example measured 2.3 cm x 0.89 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy exhibiting significant non-homogenous parenchyma
- Non-organized gallbladder debris (non-mucocele)
- Mild hepatic lymphadenopathy
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is not overtly consistent with classic hepatic cutaneous syndrome presentation yet not definitively ruled out pending dermal biopsy. Correlation with pending hepatic sampling is recommended. Bile acid profile may be considered if evidence of clinical hepatopathy or hepatic dysfunction, i.e. abnormal BUN, CHOL, GLU and ALB levels.

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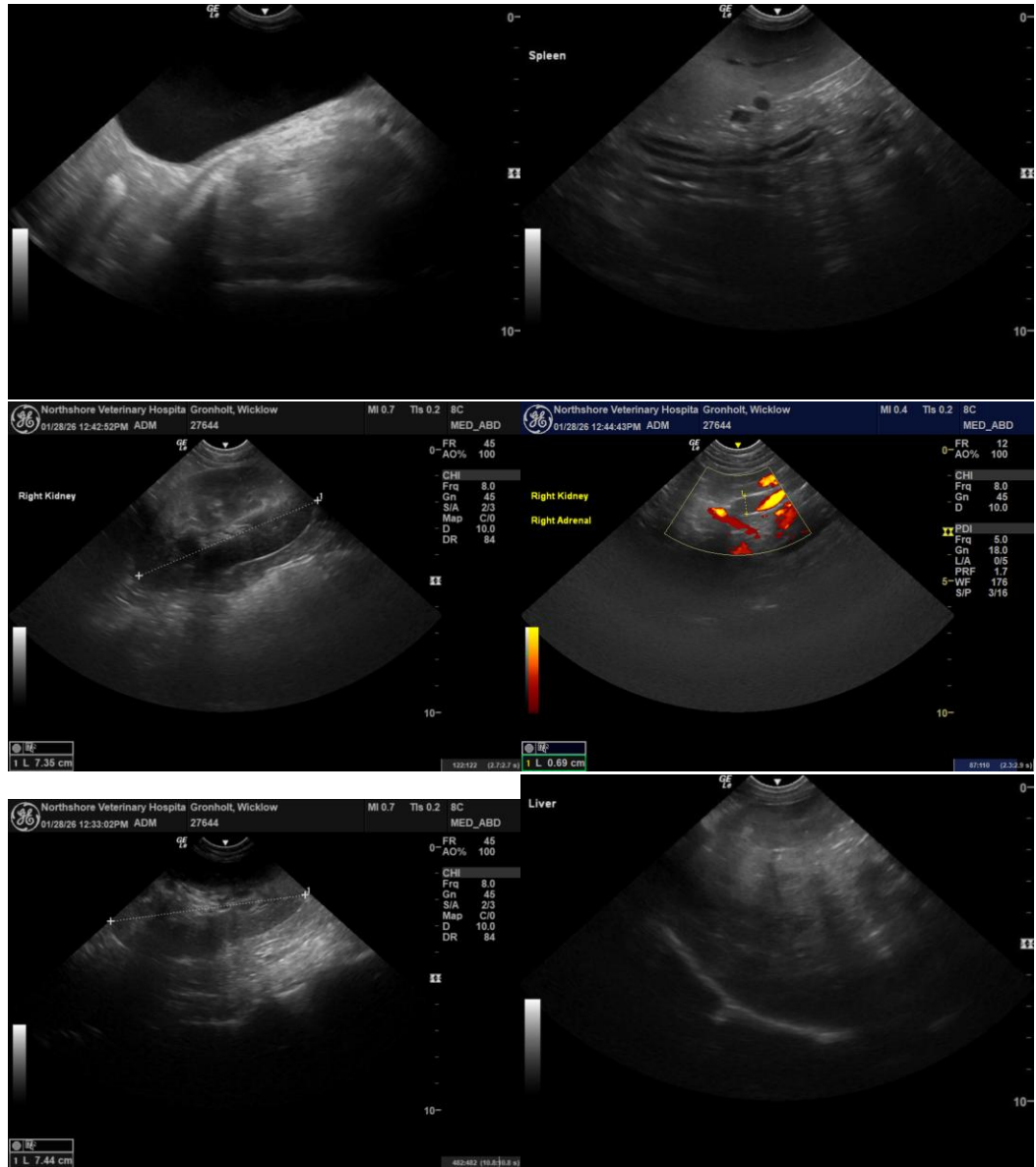
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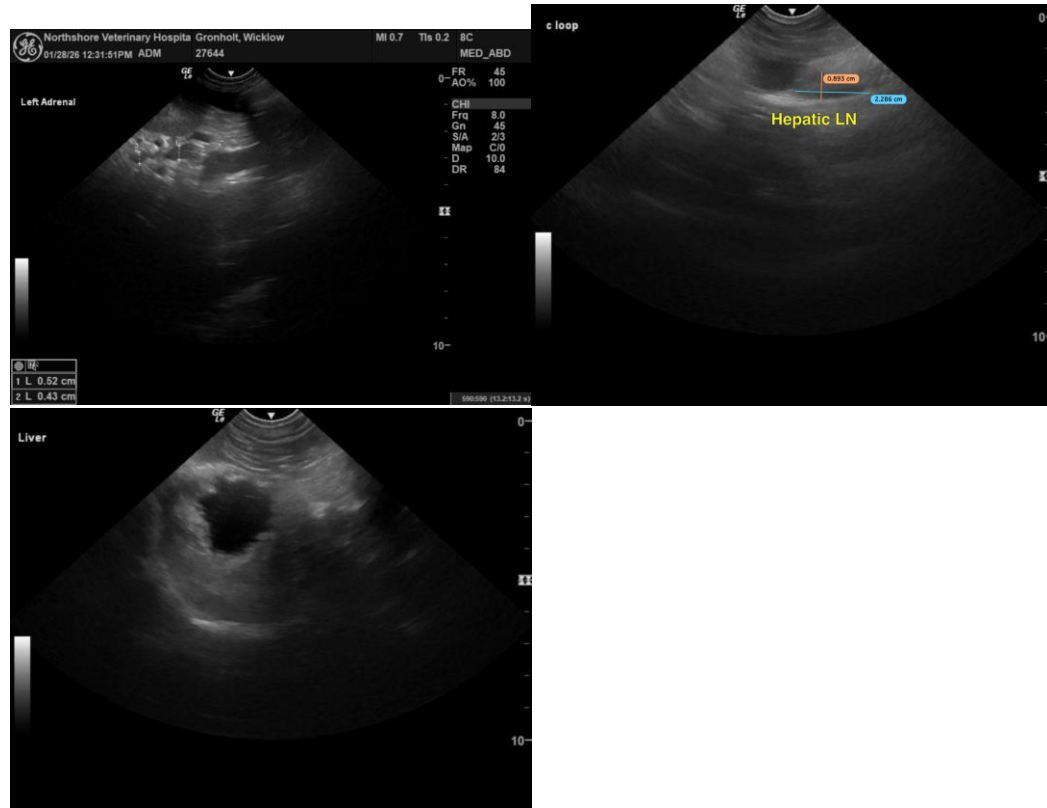
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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