

PATIENT

Scarlet Carlson

SPECIES

Canine

BREED

Coonhound

SEX

Spayed Female

AGE

2012

WEIGHT

74

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Jennings

INVOICE

12122

DATE

11/06/25

PRESENTING CLINICAL SIGNS

3 year history of seizures, started medication 1 month ago, elevated liver values

Medication: phenobarbital 64.8 SID, gabapentin

Labs: ALT 608, ALP 2385, GGT 29, Calcium 12

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, 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. Areas of focal to mild medullary mineral were visualized. The left kidney measured 6.7 cm in length. The right kidney measured 7.6 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 0.80 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited normal size, mild capsule asymmetry and mild heterogeneous parenchyma exhibiting pinpoint hyperechoic parenchyma foci which may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization.

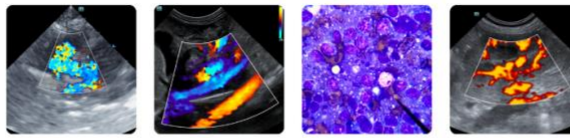
Liver

The liver revealed generalized hepatomegaly, rounded hepatic capsule contour and variable heterogeneous echogenic hepatic parenchyma exhibiting coarse echotexture and indistinct portal vascular borders. No evidence of mass or nodules.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Subjective subtle pericholecystic inflammation with no evidence of effusion was present.

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.



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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.

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Enlarged nonhomogenous liver- chronic hepatopathy with considerations including chronic vacuolar hepatopathy, hyperplasia, fibrosis, hepatic toxicosis secondary to phenobarbital therapy, nonspecific hepatitis and cholestasis with hepatic neoplasia not excluded yet thought less likely.
- Gallbladder mucocele.
- Age-related renal/adrenal changes with minor renal medullary mineral.
- Age-related spleen with benign hyperechoic parenchyma foci.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple etiologies could be contributing to the hepatic presentation and hepatopathy including the gallbladder mucocele. Monitoring for evidence of cranial abdomen/subxiphoid discomfort on palpation, development of leukocytosis or gastrointestinal signs associated with the gallbladder mucocele is indicated. If normal clotting status, hepatic FNA cytology could be considered for initial clarification. Cholecystectomy with hepatic biopsies is likely indicated if clinical signs are consistent with gallbladder mucocele or progressive hepatopathy. Hepatosupportive medications and close clinical monitoring would be a more conservative approach.

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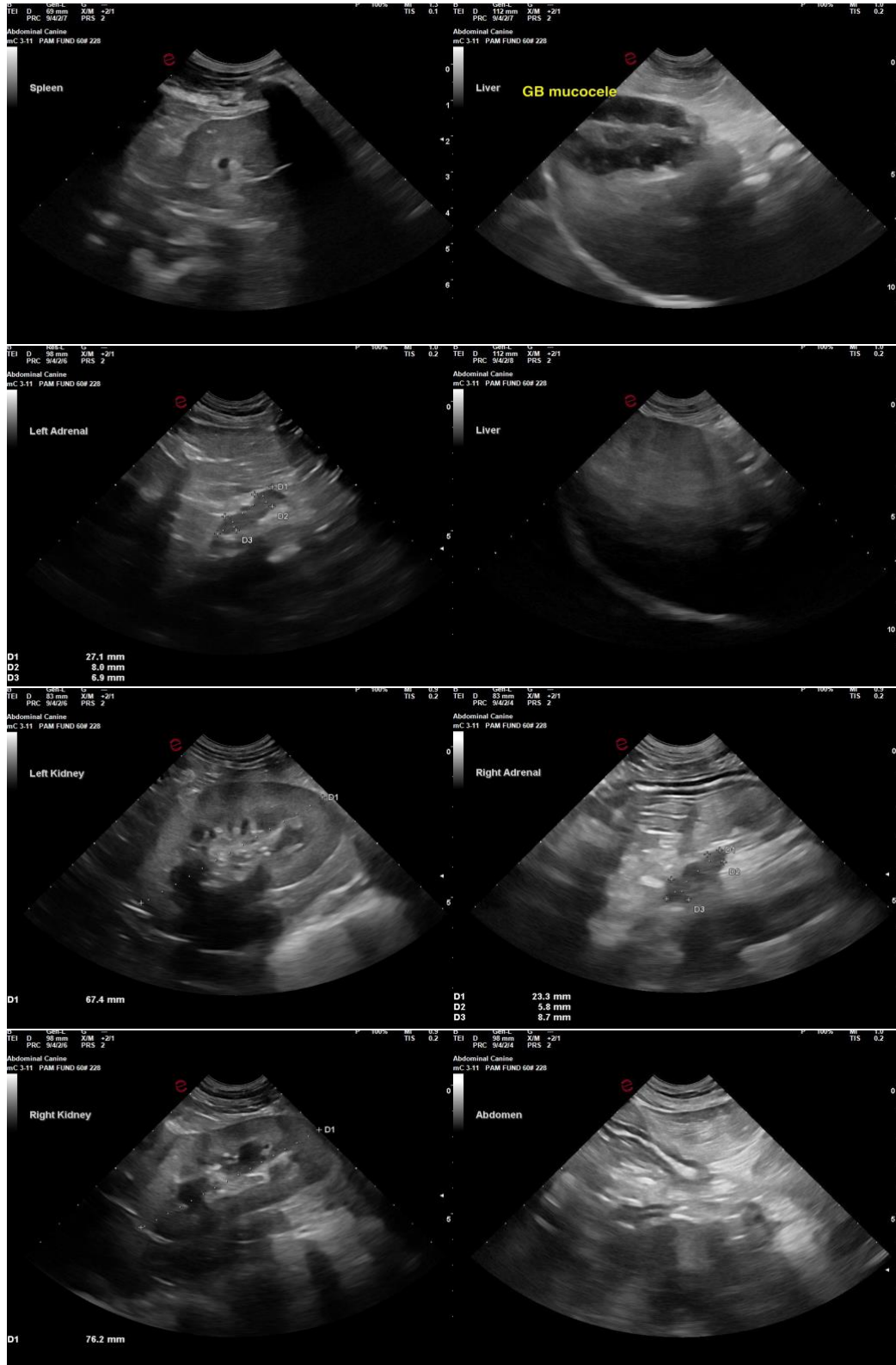
Dr. Jennings

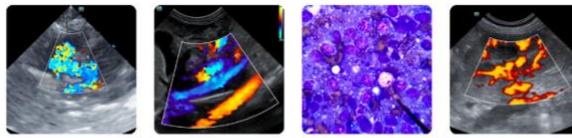
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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