



PATIENT

Burton Slezak

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

13 yrs

WEIGHT

68.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE

10466

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Gingivitis grade 2/3 Tartar grade 3/4 Fracture 108 and 208 Severe decrease in MCS in hind limbs and in epaxial muscles Shift weight off of LH limb Unable to localize pain in LH limb P mildly resistant to extension of right hip CPS decreased to normal RH, normal LH 1. LH lameness r/o ortho vs soft tissue injury vs neuro 2. Decrease MCS r/o renal vs hepatobiliary vs endocrine vs neoplasia vs other ABNORMAL Labwork Values SA020 reported 12/10/2025 Superchem - ^ TP 7.5, ^ Globulin 3.8, ^ ALT 435, ^ ALP 441, ^ Ca 11.7 (8.9-11.4) N BUN 14, N Cre 0.8, ^ SDMA 15.2 ^ Cholesterol 389 CBC - WNL, HCT 51% UA - USG 1.016 Current Medications none Radiographic Findings n/a

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 evidence of urine 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small lateral left kidney cortical cyst was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in 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 as mild to moderately 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



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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, containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild gallbladder debris (non mucocele)
- Mild chronic renal changes
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e., copper), or other with neoplasia thought less likely. Ultrasound-guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E, as well as Ursodiol, due to its antioxidant and immunomodulatory effects within the liver, would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospiriosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy is likely required for definitive diagnosis.

No overt evidence of adrenal pathology as a contributing factor. Adrenal screening could be considered if clinical signs are consistent with Cushing's Syndrome in conjunction with persistent decreased urine specific gravity.



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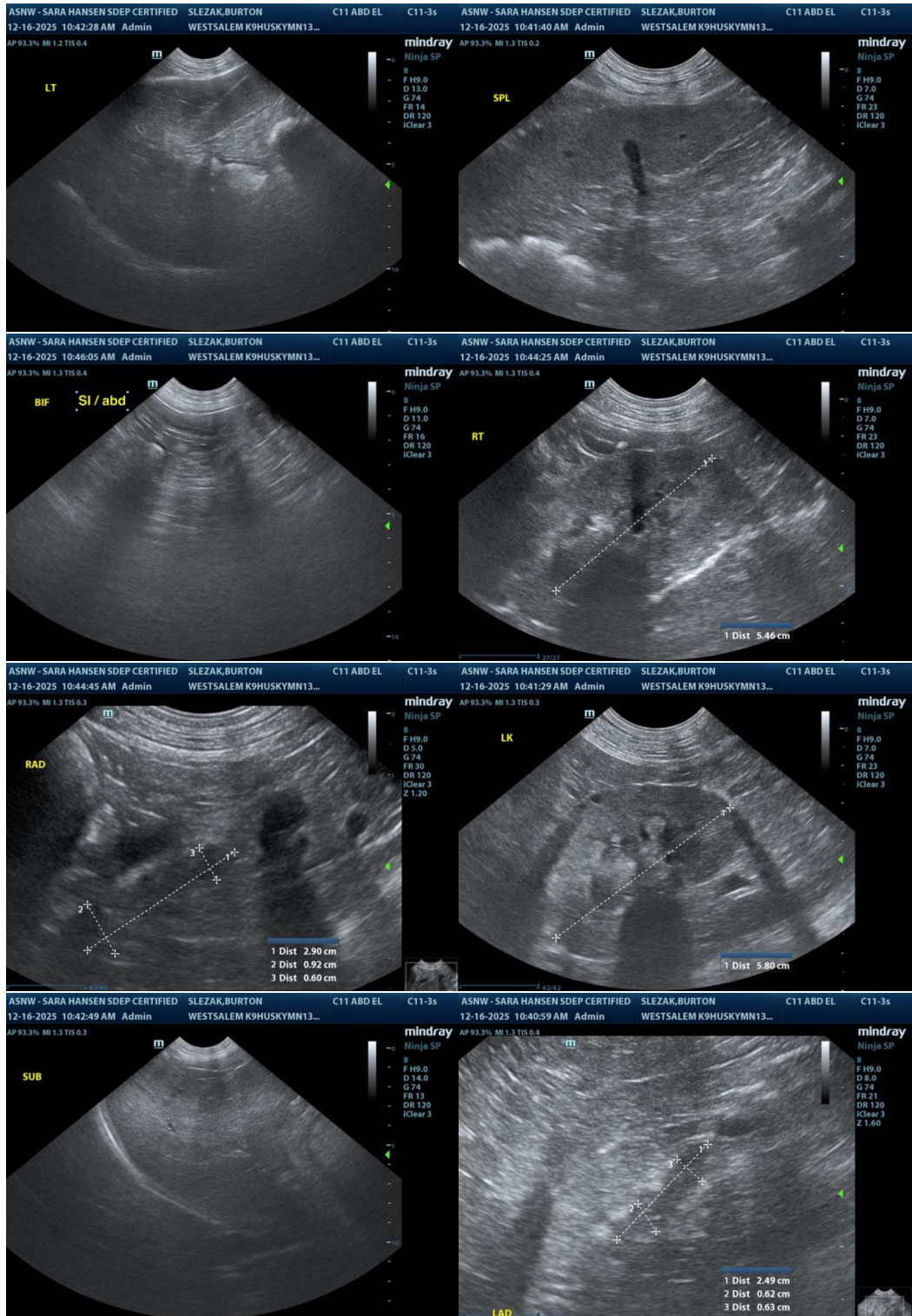
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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