



**PATIENT**

Abby Lewis

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

14 years

**WEIGHT**

88.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Pawsitive Wellness  
VC

**REFERRING VET**

Dr. Popuette

**INVOICE**

12489

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

decreased energy/appetite, some "fits" of coughing PE-lenticular sclerosis, multiple sq masses, dental disease liver enzymes mildly elevated previously Current Medications cholodin, bravecto, cough tabs prn, eats RC gi low fat diet Radiographic Findings only lateral thoracic rad done, dense bronchi otherwise normal

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Alt 327 n=10-125 alk phos 1868 n= 21-212 amyl 1856 n=500-1500 lipa 2222 n=200-1800

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes was noted.

The area of the aortic trifurcation was free of pathology.

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 7.0 cm in length. The right kidney measured 7.2 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 2.7 cm length x 0.83 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.84 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 exhibited mild generalized enlargement with symmetrical contour and generalized nonhomogeneous to subtle intermittent nodular parenchyma. The subtle nodular changes in the liver were primarily hypoechoic in appearance with evidence of parenchymal remodeling. An example of a liver nodule measured 2.3 cm in diameter. The gallbladder was non-distended in size with prominent



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to hyperechoic gallbladder walls with mild hyperechoic luminal debris, yet primarily anechoic content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented mild to potentially moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid was present in the gastric body and pylorus lumen. The gastric body wall width measured 0.64. The pylorus wall width measured 0.57 cm.

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. The duodenum wall width measured 0.54 cm.

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

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Nonhomogeneous to mildly nodular liver
- Mild chronic cholecystitis
- gastritis with mild gastric stasis
- Mild heterogeneous pancreas

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**Secondary Findings**

- Bilateral mild chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presentation of the liver was nonspecific with considerations including vacuolar hepatopathy chronic active hepatitis / cholangiohepatitis, early fibrosis / cirrhosis, or other hepatopathy, with areas of nodular to regenerative hyperplasia or hematopoiesis. Hepatic neoplasia cannot be excluded. Further assessment may include hepatic FNA for screening cytology and potential identification of inflammatory cell type if present.

Empirically, hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Potential for low-grade or chronic pancreatitis may be present, yet ultrasonographically normal.



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Conservative therapy for gastritis and/or possible low-grade or chronic pancreatitis would be appropriate.

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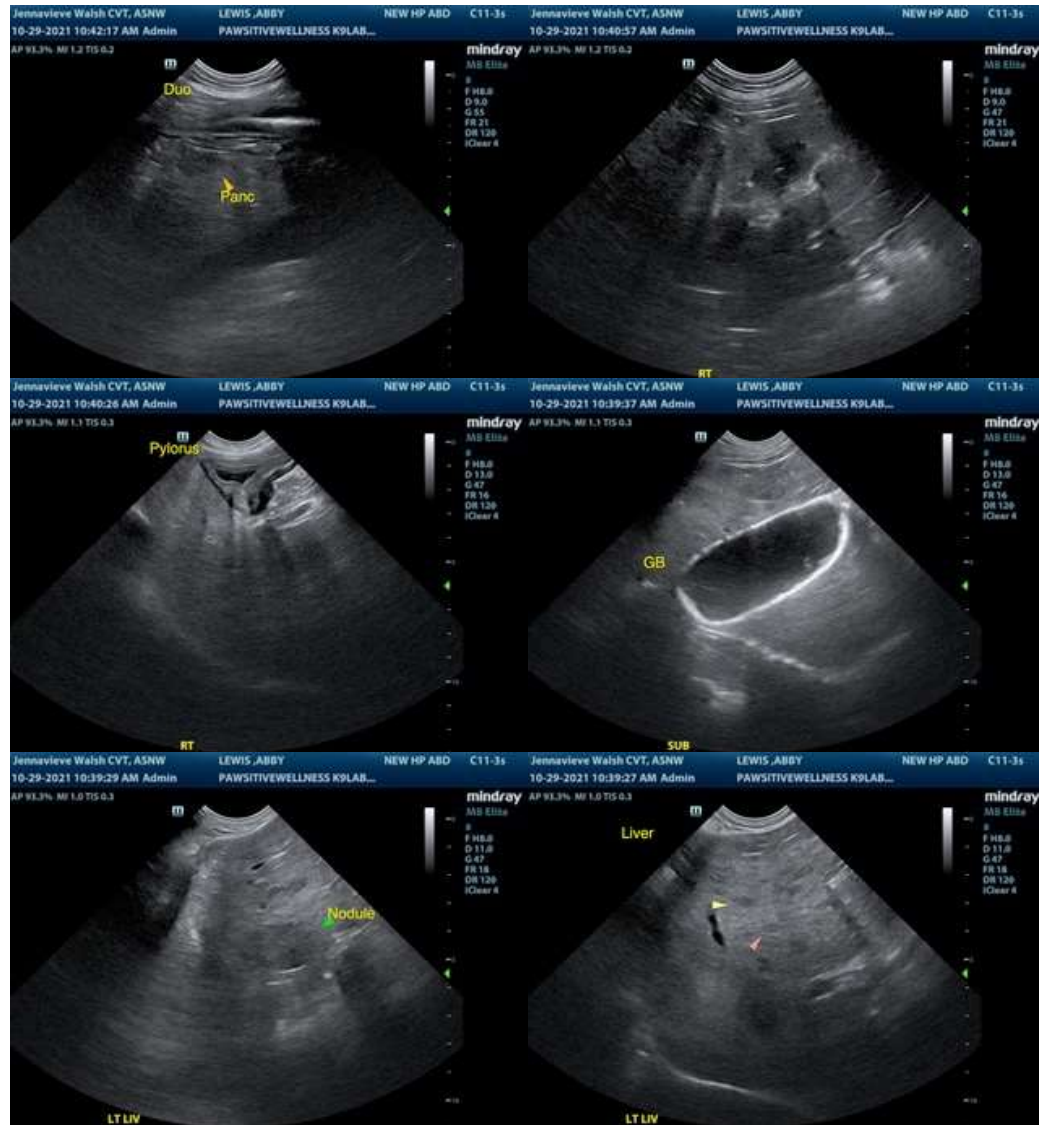
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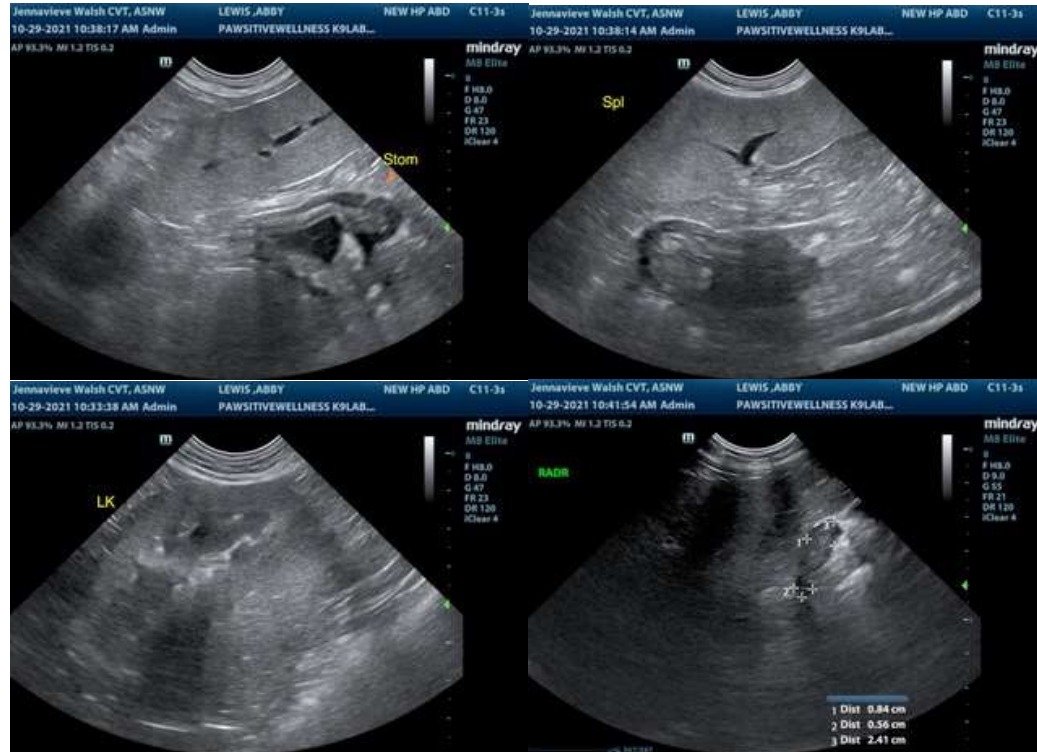
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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