



**PATIENT PRESENTING CLINICAL SIGNS**

Lila Yukich Painful abdomen, obese.  
 Medication: Gabapentin, Cerenia, Carafate

**SPECIES**  
 Canine ALP 319, ALT 178, CBC - stress leukogram

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Lab Mix *Urinary System***

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

**SEX**  
 FS No evidence of medial Iliac or sublumbar lymphadenopathy.

**AGE**  
 2011 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 7.3 cm in length. The right kidney measured 7.8 cm in length.

**WEIGHT**  
 121 ***Adrenal Glands***

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.83 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 2.6 cm length x 0.70 cm width at the caudal pole. No adrenal tumors were noted.

**INTERPRETED BY**

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

***Spleen***

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT  
 The spleen was normal to possibly mildly enlarged with areas of mild capsule asymmetry and a primarily maintained finely textured homogeneous parenchyma. Medial parenchyma small hyperechoic nodules to areas of regional hyperechoic medial capsule echogenic were noted. Normal splenic vascularity was present with no masses or nodules.

**HOSPITAL NAME**

Maple Hills VH

***Liver/ Gallbladder***

**REFERRING VET**

Dr. Banzhof

The liver presented 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

16101

***Gastrointestinal***

**DATE**  
 2/9/23

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.



**PATIENT**

Lila Yukich

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.

**SPECIES**

**Pancreas**

Canine

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.

**BREED**

Lab Mix

**Free Abdomen**

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2011

- Benign hepatopathy
- Normal gallbladder
- Potential borderline splenomegaly with suspect medial parenchyma benign myelolipomas or focal medial capsule fibrosis - benign
- Age-related kidneys

**WEIGHT**

121

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without sonographic evidence of significant visceral pathology as an obvious cause of intraabdominal pain.

**INTERPRETED BY**

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(Canine and Feline)

Mild vacuolar hepatopathy, inflammatory hepatic parenchyma disease, nonobstructive cholestasis, hyperplasia, hematopoiesis, or other hepatopathy are possible. Screening hepatic FNA cytology could be considered for further clarification. A Spec cPL could be considered to assess for low-grade pancreatitis, which may present as sonographically normal, if clinically applicable. A thorough muscular/ skeletal and neurological examination is suggested, given the patient's body condition.

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ARDMS/RVT

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**PATIENT**

Lila Yukich

**SPECIES**

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**BREED**

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**SEX**

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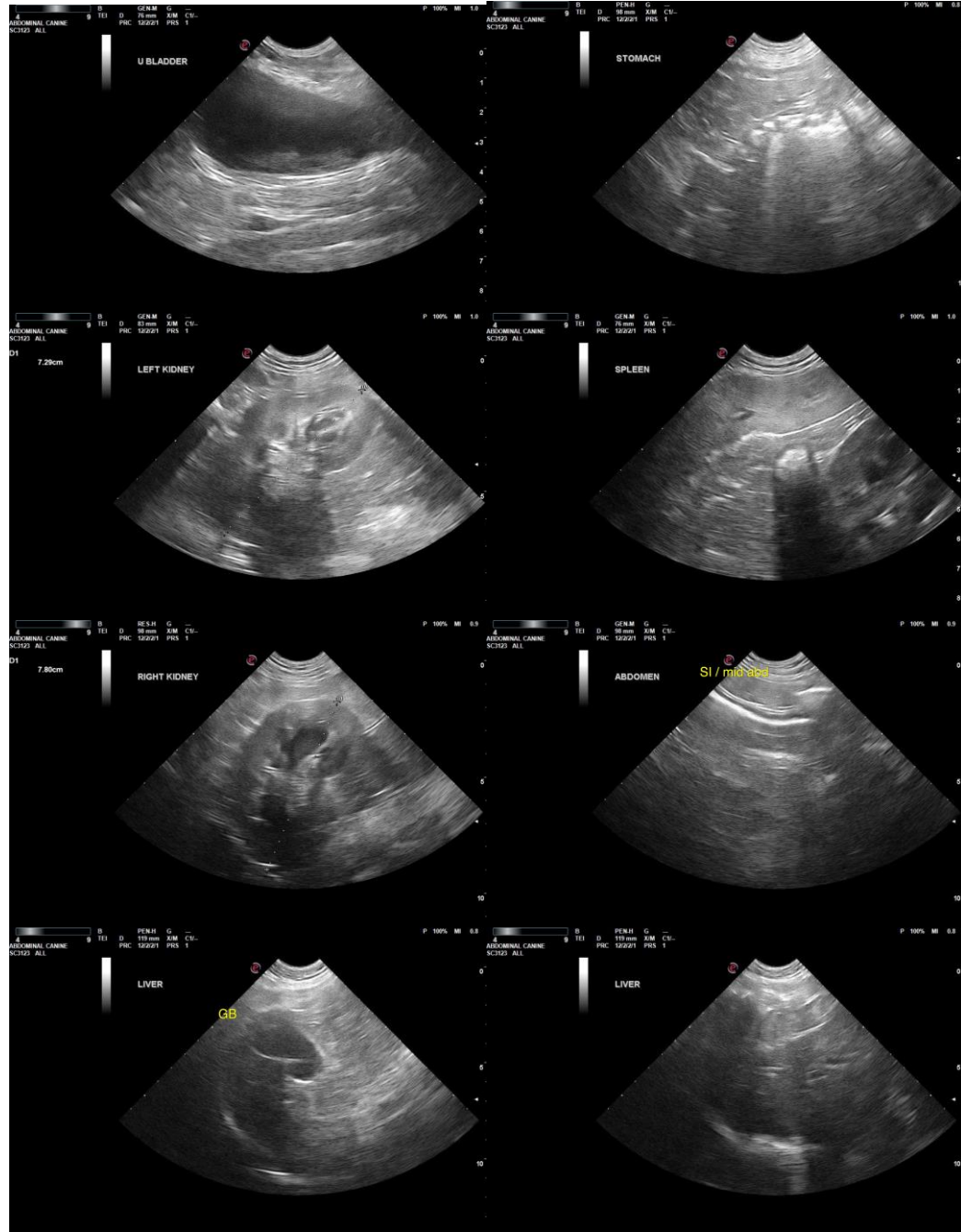
Dr. Banzhof

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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.

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