

## PATIENT

Tucker Keller

## SPECIES

Canine

## BREED

Lab

## SEX

Neutered Male

## AGE

5

## WEIGHT

98.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Dr. Linda Grau

## INVOICE

13584

## DATE

02/04/26

## PRESENTING CLINICAL SIGNS

- Seizure pt, currently on pheno 60mg 2 tabs BID (had been on 3 BID)
- Regurgitation for about a month
- Pt has been falling down frequently, hind legs giving out

PE: bcs 8/9, unremarkable on exam ALT 801 Alkphos 1091 Phbr 52.1 Rad: no signs of enlarged esophagus etc

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

The residual prostate was not definitively visualized with no obvious pathology.

The area of the iliac 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. Medial cortical cyst was present in the right kidney measuring 2.0 cm. The left kidney measured 6.4 cm in length. The right kidney measured 6.4 cm in length.

### Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size exhibiting heterogeneous indistinctly nodular parenchyma. The left adrenal gland measured 2.0 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

### 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 subjective 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. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT**

Tucker Keller

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

5

**WEIGHT**

98.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

13584

**DATE**

02/04/26

**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 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**

- Hepatopathy- vacuolar, reactive or cholestatic hepatopathy, inflammatory disease, hyperplasia, hepatotoxicosis i.e. copper, enzyme induction secondary to phenobarbital or other hepatopathy without overt evidence of hepatic neoplastic criteria.
- Enlarged nonhomogenous nodular left adrenal gland- hyperplasia, functional versus nonfunctional adenomatous change or tumor are all potentials.
- Normal gallbladder.
- Sonographically normal empty gastrointestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Hepatosupportive medications may prove beneficial. Empirical therapy for esophagitis or mild gastritis, which may include dietary trial and Omeprazole 1.0 mg/kg SID, with assessment of clinical response may prove beneficial.

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>



**PATIENT**

Tucker Keller

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

5

**WEIGHT**

98.8

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

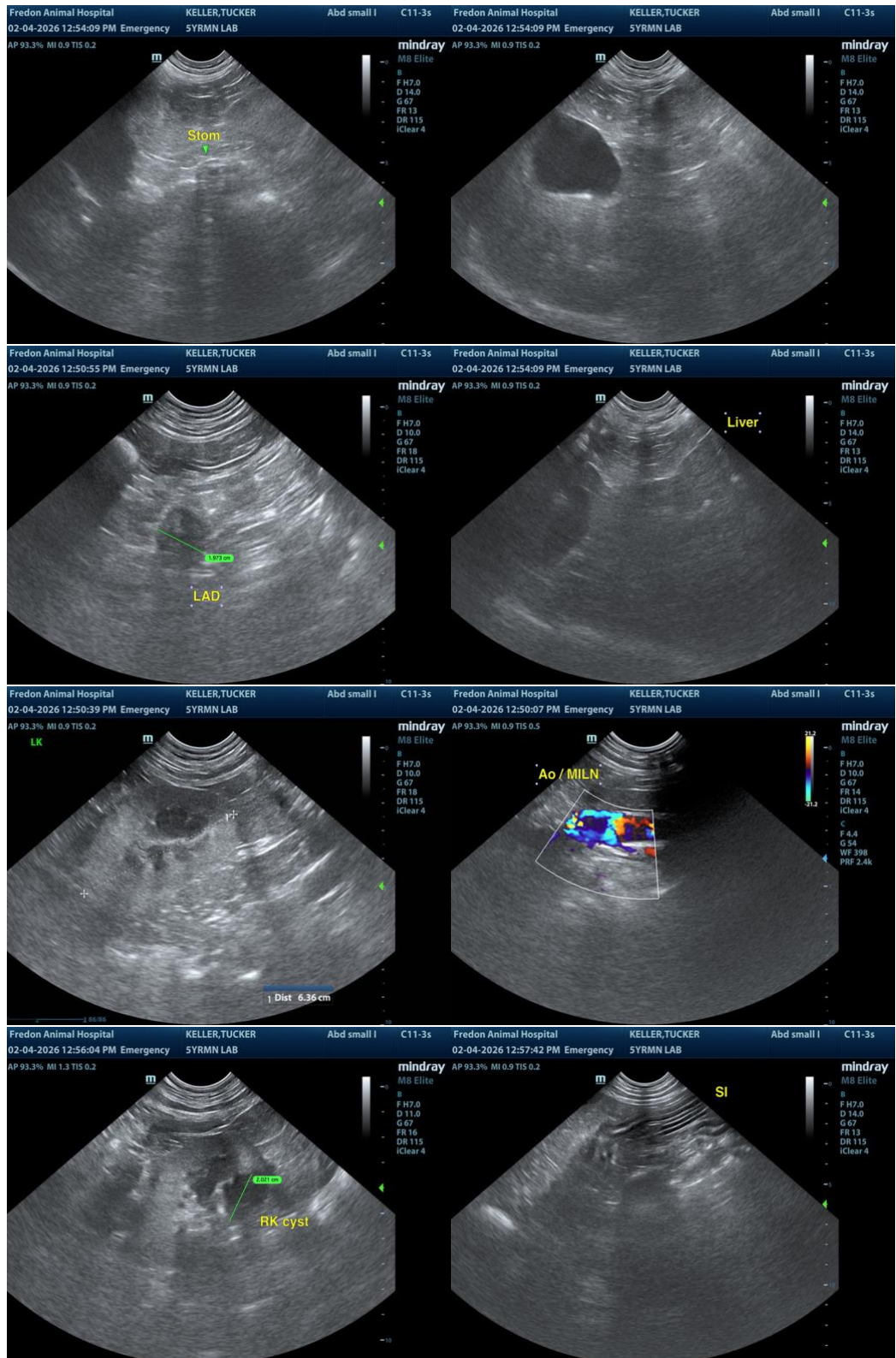
Dr. Linda Grau

**INVOICE**

13584

**DATE**

02/04/26





## PATIENT

Tucker Keller

## SPECIES

Canine

## BREED

Lab

## SEX

Neutered Male

## AGE

5

## WEIGHT

98.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

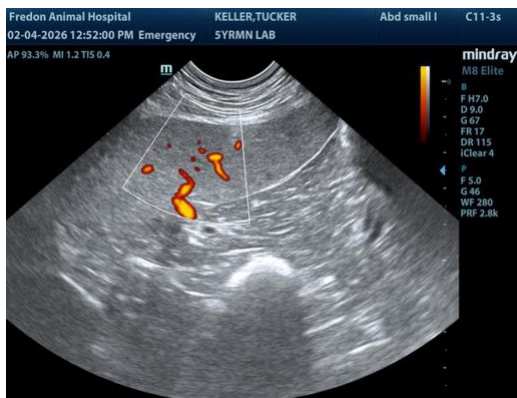
Dr. Linda Grau

## INVOICE

13584

## DATE

02/04/26



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)