



PATIENT

Jordan Kananen

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

25 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healing Traditions
Holistic Veterinary
Clinic

REFERRING VET

Dr. Wanda

INVOICE

12640

DATE

12/08/25

PRESENTING CLINICAL SIGNS

The patient presents with a history of progressive liver enzyme elevation, hypercalcemia, a heart murmur, and chronic gastrointestinal signs. Since 2023, the patient has had persistently elevated liver enzymes, which began as an isolated ALT elevation and later included an elevated ALP. Diagnostic testing revealed a normal ACTH stimulation test and normal PT/PTT. A more recent finding as of 08/20/2025, is an elevated calcium level. A grade 2 out of 6 heart murmur has been noted on physical examination. The patient experiences ongoing clinical signs of intermittent soft stools with mucus and a concurrently decreased appetite.

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 urine mineral or calculi. 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. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size with asymmetrical capsule contour and mixed echogenic to indistinctly nodular nonmineralized adrenal parenchyma. Possible early left adrenal phrenicoabdominal vein invasion. The left adrenal gland measured 0.90 cm width in the caudal pole. The right adrenal gland measured 0.93 cm width in the caudal pole.

Spleen

The spleen presented with possible mild splenomegaly with asymmetrical medial capsule contour and possible isoechoic mildly expansive medial splenic nodule potentially measuring 1.3 cm in diameter.

Liver

The liver was subjectively mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A mild irregular nonhomogenous cystic caudal right lateral to caudate lobe hepatic mass was visualized with mild asymmetrical hepatic capsule contour measuring approximately 5.4 cm in diameter. Intermittent separate small nondisruptive hepatic intraparenchymal cysts were visualized with an example measuring 0.50 cm in diameter.

The gallbladder was non distended in size with mild nonorganized nondependent biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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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

Intermittent mildly prominent nonhomogenous perisplenic mesenteric to colic lymph nodes were visualized with an example measuring 1.2 cm in diameter. Unspecified nonhomogenous lesion in the area of the spleen exhibiting similar echogenicity to adjacent lymph nodes and spleen measuring 3.0 cm in diameter. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with caudal right lateral to caudate liver mass and intermittent parenchymal cysts.
- Nonorganized gallbladder debris (non-mucocele).
- Bilateral mild nonhomogenous nodular adrenomegaly with possible early left adrenal vascular invasion.
- Mild chronic renal changes.
- Subjective borderline splenomegaly exhibiting medial capsule asymmetrical contour and possible isoechoic splenic nodule.
- Unspecified nonhomogenous perisplenic lesion with subjective mild perisplenic to colic mesenteric lymphadenopathy- concurrent lymph node, ectopic spleen or other.
- Sonographically unremarkable gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with hepatic mass FNA cytology with consideration for concurrent screening splenic and unspecified lesion/lymph node FNA cytology using a 25-gauge needle, is recommended. Recheck adrenal work up if clinical signs are consistent with Cushing's syndrome. Monitoring of systemic BP for hypertension. A GI panel to include PLI, TLI, cobalamin and folate and assuming normal clotting status, abdominal CT for further assessment of the adrenal glands given possible early vascular invasion, may be considered.



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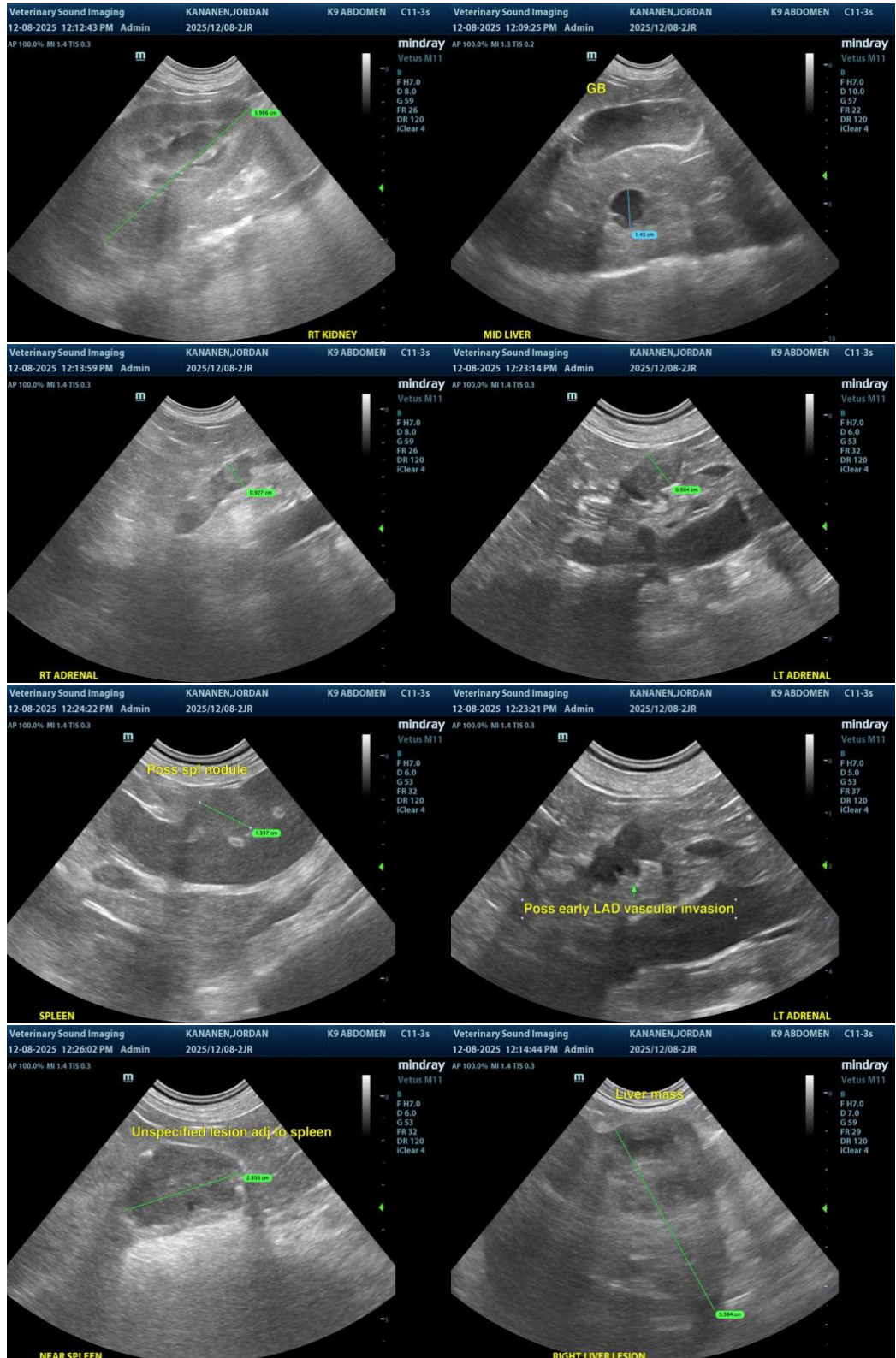
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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