



## PATIENT

Ellie Waszczak

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Female Spayed

## AGE

8y 4m

## WEIGHT

64.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Griffin

## HOSPITAL NAME

Northside VC

## REFERRING VET

Griffin

## INVOICE

13194

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

History:

- Vomits once a month
- Eating more

Abnormal PE/Chem/CBC/UA Results: Chronic elevation in ALKP, P has been on Denamarin and Ursodiol long term. New finding, elevated LIPA 5396.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 6.1 cm in length. The right kidney measured 6.4 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 0.70 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 0.55 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild splenic medial capsule fibrosis. 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 was subjective mildly enlarged in size. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Newly noted non-homogeneous to mixed echogenic intraparenchymal mass was present



## PATIENT

Ellie Waszczak

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Female Spayed

## AGE

8y 4m

## WEIGHT

64.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Griffin

## HOSPITAL NAME

Northside VC

## REFERRING VET

Griffin

## INVOICE

13194

## DATE

2/11/26

mid to dorsal liver adjacent to the gallbladder measuring ~5.5 cm in diameter. The gallbladder was non distended in size with mild, gravity dependent, non-organized, 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Normal empty gastrointestinal tract
- Chronic hepatopathy with non-homogeneous hepatic mass
- Mild gallbladder debris (non-mucocele)
- Normal adrenal glands

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver mass may include hyperplasia, granuloma or neoplasia, i.e. carcinoma or other. Assuming normal clotting status and if accessible, hepatic parenchyma and mass FNA cytology recommended for further clarification. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or clinical signs suggestive of chronic pancreatitis. Full GI panel to include PLI/TLI/Cobalamin/Folate given intermittent gastrointestinal signs and reported increased appetite is warranted. Hepatic mass biopsy with histopathology likely required for definitive diagnosis. Continued hepato-supportive medications with ad needed gastrointestinal support, i.e. dietary trial and as needed gastro protectants with serial sonographic monitoring of the liver mass would be more conservative.



**PATIENT**

Ellie Waszczak

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Female Spayed

**AGE**

8y 4m

**WEIGHT**

64.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

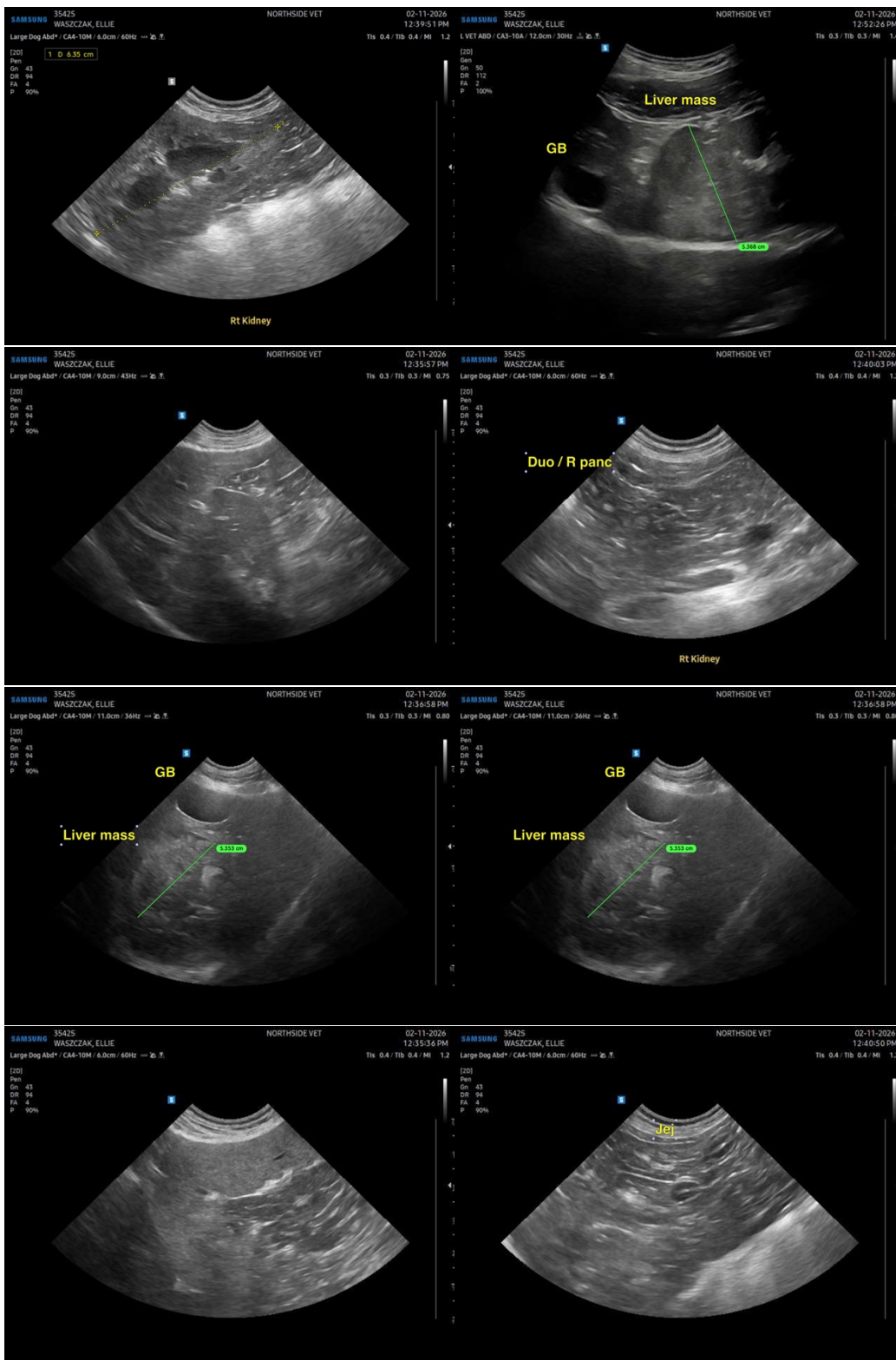
Griffin

**INVOICE**

13194

**DATE**

2/11/26





### PATIENT

Ellie Waszczak

### SPECIES

Canine

### BREED

Golden Doodle

### SEX

Female Spayed

### AGE

8y 4m

### WEIGHT

64.6 lbs

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Griffin

### HOSPITAL NAME

Northside VC

### REFERRING VET

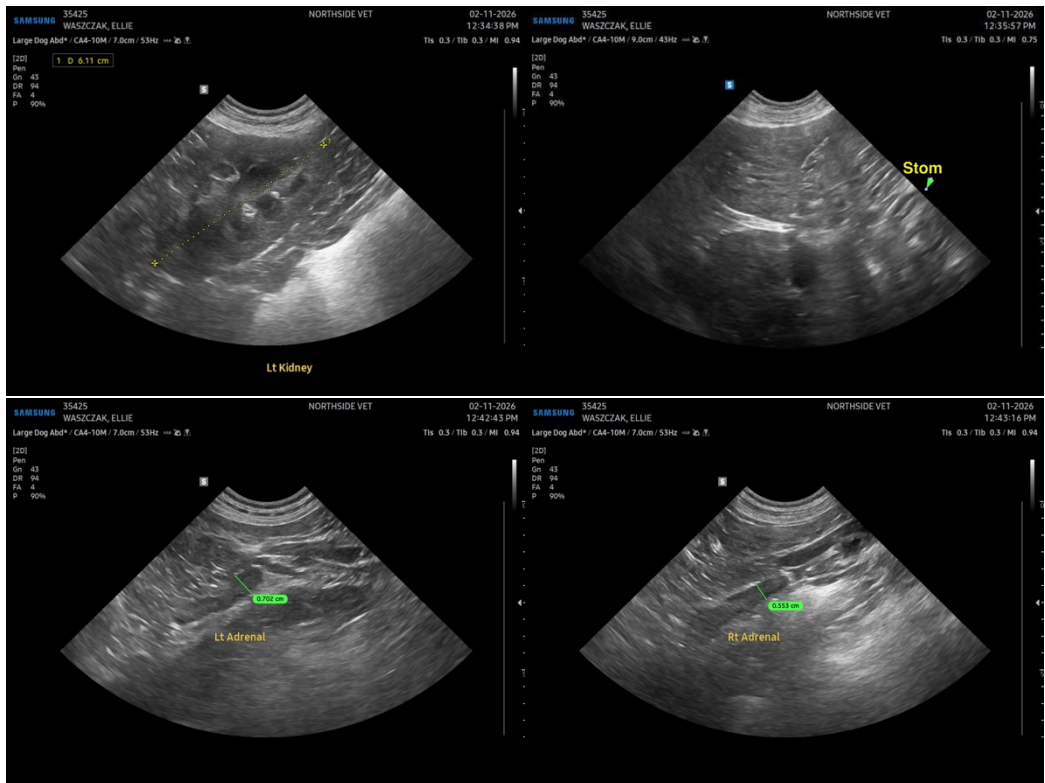
Griffin

### INVOICE

13194

### DATE

2/11/26



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)