



PATIENT

Fern Skordahl

SPECIES

Canine

BREED

Labrador X

SEX

FS

AGE

10 yrs

WEIGHT

55 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

INVOICE

10639

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: icteric, vomiting
- ABNORMAL Labwork Values- neutrophils 13.3, ALP >2,000, ALT unreadable, GGT 25, Tbili 20.7, cholesterol 496, cortisol normal
- Current Medications- Clavamox, denamarin, maropitant

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 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

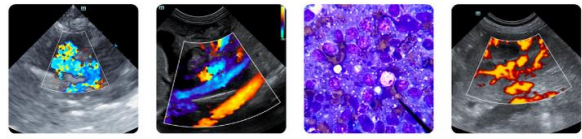
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.70 cm caudal pole width and the right adrenal gland measured 0.62 cm caudal pole width.

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 mildly enlarged in size. Normal hepatic vascular volume was present. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform 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. There were no visualized hepatic masses or nodules.



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| PATIENT | The gallbladder was mildly distended in size, likely secondary to anorexia, with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. There is no evidence of post hepatic obstruction. |
| Fern Skordahl | |
| SPECIES | <i>Gastrointestinal</i> |
| Canine | 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. |
| BREED | |
| Labrador X | 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. |
| SEX | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| FS | <i>Pancreas</i> |
| AGE | 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. |
| 10 yrs | |
| WEIGHT | <i>Free Abdomen</i> |
| 55 lbs. | No overt lymphadenopathy or peritoneal effusion was present. |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <ul style="list-style-type: none"> • Hepatopathy • Mildly distended yet sonographically normal gallbladder, non-visualized common bile duct - no evidence of post hepatic obstruction • Normal gastrointestinal tract / area of pancreas • Mild age-related renal changes • Normal bilateral adrenal glands |
| IMAGING PERFORMED BY | |
| Sara Hansen | |
| HOSPITAL NAME | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Willakenzie AC | Considerations for the hepatopathy, which is suggestive of acute or acute on chronic hepatopathy, may include nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin), vacuolar or nonobstructive cholestatic hepatopathy, hepatotoxicosis, i.e., copper, occult neoplasia, or other. Further assessment may include, assuming normal clotting status, hepatic FNA cytology, and Leptospirosis titer / PCR. Hospitalization with empirical therapy for nonspecific hepatitis, given primarily elevated ALT, with concurrent gastrointestinal support, clinical monitoring, and sonographic reassessment if evidence of progressive hepatopathy, is recommended. |
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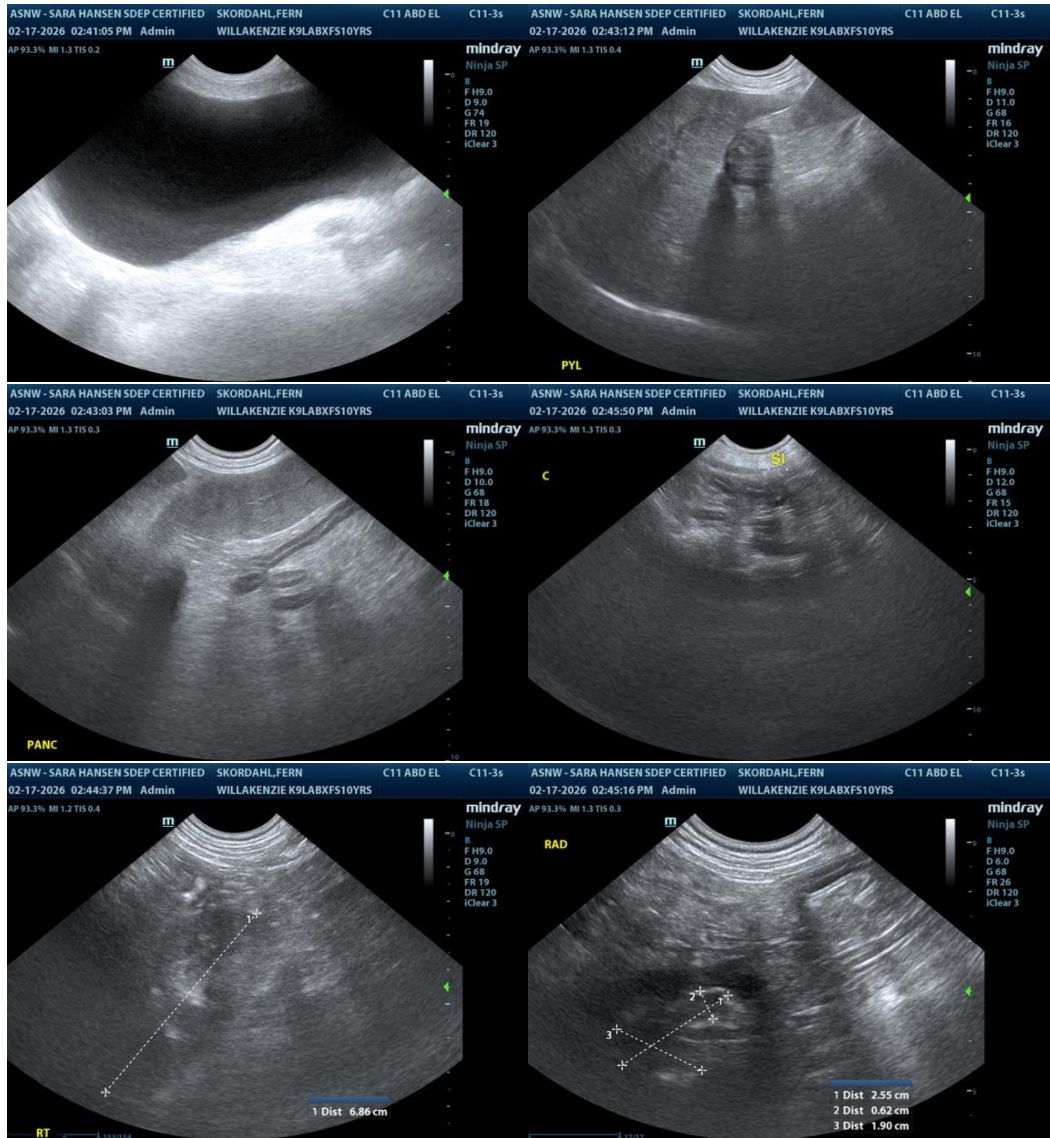
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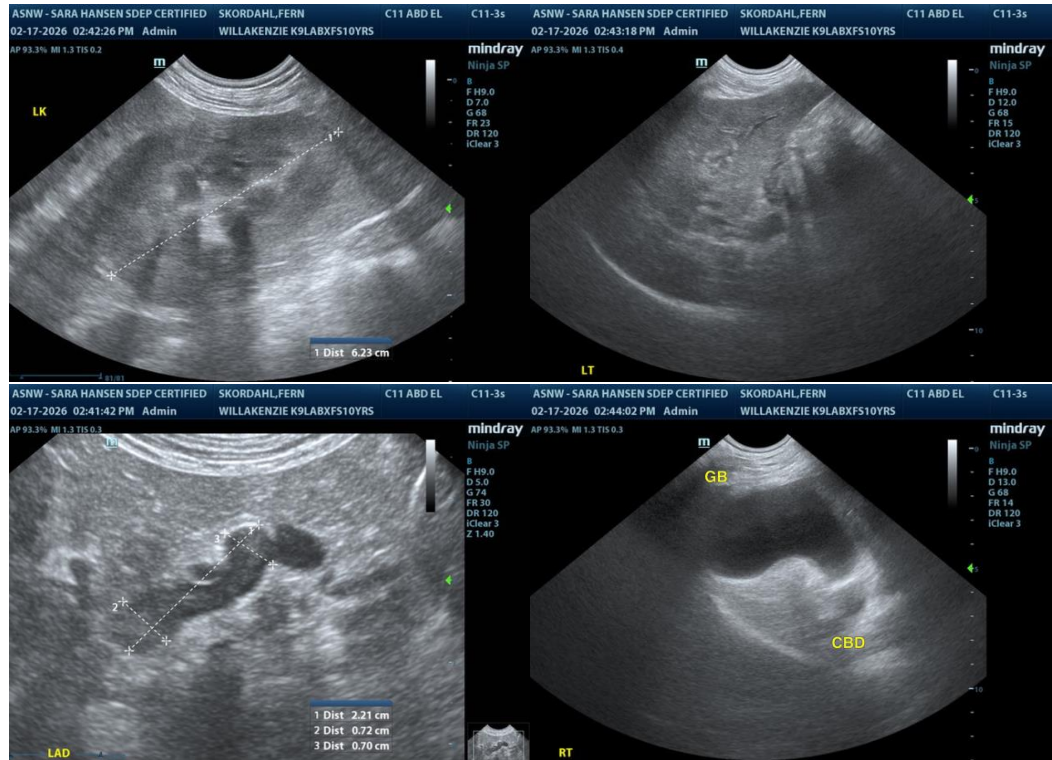
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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