



PATIENT

Josie Menaker

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

11 yrs

WEIGHT

85.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Callahan

INVOICE

12953

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: DENTAL CALCULI ARTHRITIS DERMAL MASSES ABNORMAL Lab work Values CBC/ CHEM/ T4/ UA WNL ECG-SUPERVENTRICULAR ARRHYTHMIA For ECHO Only: Blood Pressure 183 HR/RR/BP: 130/ PANT/ 183 Is there a Heart Murmur? If so, please grade. NO

Current Medications CARPROFEN, AMANTADINE, THYRO TABS

Radiographic Findings: NONE

Notes to Specialist: (if any) PRE ANES WORK UP

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

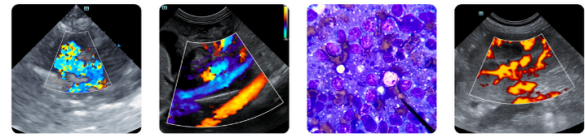
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. Indistinct portal vascular borders and no evidence of hepatic congestion. The gallbladder was non distended in size with moderate, gravity dependent to non-dependent, mildly



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congealed, echogenic, nonmineralized 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

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

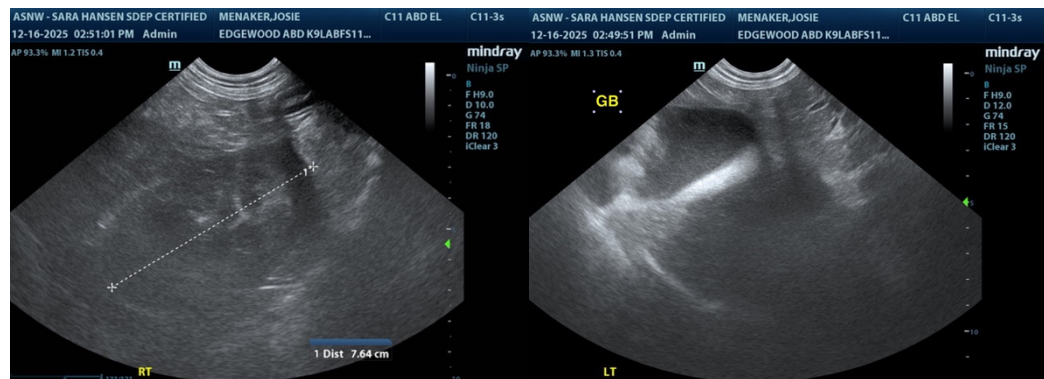
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogeneous remodeled liver – vacuolar hepatopathy, hyperplasia, inflammation, fibrosis, or other, hepatic neoplasia thought less likely
- Non-organized gallbladder debris – not consistent with mucocele criteria
- Age-related renal/splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. Despite lack of reported hepatic enzyme elevations. Hepato-supportive medications with clinical and as needed sonographic monitoring if evidence of hepatopathy or cholestasis going forward is recommended. No overt intraabdominal anesthetic contraindications.





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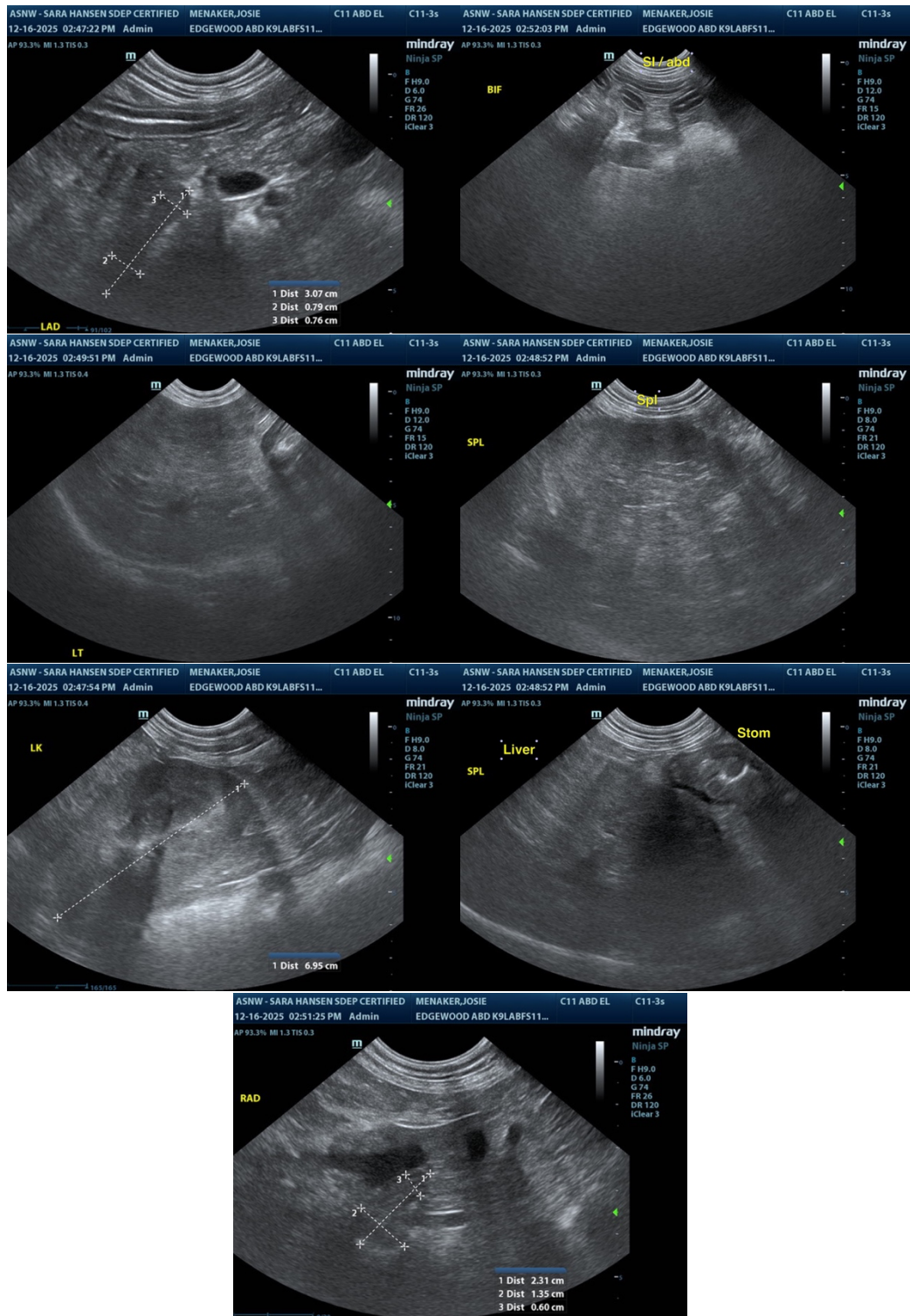
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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