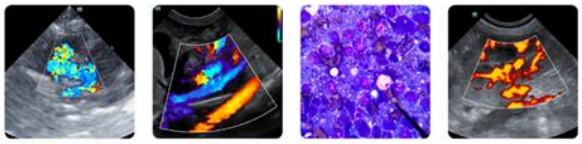


PATIENT

Sadie Allunis

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

14yr

WEIGHT

54lb

INTERPRETED BY

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

IMAGING PERFORMED BY

John Bucha VMD

HOSPITAL NAME

Harveys Lake Veterinary Clinic

REFERRING VET

John Bucha VMD

INVOICE
23016

DATE
11/21/2025

PRESENTING CLINICAL SIGNS

In 2021 weight, 67# 2023 61#, 2024 57#, current weight is 54#. Sadie had diarrhea off and on for the past 3 weeks. 11-15-25 she vomited but this seemed to clear up by the next day after owner was feeding hamburger and rice. Bloodwork from Jan and July 2025 were included.

Abnormal PE/Chem/CBC/UA Results: Intestinal Parasite Exam - No Parasites Seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.55 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney was primarily visualized in transverse plane. The right kidney measured 7.8 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized exhibiting subjective normal size, position, and shape measuring 0.53 cm in width.

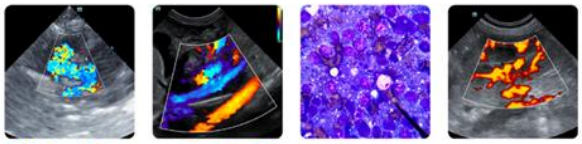
Spleen

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 was asymmetrically enlarged, exhibiting lobar swelling and rounded asymmetrical hepatic capsule contour. Multiple variably sized primarily homogenous isoechoic hepatic intraparenchymal masses to nodules were present. An example of a liver mass measured 6 cm in diameter. Example of liver nodule, 1.8 centimeters in diameter. The gallbladder was non-distended in size with thin walls and 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 to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The visualized segments of 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. The small intestinal wall measured 0.43 cm in width.

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

Pancreas

The right pancreas was mildly prominent in size with capsule asymmetry and heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Asymmetrical hepatomegaly exhibiting homogenous isoechoic masses / nodules- vacuolar hepatopathy, inflammatory disease, hyperplasia, hepatoma or regenerative like masses, neoplasia possible.
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal spleen
- Normal visualized gastrointestinal tract with variable non-shadowing gastric ingesta-suggestive of food echogenicity.
- Prominent remodeled pancreas- patient variant, benign remodeling owing to previous inflammation, chronic pancreatitis possible
- Age-related renal changes
- Mild cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with weight loss and gastrointestinal signs is warranted. If not recently done, three view chest radiographs and recheck lab work is recommended.

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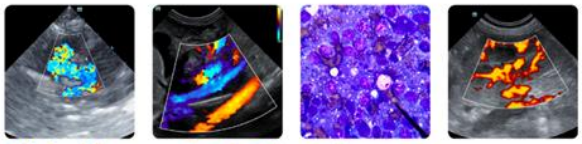

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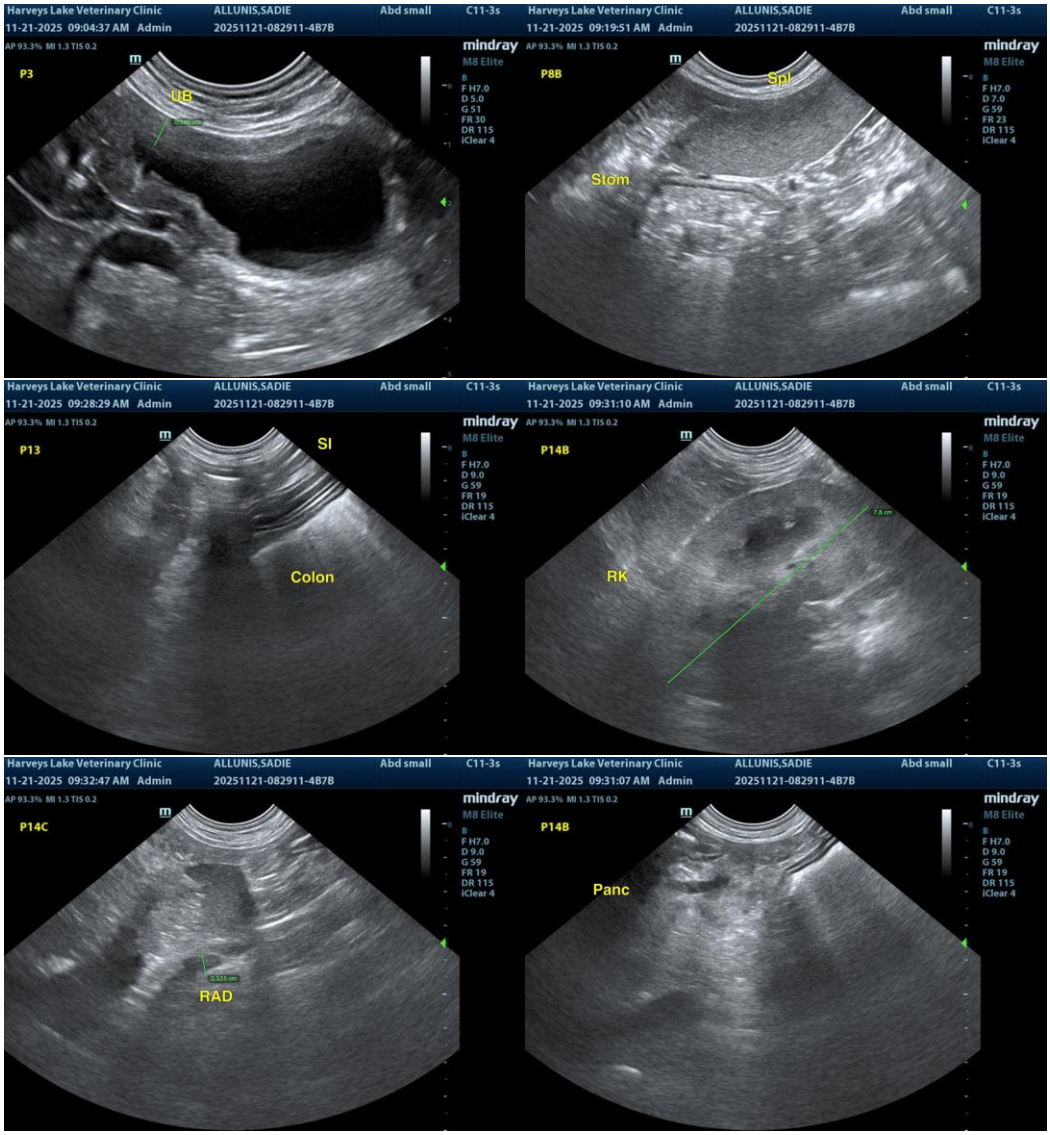

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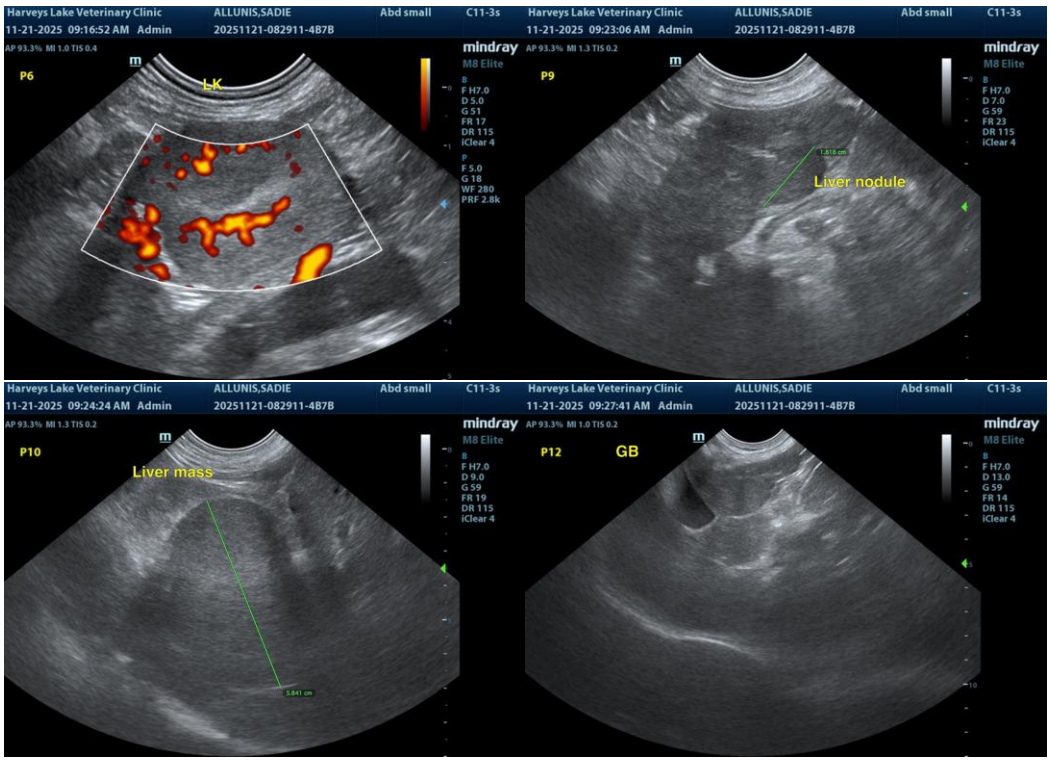

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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