

PATIENT

Lucky Irish

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

13yr

WEIGHT

60lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal
Hospital

REFERRING VET

Dr Fletcher

INVOICE
23717

DATE

01/29/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- Hx of vomiting, diarrhea, inappetence. Hx of Pu/PD. Recent BW showed severe liver enzyme elevations. Concern for liver disease vs other
- ABNORMAL Labwork Values Reticulocyte Hemoglobin - 23.1, Lymphocytes - 0.0889, Monocytes - 1.015, Anion Gap - 27, Globulin - 4.1, ALT - 1,175, AST - 116, ALP - 3,267, GGT - 24, Bilirubin-Total - 0.9, Bilirubin-Conjugated - 0.4, Cholesterol - 791, Creatine Kinase - 464, USG - 1.006
- Current Medications Mirtazapine SID
- Radiographic Findings N/A
- Notes to Specialist (if any) N/A

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 6.7 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

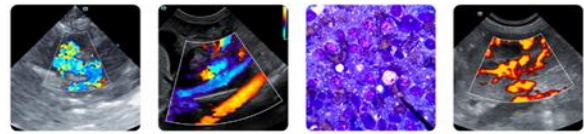
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size, primarily symmetrical contour and homogenous parenchyma. Mildly enlarged caudal spleen exhibiting non-homogenous indistinct hyperechoic nodular parenchyma was present with the caudal spleen measuring 3.5 cm x 2.5 cm.

Liver/Gallbladder

The liver presented enlarged in size. A non-homogenous cystic to cavitated liver mass was visualized in the caudal aspect of the left, mid and right liver measuring ~ 7-8 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate congealed non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present. Primarily empty descending colon.

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

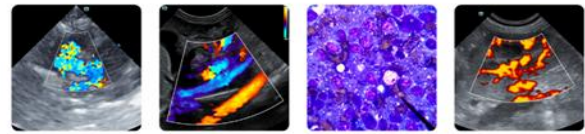
Primary

- Hepatomegaly with liver mass
- Moderate congealed, non-organized gallbladder debris - not consistent with mature mucocele
- Sonographically unremarkable gastrointestinal tract / colon.
- Mild caudal splenomegaly exhibiting non-homogenous indistinctly nodular parenchyma
- Age-related renal changes
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma / mass and caudal splenic FNA for screening cytology is warranted for further assessment. No obvious evidence of adrenal pathology as a contributing factor. Adrenal screening could be considered if clinical signs suggestive of adrenal disease are non-reported or arise.

Hepatosupportive medications with concurrent as needed gastrointestinal support is recommended.



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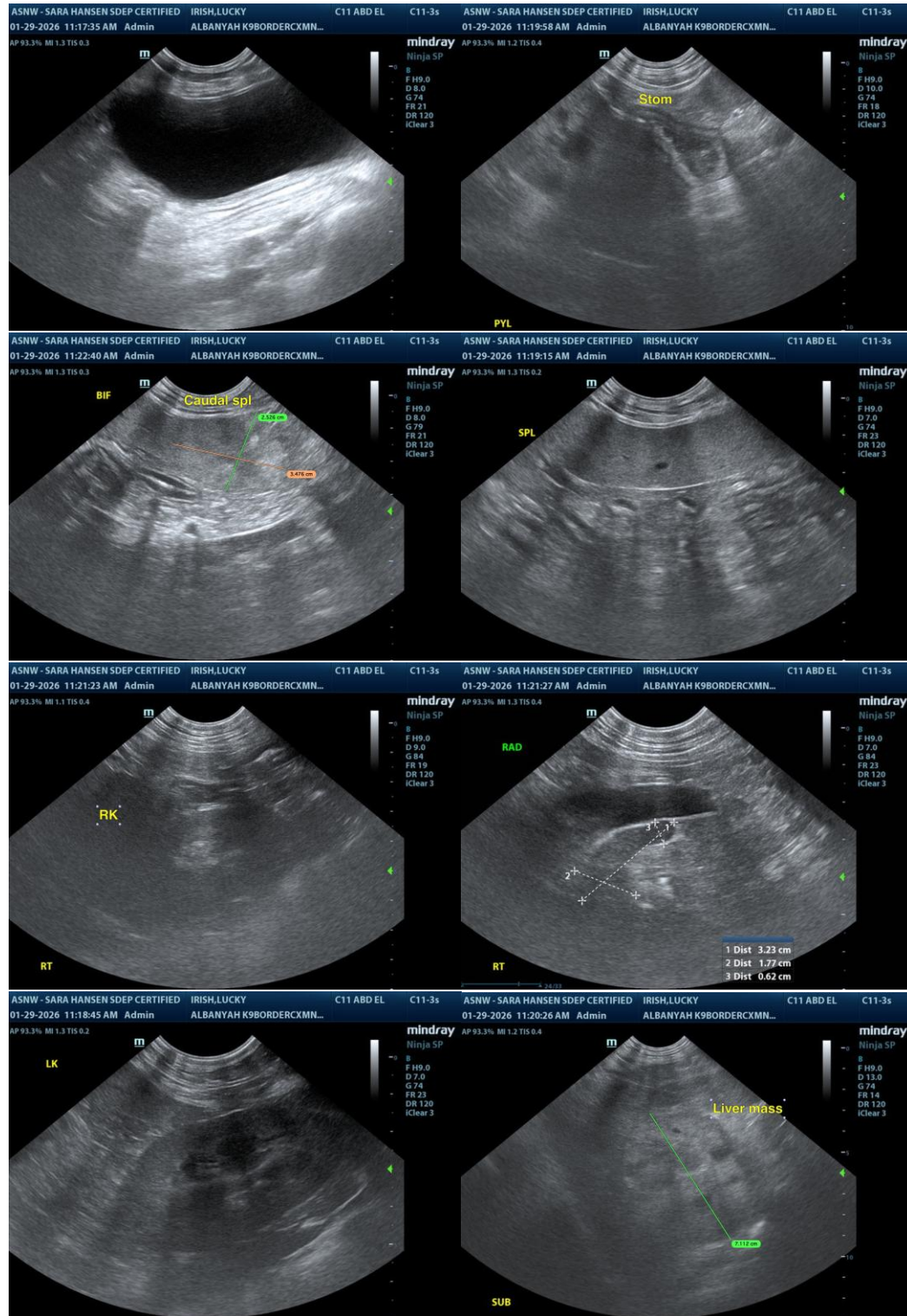
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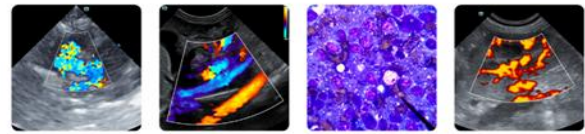
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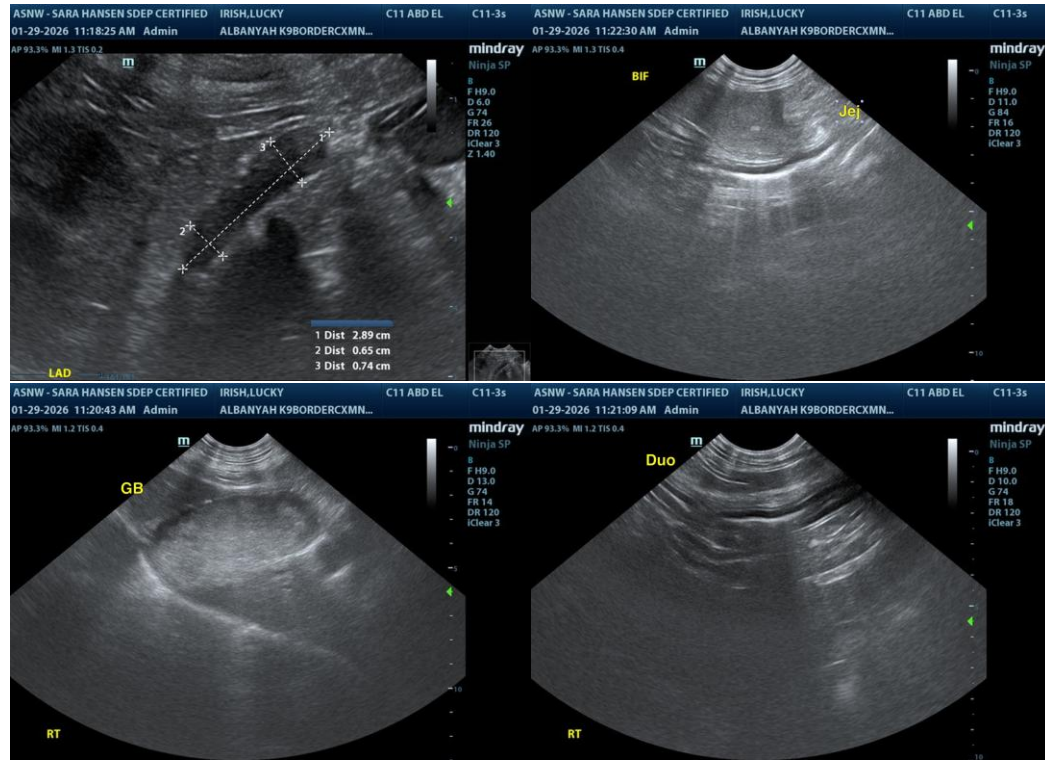
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com