



PATIENT

Tyson Crump

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

12y

WEIGHT

87.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Kenna

INVOICE

13202

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History:

- P showing signs of aging, restless, dragging feet some. Arthritis in hips and back.
- Elevated ALP with minor elevated ALT r/o hepatobil disease, Cushing's
- ABNORMAL Lab work Values
- ALP = 1190 H recom LDDT, ALT = 152 H minor, Corr calcium = 11.5, T4 = 5.5 H, Eosin = 1 H
- Current Medications: Dasuquin, Gabapentin 300mg PRN, Levothyroxine 0.8mg BID, Denamarin Large
- Radiographic Findings: none

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. Minor, dependent lumen mineral was present. 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 residual prostate appeared normal and free of pathology.

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 7.4 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly enlarged in size. Heterogeneous, indistinctly nodular parenchyma without evidence of mineralization and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the caudal pole. The right adrenal gland measured 0.86cm 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 mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal



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remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Small to mild capsule distorting, isoechoic to heterogeneous ventrocaudal right liver mass was present measuring 6.4 cm in diameter. The gallbladder was non distended in size with mild, 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 stomach was non-distended in size containing a mild to moderate amount of strongly shadowing ingesta/content.

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 liver with isoechoic to non-homogeneous right ventrocaudal mass – chronic vacuolar or cholestatic hepatopathy, inflammatory disease, hyperplasia, granuloma, neoplasia or combination possible
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Bilateral borderline/mild enlarged non-homogenous indistinct nodular adrenal glands – hyperplasia, function vs non-functional adenomas, emerging adrenal tumors thought less likely
- Minor urinary bladder lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome. Concurrent monitoring of systemic BP for evidence of hypertension is recommended. Assuming normal clotting status, hepatic parenchyma and if accessible, hepatic mass FNA cytology warranted for further clarification. Hepato-supportive medications and sonographic monitoring of the adrenal glands and liver mass for evidence of progression would be more conservative. Urinary workup suggested if not recently done.



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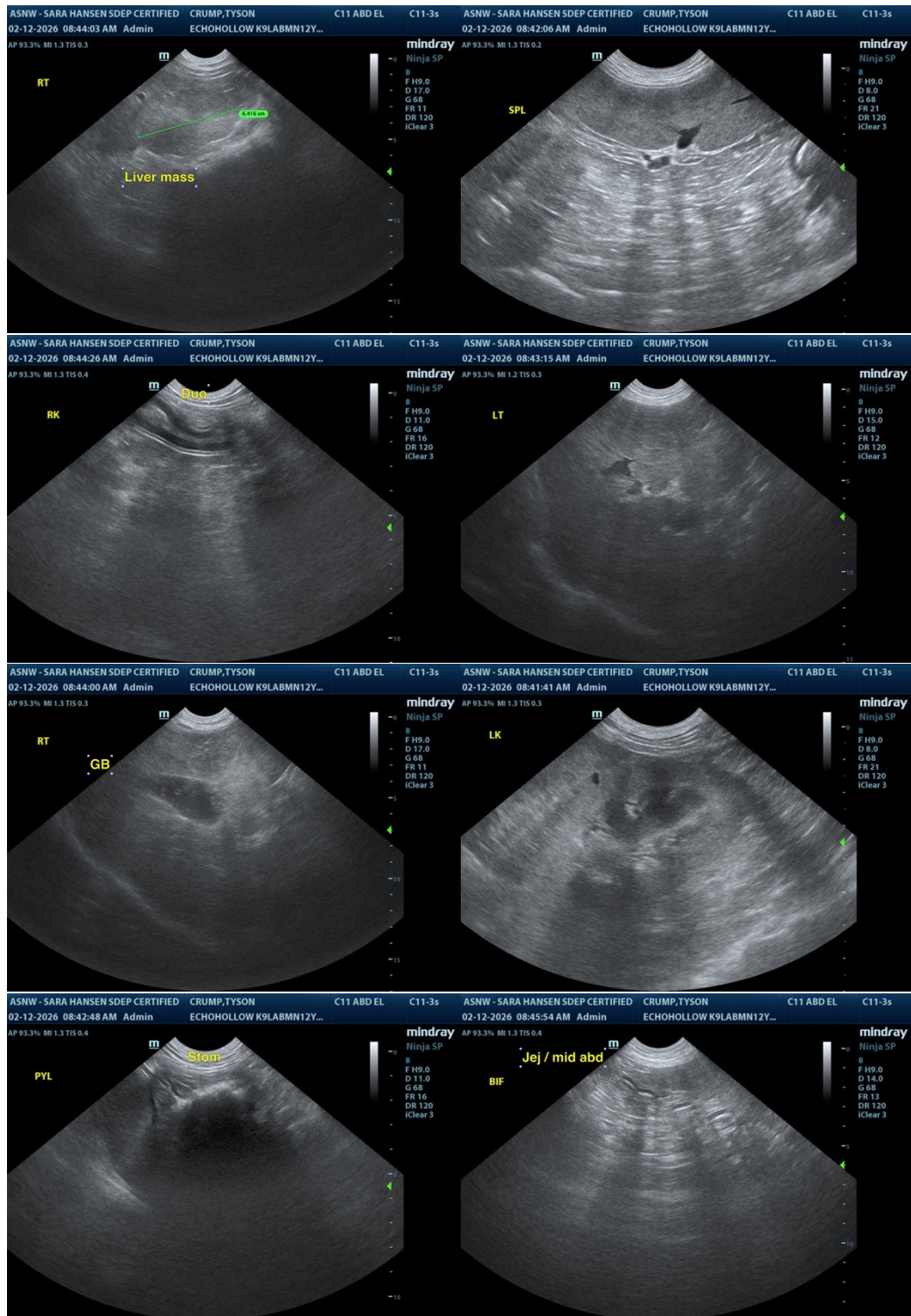
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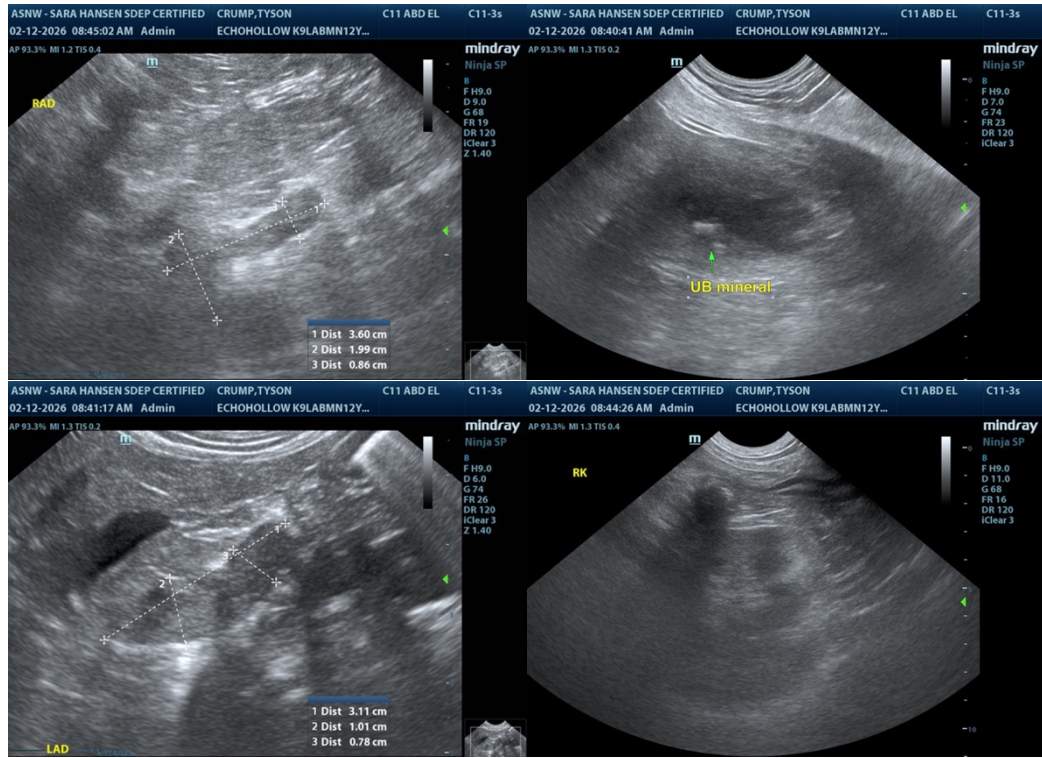
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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