



PATIENT

Yukon Haug

SPECIES

Canine

BREED

Husky Mix

SEX

Neutered Male

AGE

16 Years

WEIGHT

26.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Banister Animal
Hospital

REFERRING VET

Dr. Banister

INVOICE

14573

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- Icteric
- Hepatopathy
- Current Meds: Cefazolin, Cerenia, fluids

Abnormal PE/Chem/CBC/UA Results: Increase bilirubin, increased BUN 76

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.

Normal size and 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 5.5 cm in length. The right kidney measured 6.0 cm in length.

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 0.62 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole. A small noncapsule deforming nonhomogenous hyperechoic cranial pole nodule was present in the left adrenal gland measuring 0.70 cm x 0.40 cm.

Spleen

The spleen presented normal in size with primarily homogenous parenchyma and mild medial capsule asymmetrical contour. Suspect perihilar medial capsule fibrosis. No masses were evident.

Liver & Gallbladder

The liver presented normal in size with primarily symmetrical contour and normal vascular volume. Mild nonhomogenous hypoechoic parenchyma with increased to indistinct prominence of portal vascular borders.

The gallbladder was distended in size with normal walls and mild to moderate nondependent nonorganized nonmineralized bile sediment. The cystic and common bile ducts appeared nondilated in appearance. No evidence of inflammation or wall edema.

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.



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

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Pancreas

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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.

Canine

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Free Abdomen

Husky Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Suspect acute on chronic hepatopathy.
- Distended noninflamed gallbladder with nonorganized bile debris (non-mucocele).
- Age-related kidneys.
- Normal bilateral adrenal size with small cranial left adrenal nodule- suspect adenoma or mild benign hyperplasia with minor potential for emerging left adrenal tumor.
- Mild splenic capsule fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Consideration for the liver may include acute on chronic nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), vacuolar/cholestatic hepatopathy, occult hepatic neoplasia or other. No obvious current evidence of definitive post-hepatic obstruction.

26.6 pounds

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Further assessment may include (assuming normal clotting status) hepatic FNA cytology and leptospirosis titers/PCR in conjunction with mild azotemia. Empirical therapy for non-specific hepatitis with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy or icterus is recommended. Sonographic monitoring of the left adrenal nodule for evidence of progression as well as assessment of periodic systemic BP for evidence of hypertension is recommended.

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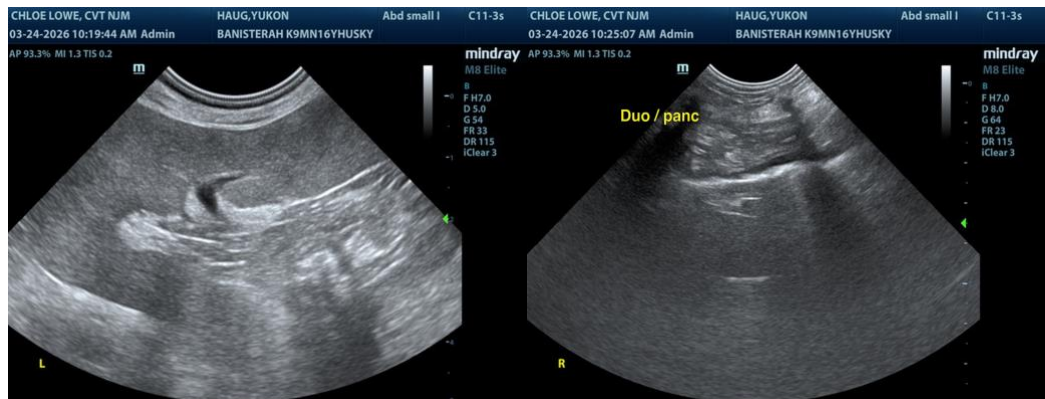
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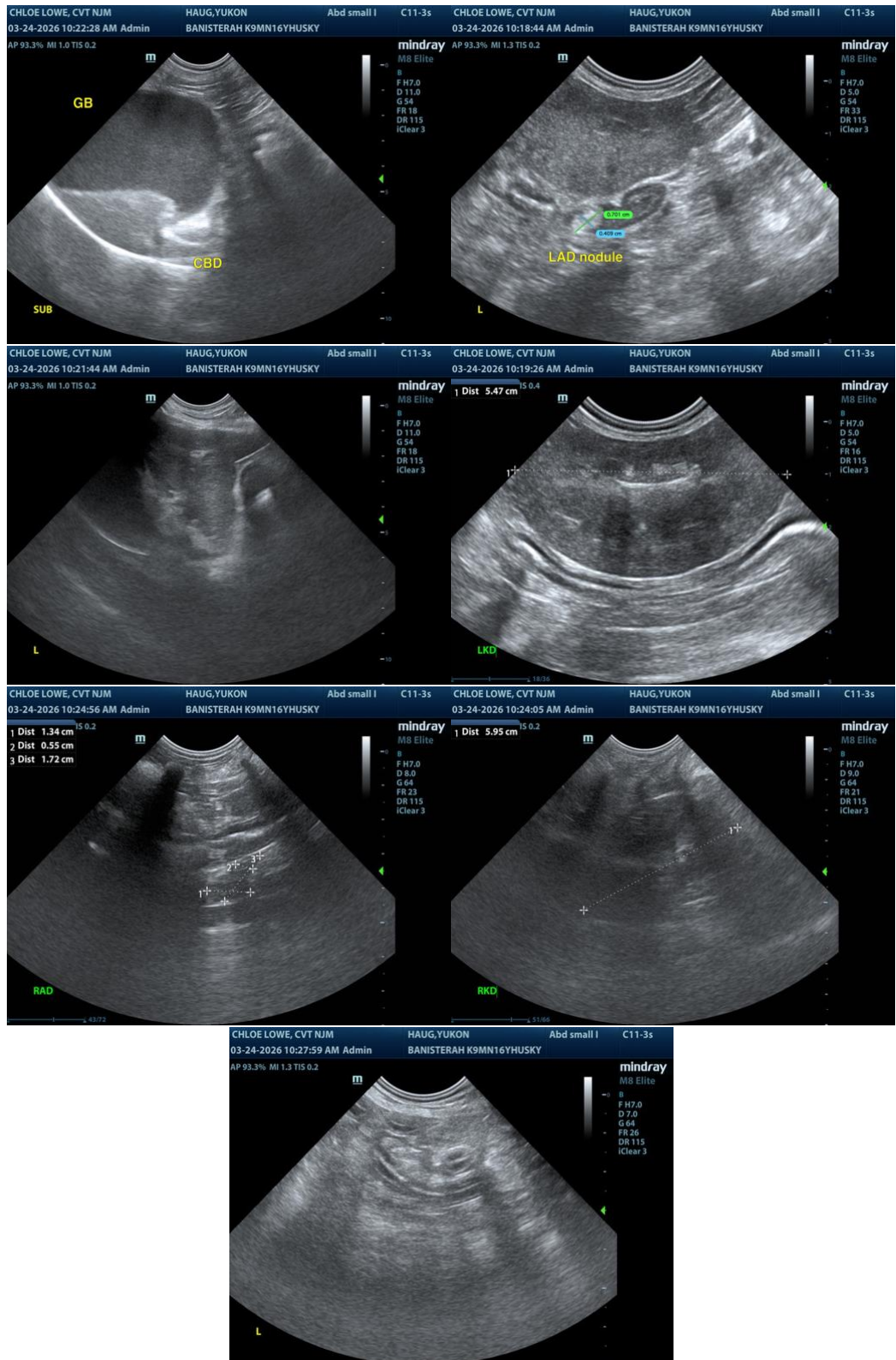
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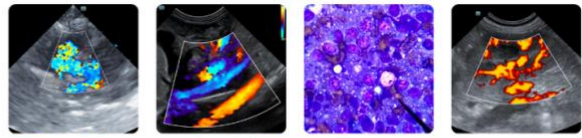
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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