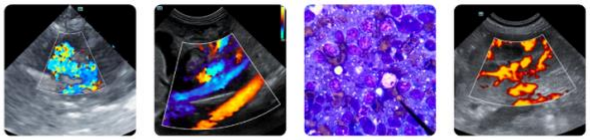

PATIENT

Kala Nelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

11 Years 4 Months

WEIGHT

58

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Kurt Mychajlonka DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Kurt Mychajlonka DVM

INVOICE

12198

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Hx of elevated liver values. Doing good at home. Eat and drinking normally, no coughing, vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Elevated Liver Value on 11/6/25 AST (SGOT) 81 HIGH 15-66 IU/L ALT (SGPT) 711 HIGH 12-118 IU/L ALK PHOS 154 HIGH 5-131 IU/L GGT 13 HIGH 1-12 IU/L Elevated Liver values on 10/29/24 AST (SGOT) 94 HIGH 15-66 IU/L ALT (SGPT) 592 HIGH 12-118 IU/L Alk Phosphatase 168 HIGH 5-131 IU/L GGT 8 1-12 IU/L

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, mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 6.0 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 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 0.52 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

The liver was subjectively normal in size, asymmetrical capsule contour and significant variably echogenic hepatic parenchyma with concurrent nodular parenchyma changes. Indistinct to nonvisualized portal vascular borders. Subjective adequate hepatic vascular volume was noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized. No evidence of posthepatic stasis or obstruction.

Gastrointestinal

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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 ileus, obstruction or foreign material.

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

Pancreas

Heterogeneous mildly echogenic visualized pancreas most consistent with age-related changes and benign remodeling and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

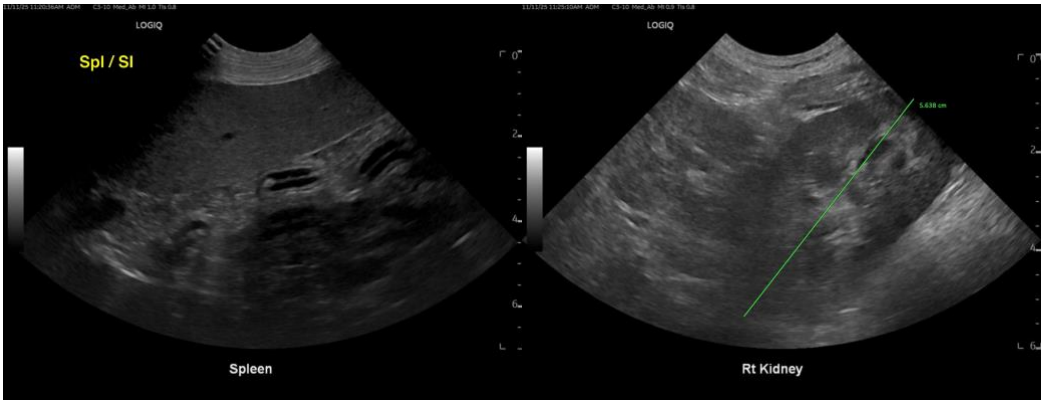
No visualized significant omental lymphadenopathy or perihepatic/peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Irregular nonhomogenous nodular liver.
- Sonographically normal gallbladder.
- Mild benign pancreatic remodeling.
- Mild chronic renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the hepatopathy may include suspected chronic to chronic active hepatitis with potential for hepatotoxicosis i.e. copper, fibrosis, sorosis or other in conjunction with elevated ALT/AST combination. Hepatic neoplasia is not excluded yet thought less likely given current clinical signs. No obvious evidence of hepatic shunt. Initial assessment may include (assuming normal clotting status) hepatic FNA cytology primarily to assess for inflammatory cell type, hepatic biopsies for histopathology and copper assessment required for a definitive diagnosis. Bile acid assay may be considered if evidence of clinical hepatopathy or abnormal BUN, glucose, cholesterol and albumin level. Hepatosupportive medications and close clinical monitoring would be reasonable if patient is nonclinical. Guarded long term hepatic prognosis given the degree of parenchymal changes.



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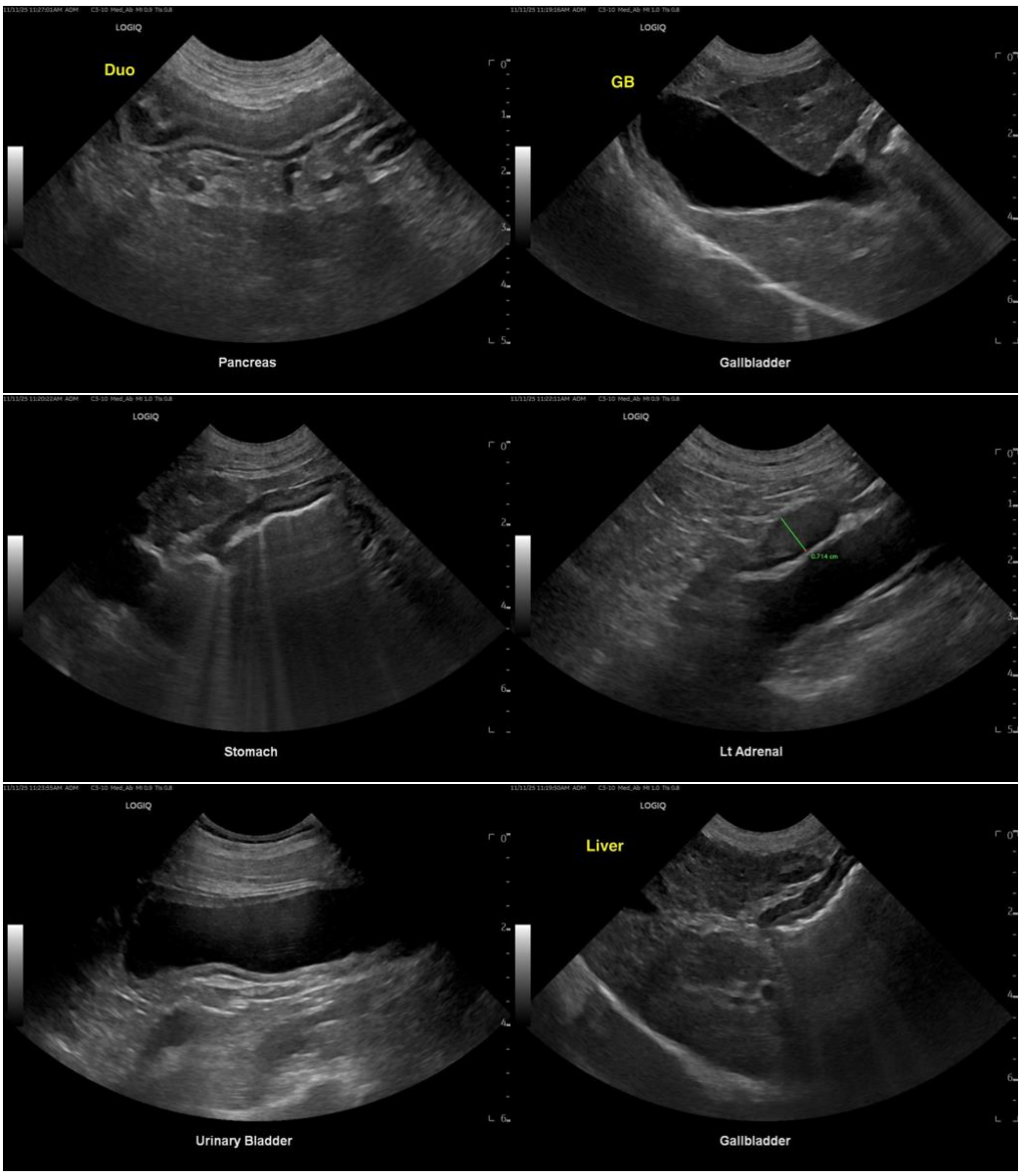

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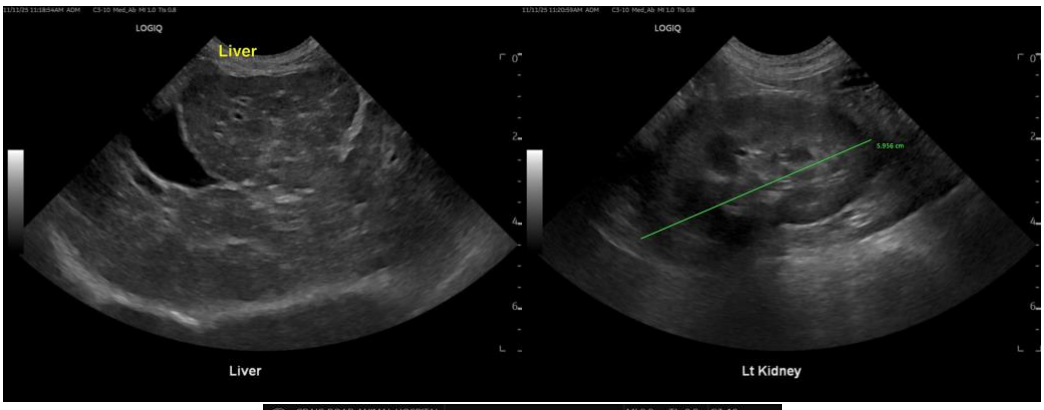

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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