



## PATIENT

Mr. Bojangles Lowe

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

MN

## AGE

12yr

## WEIGHT

29.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr Collazos

## INVOICE

23968

## DATE

02/24/2026

## PRESENTING CLINICAL SIGNS

- New P to us to establish
- E/D normal, No V/D/C/S
- Had first seizure on 1/6/26 and was put on Phenobarbital
- P is on Denamarin due to elevated liver enzymes
- Abnormal PE/Chem/CBC/UA Results: 2/10/26 - ALKP - 8204, GGT - 13 All remaining bloodwork WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen 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.

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. Mild left kidney pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

### Spleen

The spleen exhibited overall normal size with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple to coalescing well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver/Gallbladder

The liver presented mildly enlarged in size. 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. Mid to right ventral mild lobar swelling to possible hepatoma like mass measuring ~ 3.3 cm in diameter was present. 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. The gallbladder was non-distended in size with mild primarily gravity dependent, non-organized debris. The cystic and common bile ducts were normal.



## PATIENT

Mr. Bojangles Lowe

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

MN

## AGE

12yr

## WEIGHT

29.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr Collazos

## INVOICE

23968

## DATE

02/24/2026

## *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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatopathy with mid to right caudal mild lobar swelling, possible hepatoma like mass
- Non-organized gallbladder debris (non-mucocele)
- Hyperechoic to coalescing splenic nodules- most suggestive of benign criteria, i.e. myelolipomas, potential nodular hyperplasia, neoplastic nodular criteria thought less likely
- Mild chronic renal changes
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar or non-obstructive cholestatic hepatopathy, phenobarbital associated hepatic enzyme induction with potential for mild lobar swelling, hyperplasia, hepatoma like mass favored. Potential for hepatic inflammation, i.e. cholangiohepatitis or emerging neoplasia thought less likely. Further assessment may include assuming normal clotting status, hepatic parenchyma and lobar swelling /hepatoma like mass FNA cytology.

Hepatosupportive medications including Denamarin and ursodiol with sonographic monitoring of the liver with initial recheck in 4 weeks would be reasonable. Recheck sooner if evidence of hepatotoxicity given phenobarbital administration.



**PATIENT**  
Mr. Bojangles Lowe

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

MN

**AGE**

12yr

**WEIGHT**

29.5lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Christina CVT

**HOSPITAL NAME**

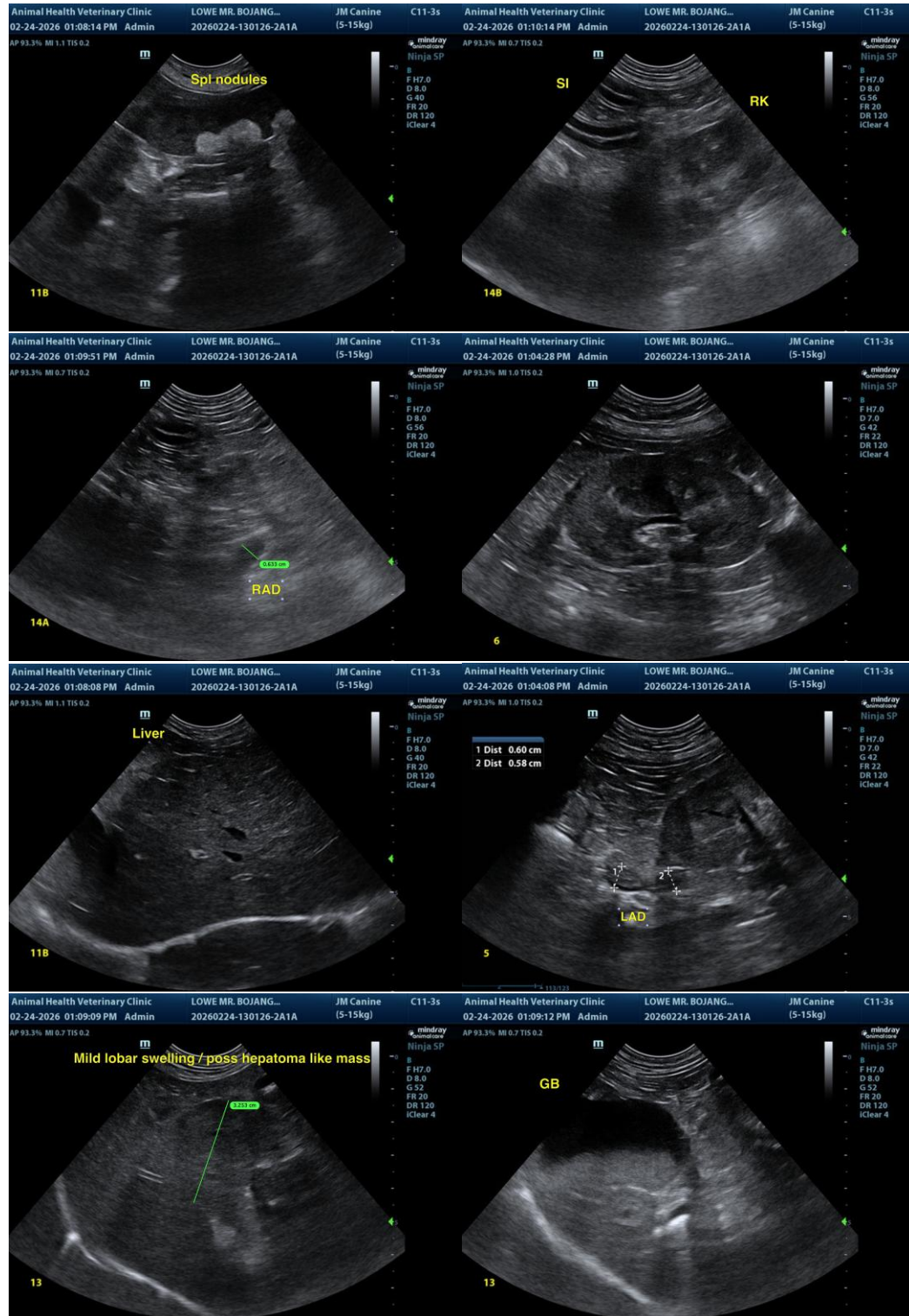
Animal Health  
Veterinary Clinic

**REFERRING VET**

Dr Collazos

**INVOICE**  
23968

**DATE**  
02/24/2026



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



## PATIENT

Mr. Bojangles Lowe

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.

## SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

[info@sonopath.com](mailto:info@sonopath.com)

## BREED

Boston Terrier

## SEX

MN

## AGE

12yr

## WEIGHT

29.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr Collazos

## INVOICE 23968

DATE  
02/24/2026