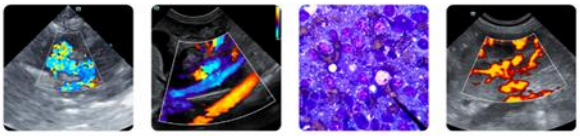


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Lakota Neil

SPECIES
Canine

BREED
American Indian Dog

SEX
FS

AGE
8yr

WEIGHT
82.5lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Orchard Animal Hospital

REFERRING VET
Dr Nelson

INVOICE
23715

DATE
01/29/2026

PRESENTING CLINICAL SIGNS

- ABNORMAL Labwork Values
- blood work last done at Oregon Veterinary Dental Specialists, blood work notations from the specialist are as follows:
- 12/9/25: Elevated AST (50), ALT (122), T4 (<0.5)
- 1/15/25 T4 0.8 - normal (P has history of Mild Low T4 - 0.6 (11/15/2023); 0.7 (05/15/2023). 11/15/2023 DVM ran Free T4, TSH all WNL
- Current Medications apoquel
- Radiographic Findings 3 radiographs taken today, 01/29/26, of abdomen and chest

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 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 6.8 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

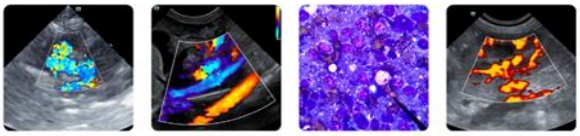
Spleen

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

Variable hepatomegaly exhibiting lobar subnormal liver size and non-uniform parenchyma with remodeling. A moderately sized asymmetrical mixed echogenic to hyperechoic liver mass was present measuring ~ 15 cm x 12 cm. The gallbladder was not definitively visualized. No evidence of post-hepatic obstruction.

Gastrointestinal



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The stomach was indistinctly visualized owing to hepatic pathology. No evidence of gastric distention with retained ingesta, fluid 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was not definitively visualized owing to peritoneal effusion and omental artifact.

Free Abdomen

Significant volume mildly echogenic peritoneal effusion. No significant omental lymphadenopathy visualized. Overall normal omentum.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with concurrent liver mass
- Significant volume peritoneal effusion
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lobar subnormal liver size combined with liver mass, chronic to end stage hepatopathy in conjunction with potential significant hepatic regeneration, hyperplasia, granuloma, or neoplasia probable. Correlation with mass FNA cytology as well as effusion analysis and cytology is recommended. No evidence of hepatic congestion. Assessment of serum ALB level if not recently done is recommended. Correlation with thoracic radiographs is suggested.

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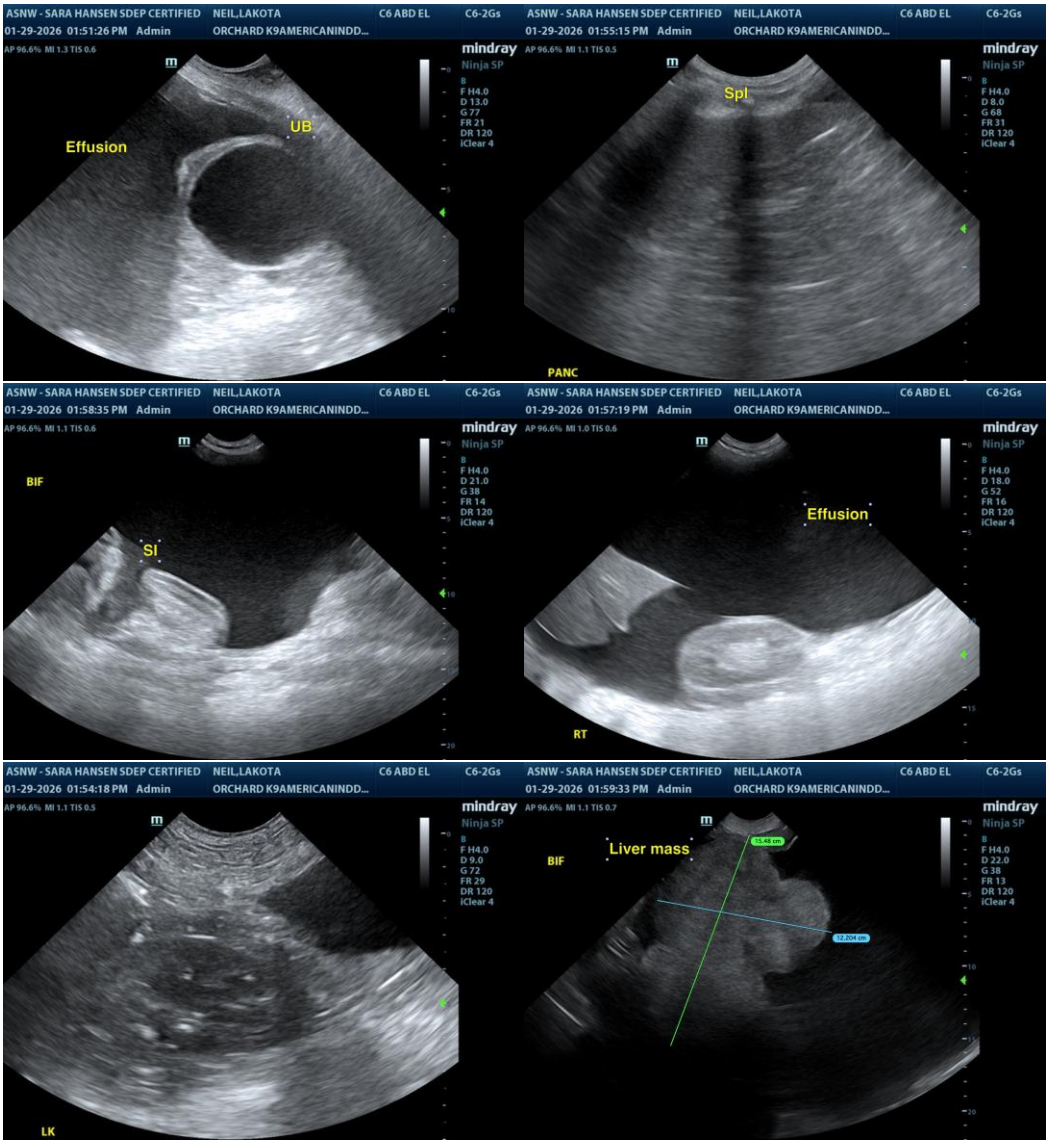

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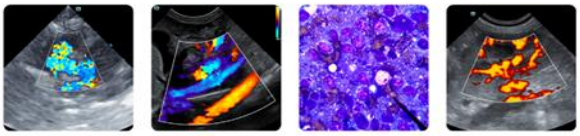

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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