



## PATIENT

Woody Meyers

## SPECIES

Canine

## BREED

Labrador

## SEX

Male Neutered

## AGE

11.5y

## WEIGHT

67.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gendi

## HOSPITAL NAME

Severn River AH

## REFERRING VET

Dr. Gendi

## INVOICE

13319

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

History:

- Yearly Ultrasound (Telazole and Torb given for sedation.)
- ATO, e/d/u/d normally; no v/d/c/s. Activity level is normal.
- Food: RC Wet/Dry
- Current Medications: Ursodiol 500 mg - 1 T SID, F/T/HW: NXG+
- P had lost 4 lbs O believes due to boarding.

Abnormal PE/Chem/CBC/UA Results: Persistent ALP elevations.

## 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 changes were noted.

Normal size and asymmetrical margination was 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 6.0 cm in length. The right kidney measured 6.2 cm in length.

### Adrenal Glands

The left adrenal gland exhibited subjective mildly enlarged caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.89 cm width. The right adrenal gland was not definitively visualized. The right adrenal gland exhibited possible asymmetrical enlargement and was mildly non-homogeneous and non-mineralized. The right adrenal gland measured potentially 2.6 cm x 1.7 cm.

### 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

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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **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**

- Hepatomegaly
- Normal gallbladder
- Normal spleen subjective mild left adrenomegaly with possible right adrenomegaly
- Sonographically normal visualized gastrointestinal tract

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported PU/PD or polyphagia, potential bilateral adrenomegaly is of unclear clinical significance. Ideally, sonographic reassessment or monitoring of the right adrenal gland for further clarification is recommended. Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome are non-reported or arise. Monitoring of systemic BP for evidence of hypertension is suggested. The overall hepatomegaly is most consistent with benign criteria and suggestive of nonspecific or potentially idiopathic vacuolar hepatopathy. Denamarin/Ursodiol combination may prove beneficial. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for non-obvious inflammation. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs may be considered to rule out occult pathology if weight loss is unintentional.



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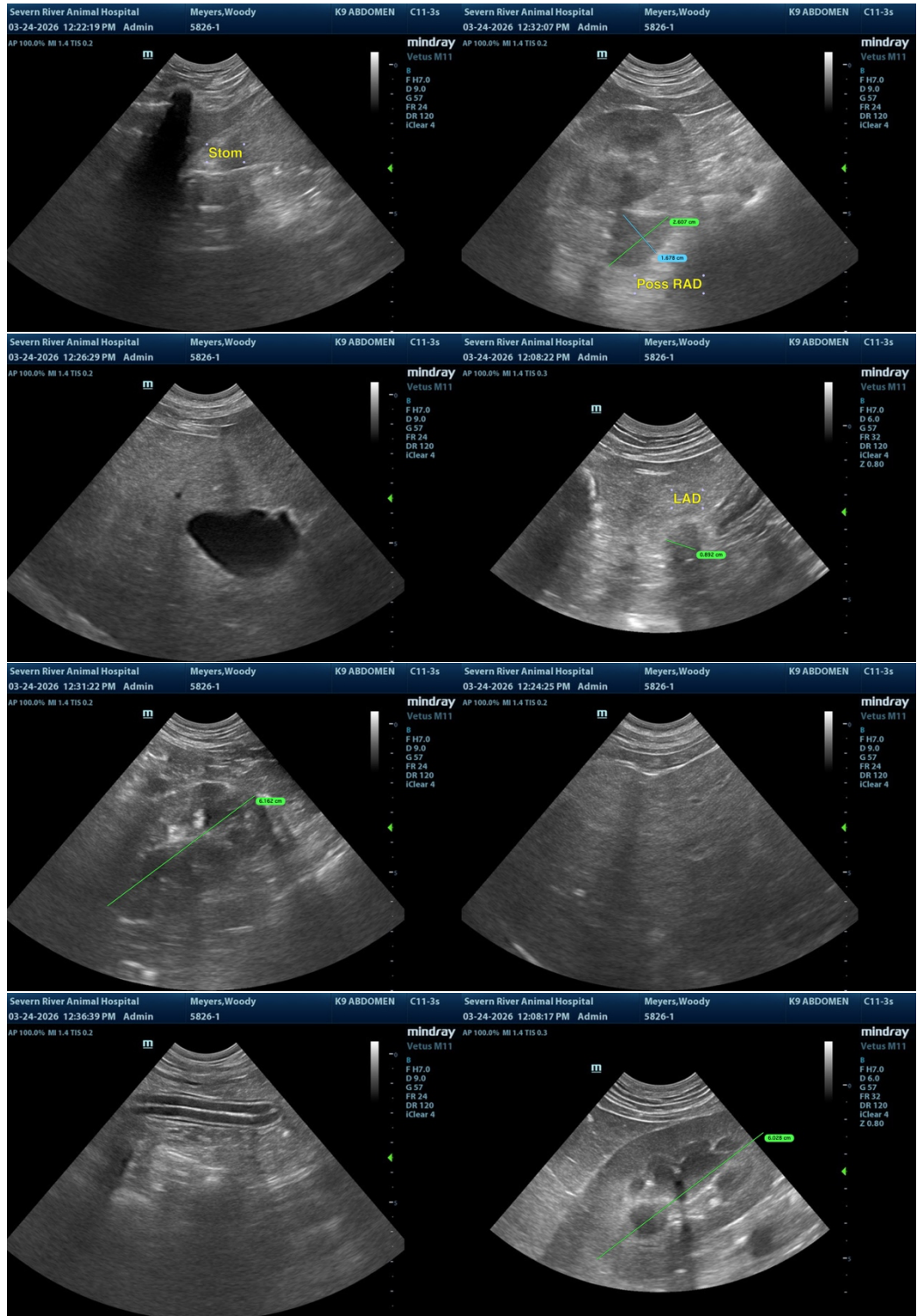
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)