



PATIENT

Bailey Harrison

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9yr

WEIGHT

102

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

22940

DATE

11/12/2025

PRESENTING CLINICAL SIGNS

Patient presented to clinic today for inappetence for a few days and increased thirst. Upon examination patient had a rectal temperature of 105. In house lab work is attached. Hematocrit 26, platelet 40, ALP 1635, ALT 362, QPL 911, USG 1.021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 6.8 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 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 0.66 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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific hepatopathy- vacuolar or non-obstructive cholestatic hepatopathy, inflammatory disease, hyperplasia, hepatotoxicosis i.e. copper, occult neoplasia (thought less likely) possible
- Mild gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with mild shadowing gastric ingesta
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further clarification. No evidence of contributing splenic pathology. Assessment for autoagglutination, CBC pathology review, and infectious disease serology warranted.

The mild shadowing gastric ingesta is non-specific. Correlation with abdominal radiographs, primarily to assess for evidence of metal opacity if evidence of hemolysis and suggested concurrent three view chest radiographs to rule out intrathoracic pathology is recommended.

Documented 12-hour fast and sonographic reassessment of the stomach would be ideal, specifically if reported NPO.



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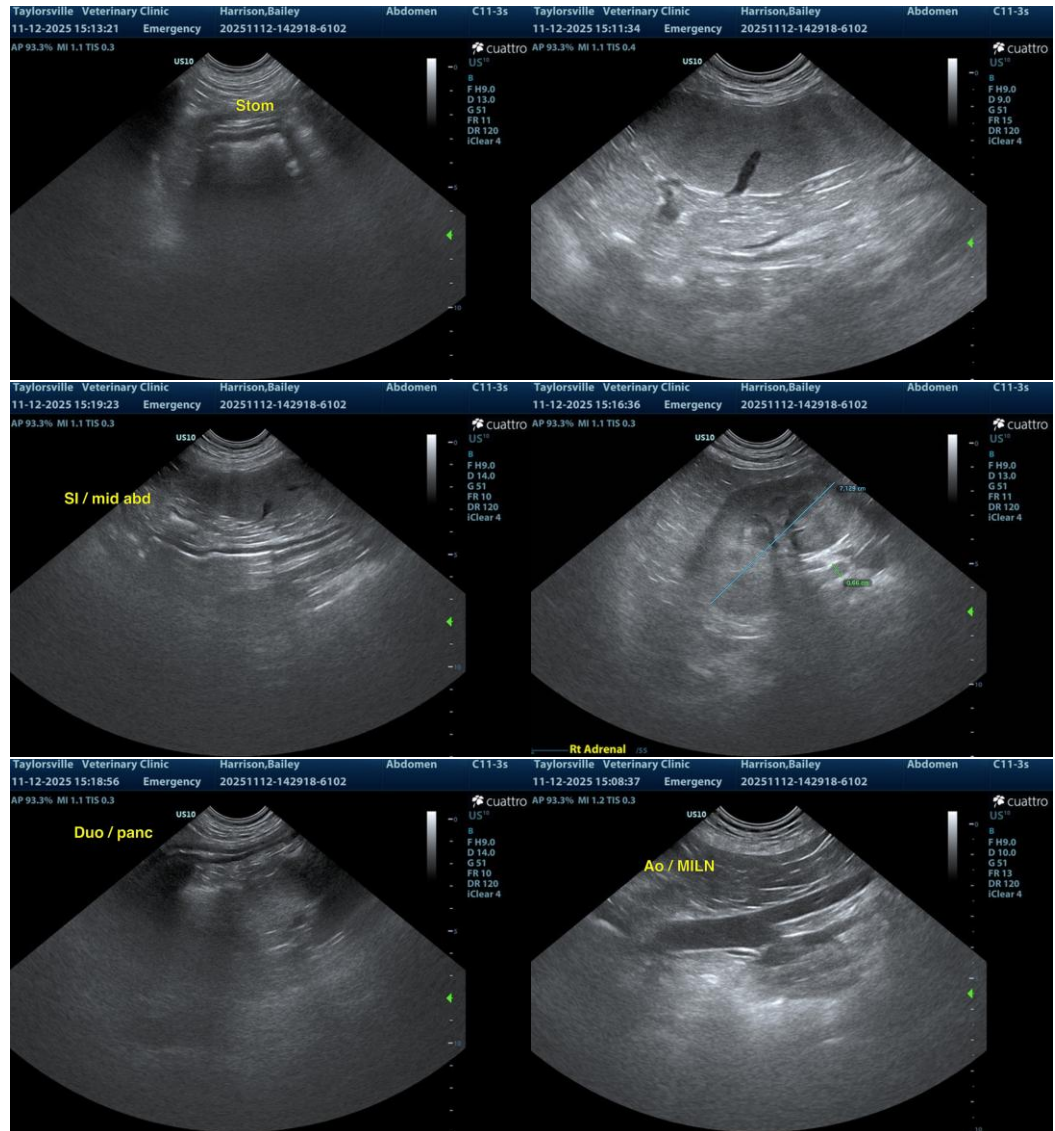
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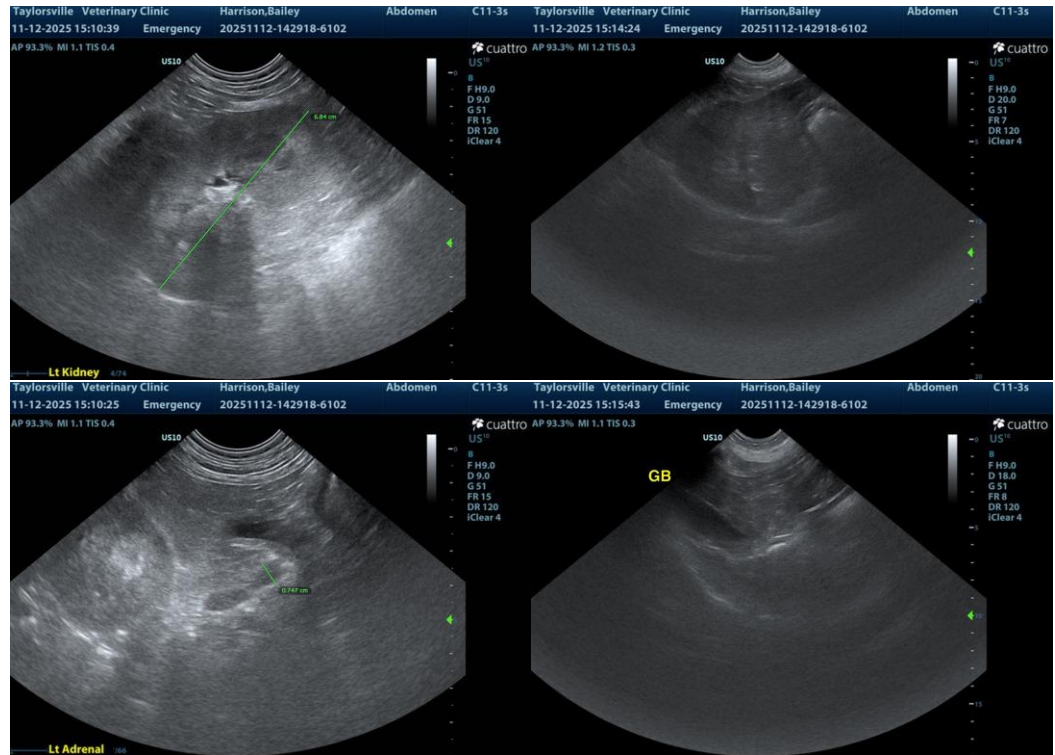
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com