



## PATIENT

Obi Adams

## SPECIES

Canine

## BREED

Lab Retriever

## SEX

Male Neutered

## AGE

10 yrs

## WEIGHT

33.3 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Royal Loop Vet

## REFERRING VET

Dr. Harbour

## INVOICE

12944

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: Previously diagnosed with proteinuria and systemic hypertension and has been on telmisartan with pressure improvement. Labs at that time showed mild neutrophilia and ALP elevation 600. Recheck today and has had muscle mass loss (overweight is stable), panting and puffing a lot, cranial abdominal discomfort, hyporexia this morning

Abnormal PE/Chem/CBC/UA Results: Serum icteric today. Blood went out to lab

## 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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was sonographically normal.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited a small lateral cortical infarct. The left kidney measured 7.7 cm in length. The right kidney measured 8.0 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 0.60 cm.

### 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 exhibited generalized hepatomegaly with normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to heterogeneous parenchymal remodeling. Moderate coarse echotexture noted. Mild generalized increased hepatic parenchyma echogenicity compared to the spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules visualized. The gallbladder was non-distended in size with normal wall and without evidence of inflammation or edema. The gallbladder lumen was primarily occupied by congealed yet non-organized, non-mineralized debris. The cystic and common bile ducts were normal.



**PATIENT**

Obi Adams

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Male Neutered

**AGE**

10 yrs

**WEIGHT**

33.3 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Royal Loop Vet

**REFERRING VET**

Dr. Harbour

**INVOICE**

12944

**DATE**

12/12/25

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild progressive distal acoustic shadowing gastric ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, mild, non-shadowing ingesta.

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

**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.

**Free Abdomen**

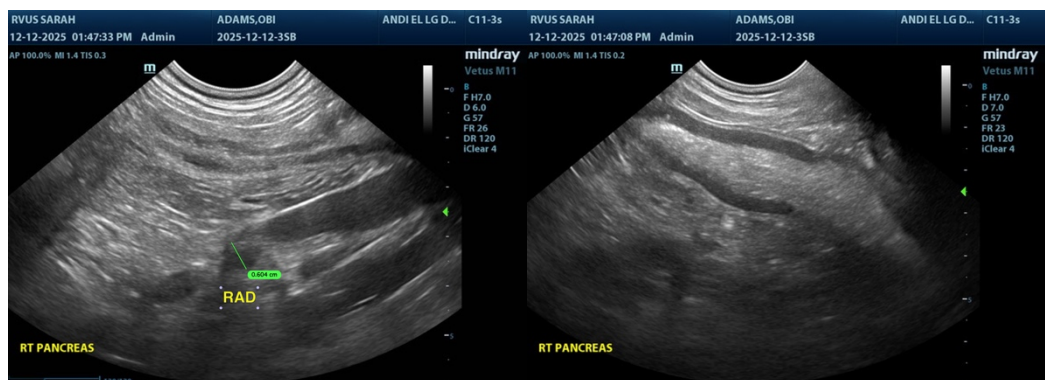
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Large non-homogeneous liver – vacuolar hepatopathy, cholestasis, inflammation, hyperplasia or other hepatopathy with hepatic neoplasia thought less likely
- Congealed gallbladder debris/immature gallbladder mucocele
- Nonspecific chronic renal changes with left kidney cortical infarct
- Normal bilateral adrenal glands
- Normal gastrointestinal tract with gastrointestinal ingesta – consistent with food

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of post hepatic obstruction or stasis. If normal clotting status, hepatic FNA cytology could be considered for further clarification. Correlation with pending lab work and monitoring of urinalysis for proteinuria and as needed UPCV is recommended.





**PATIENT**

Obi Adams

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Male Neutered

**AGE**

10 yrs

**WEIGHT**

33.3 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Royal Loop Vet

**REFERRING VET**

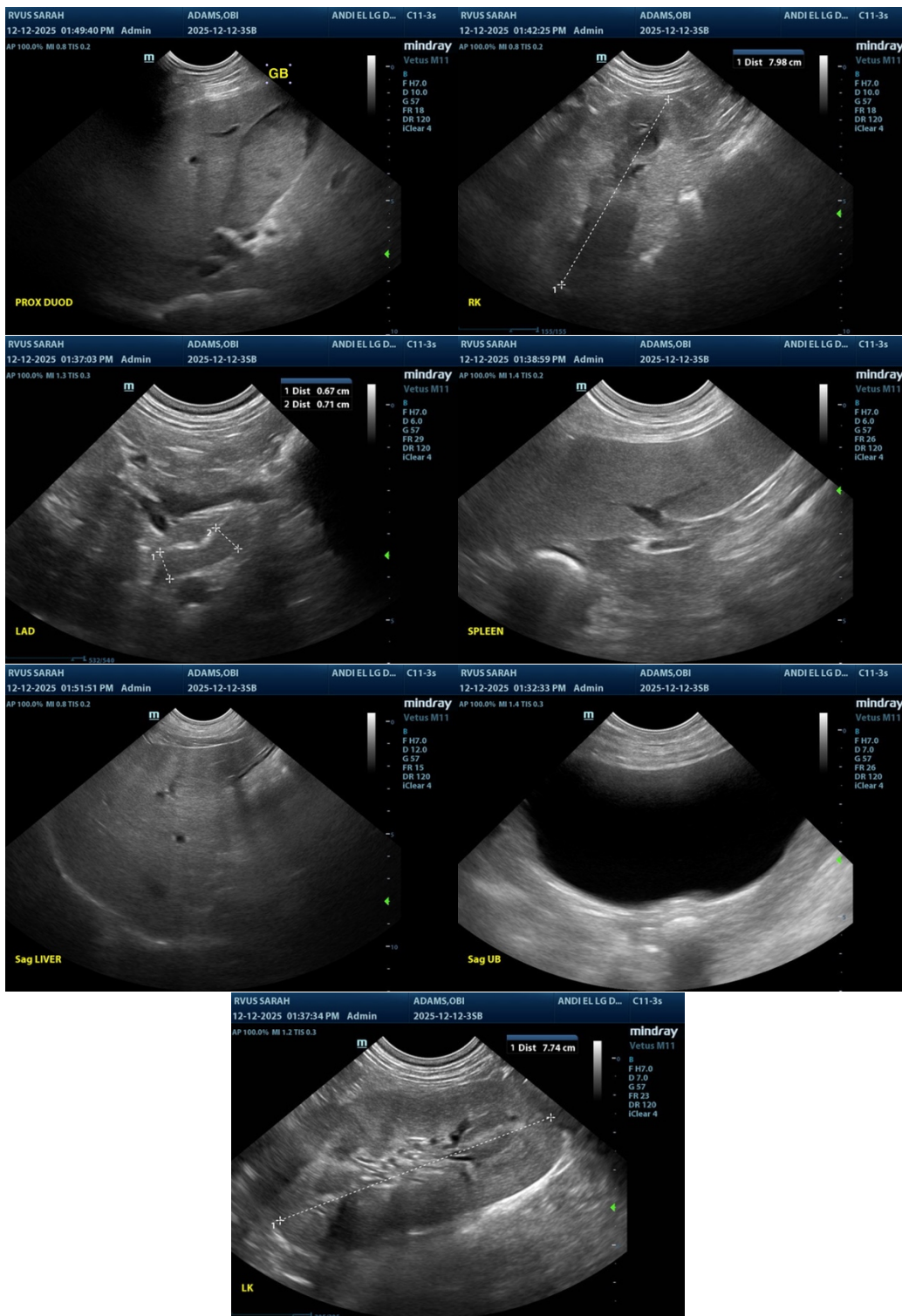
Dr. Harbour

**INVOICE**

12944

**DATE**

12/12/25





## PATIENT

Obi Adams

## SPECIES

Canine

## BREED

Lab Retriever

## SEX

Male Neutered

## AGE

10 yrs

## WEIGHT

33.3 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Royal Loop Vet

## REFERRING VET

Dr. Harbour

## INVOICE

12944

## DATE

12/12/25

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](mailto:info@sonopath.com)