



PATIENT

Datsyuk Gifford

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

70.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Solitaire Goldfield
DMV

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Solitaire Goldfield
DMV

INVOICE

12159

DATE

11/08/25

PRESENTING CLINICAL SIGNS

Presented for a dental & found below elevations on bloodwork. PE WNL.

Abnormal PE/Chem/CBC/UA Results: ALP 716 HIGH 20-150 U/L ALT 179 HIGH 10-118 U/L CA 11.9 HIGH 8.6-11.8 mg/dL

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.

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 6.6 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma. A solitary discrete hypoechoic nondisruptive splenic nodule was visualized in the mid to caudal spleen measuring 1.3 cm in diameter.

Liver

The liver presented subjective mildly 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 nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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



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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.

Free Abdomen

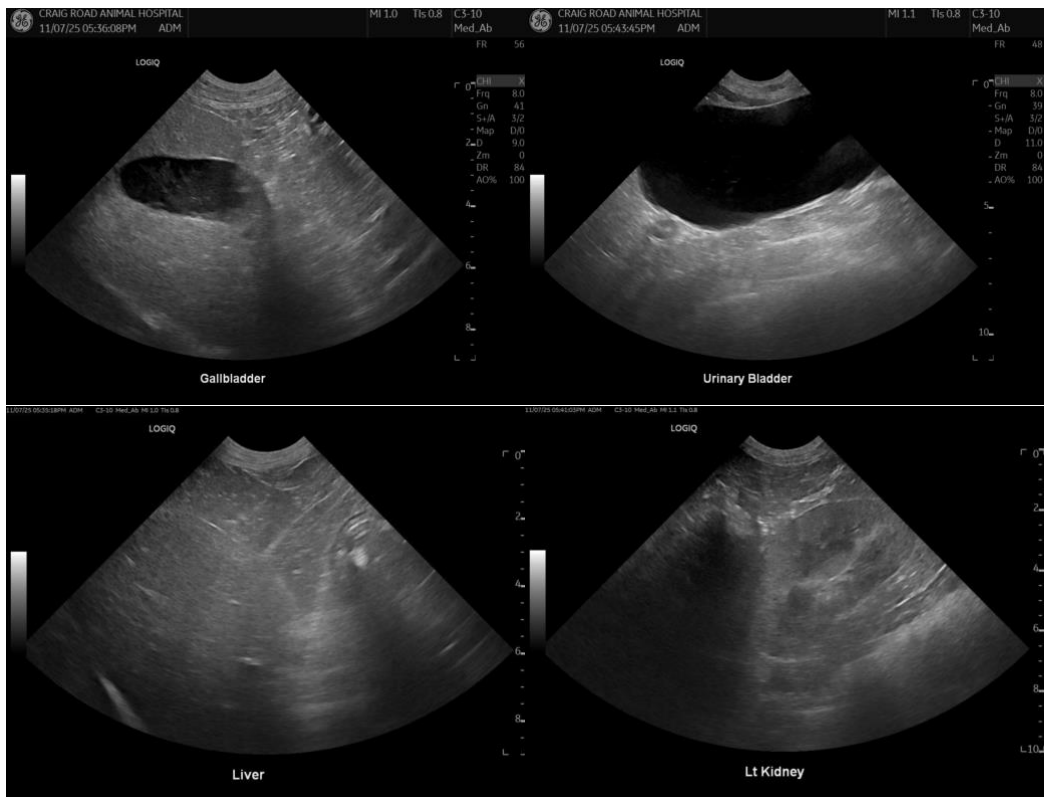
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy- vacuolar or nonobtrusive cholestatic hepatopathy, inflammatory disease, hyperplasia, hepatotoxicosis i.e. copper, emerging to occult hepatic neoplasia thought less likely.
- Nonorganized gallbladder debris (non-mucocele).
- Discrete splenic nodule- differentiation between red/white pulp, hyperplasia, hematopoiesis, emerging neoplasia thought less likely.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchyma and splenic nodule FNA cytology (using a 25-gauge needle) could be considered for further clarification. Hepatosupportive medications and sonographic monitoring of the splenic nodule (assuming patient is nonclinical) would be reasonable. Adrenal screening could be considered if clinical signs consistent with adrenal disease are nonreported or present. No anesthetic contraindications assuming normal albumin, glucose, BUN and cholesterol level.





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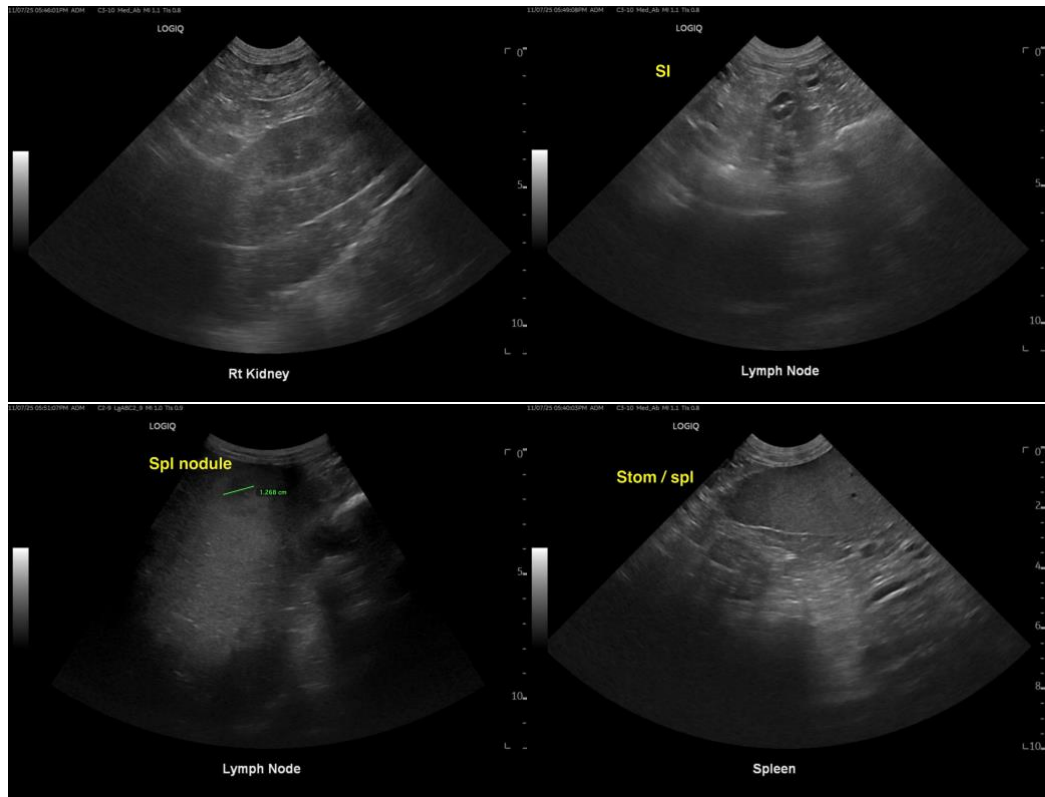
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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