



PATIENT

Tango Parlette

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

7yr

WEIGHT

85

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Ruth Loomis

INVOICE
24249

DATE
03/17/2026

PRESENTING CLINICAL SIGNS

P has been losing wt - no V or D, jus inappetence and decreased energy

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 118 15-66 IU/L HIGH ALT (SGPT) 347 12-118 IU/L HIGH ALK PHOS 803 5-131 IU/L HIGH GGT 13 1-12 IU/L HIGH Result Verified T. BILIRUBIN 0.3 0.1-0.3 mg/dL Neutrophils 26978 82 2060-10600 /mL HIGH Lymphocytes 2303 7 690-4500 /mL Monocytes 1316 4 0-840 /mL HIGH Eosinophils 1316 4 0-1200 /mL HIGH Basophils 987 3 0-150 /mL HIGH Absolute Neutrophils 26978 2060-10600 /mL HIGH Absolute Lymphocytes 2303 690-4500 /mL Absolute Monocytes 1316 0-840 /mL HIGH Absolute Eosinophils 1316 0-1200 /mL HIGH Absolute Basophils 987

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 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 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 with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 7.4 cm in length.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 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 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement likely secondary to sedation with 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right pancreas was normal in size with mild asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild prominent right limb pancreatic duct present. Subtle peripancreatic hyperechoic omentum.

Free Abdomen

No evidence of peritoneal effusion was present.

A solitary enlarged medial iliac lymph node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. The lymph node measured 2.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific hepatopathy-subjective benign
- Mild non-organized gallbladder debris (non-mucocele)
- Normal visualized gastrointestinal tract
- Possible mild right limb chronic/chronic active pancreatitis
- Subjective mild splenomegaly-suspect secondary to sedation
- Mild medial iliac lymphadenopathy-nonspecific, mild nonspecific reactive hyperplasia or potential lymphadenitis favored

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the non-specific hepatopathy, no evidence of visceral pathology as a definitive cause of the patient's weight loss. No overt neoplastic criteria.

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e., copper) or other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. No overt intrahepatic or extrahepatic vascular anomaly. Bile acid profile may be considered if evidence of hepatic dysfunction. Hepatic sampling, including FNA cytology or gold standard hepatic biopsy with histopathology and copper assessment required for further clarification.



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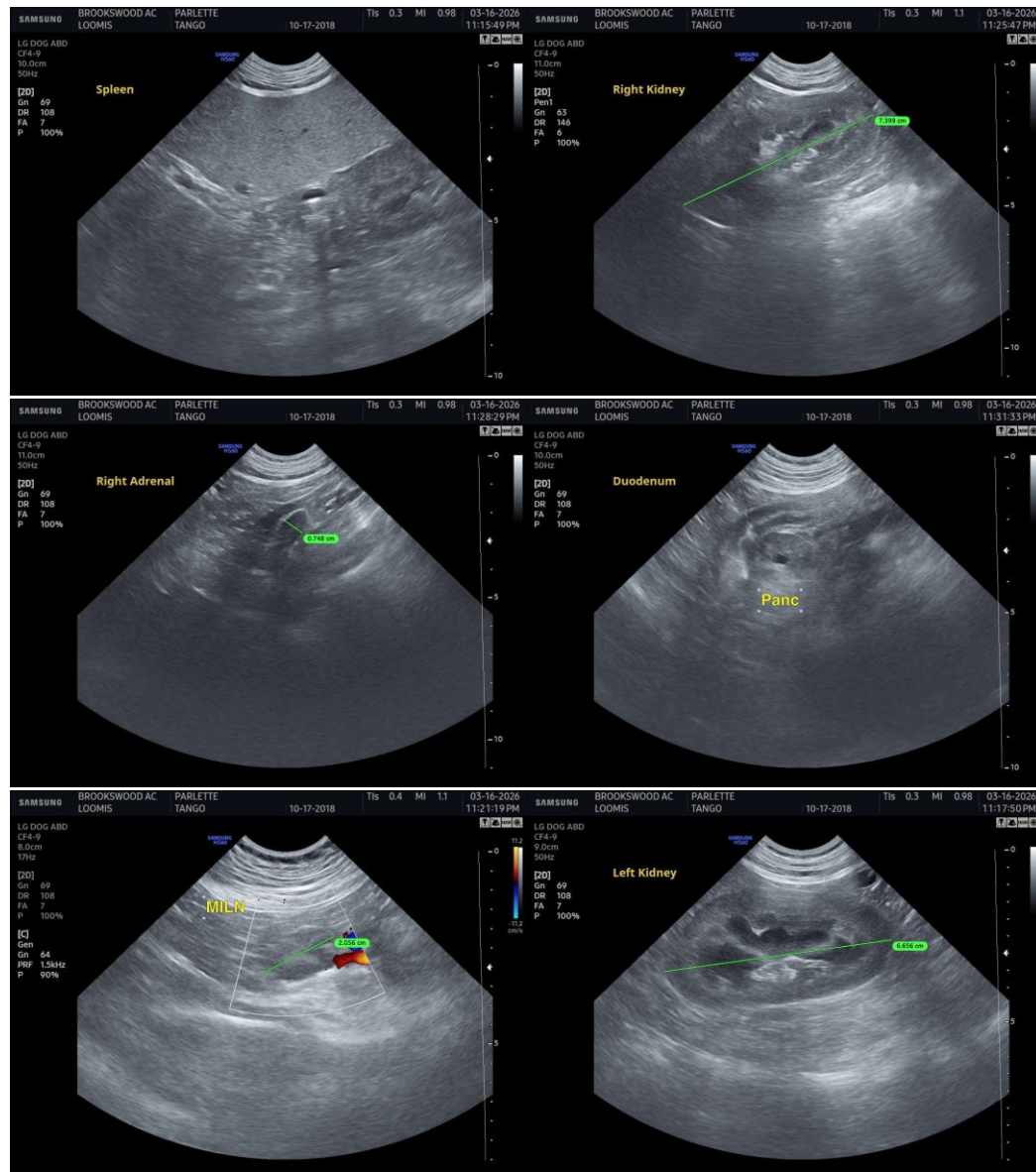
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Although normal bilateral adrenal glands, screening cortisol level to rule out occult Addison's disease, as well as broad spectrum deworming, given CBC presentation, may be considered. Sonographic monitoring of the medial iliac lymph node for evidence of persistence or progression +/- FNA cytology is recommended.





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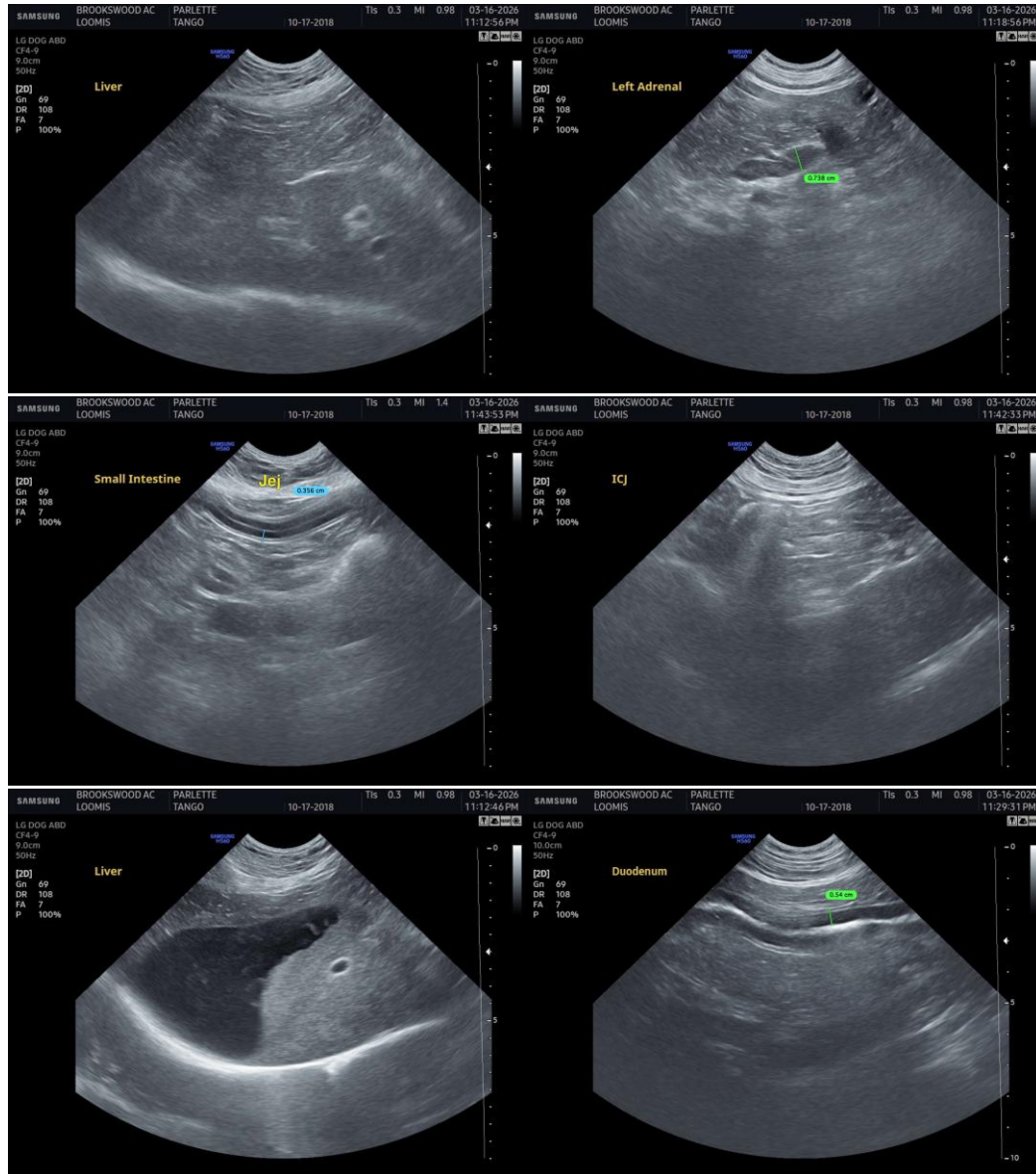
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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