



## PATIENT

Zuul Adams

## SPECIES

Canine

## BREED

Labrador Mix

## SEX

MN

## AGE

14

## WEIGHT

26.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Eric Randall, DVM

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

Eric Randall, DVM

## INVOICE

24292

## DATE

03/25/2026

## PRESENTING CLINICAL SIGNS

- ongoing in appetite
- one week history of vomiting
- ongoing lethargy
- Abnormal PE/Chem/CBC/UA Results: ALT 3000 ALP <2000 Tbili 7.2 Chol 463

## 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.67 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 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 distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and scant pericholecystic effusion was present.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained fluid with no signs of 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 obstruction or foreign material. Mild segmental non-obstructive intestinal ileus was present.

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 visualized significant omental lymphadenopathy was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Gallbladder mucocele with peripheral inflammation and scant pericholecystic effusion
- Hepatopathy
- Normal gastrointestinal tract with mild non-obstructive ileus
- Bilateral mild chronic renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the clinical signs and hepatopathy is the gallbladder mucocele with evidence of peripheral inflammation and potential emerging bile peritonitis. Clotting status and three view chest radiographs recommended. Laparotomy with cholecystectomy and hepatic biopsy is recommended as soon as possible.

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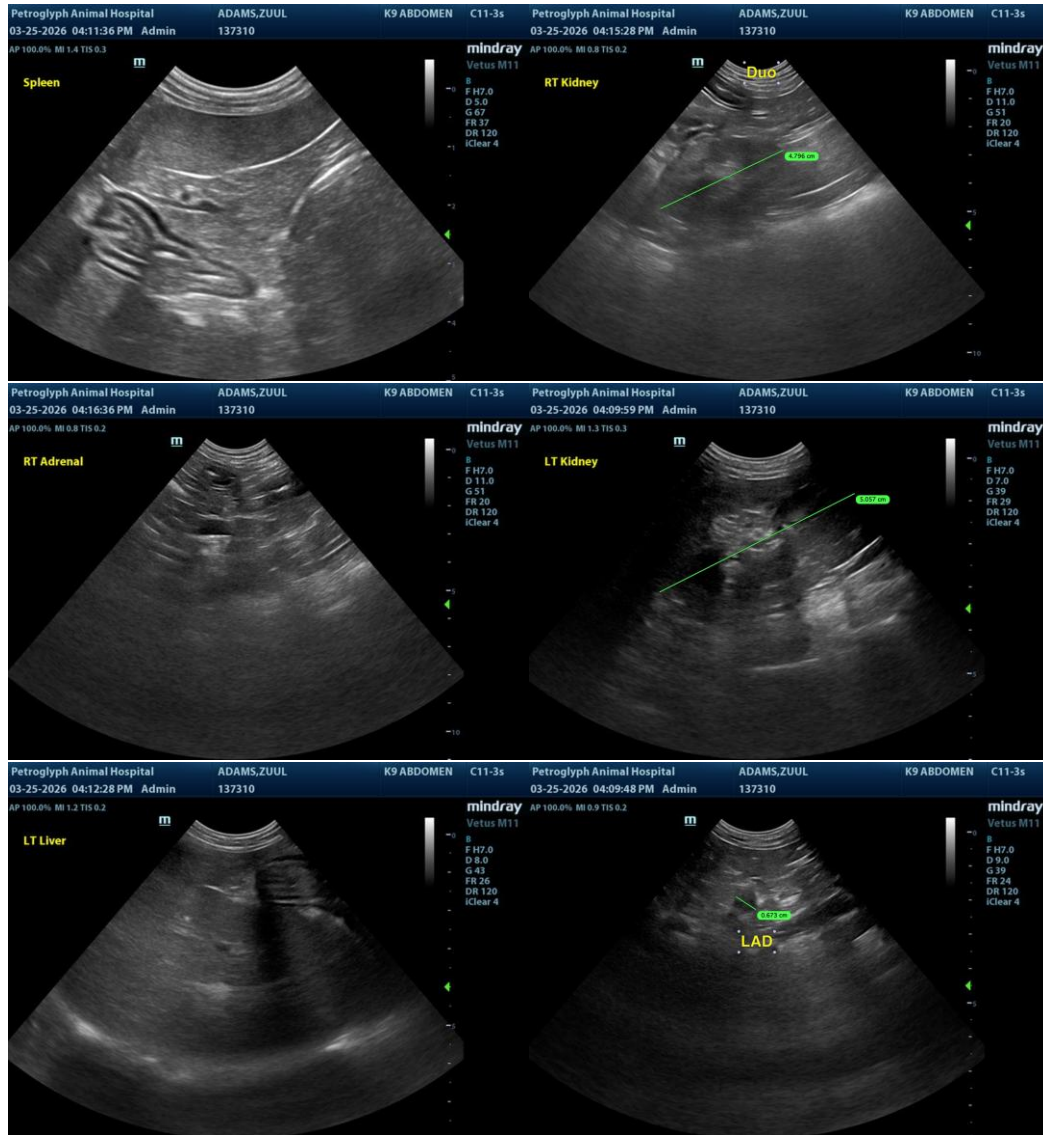
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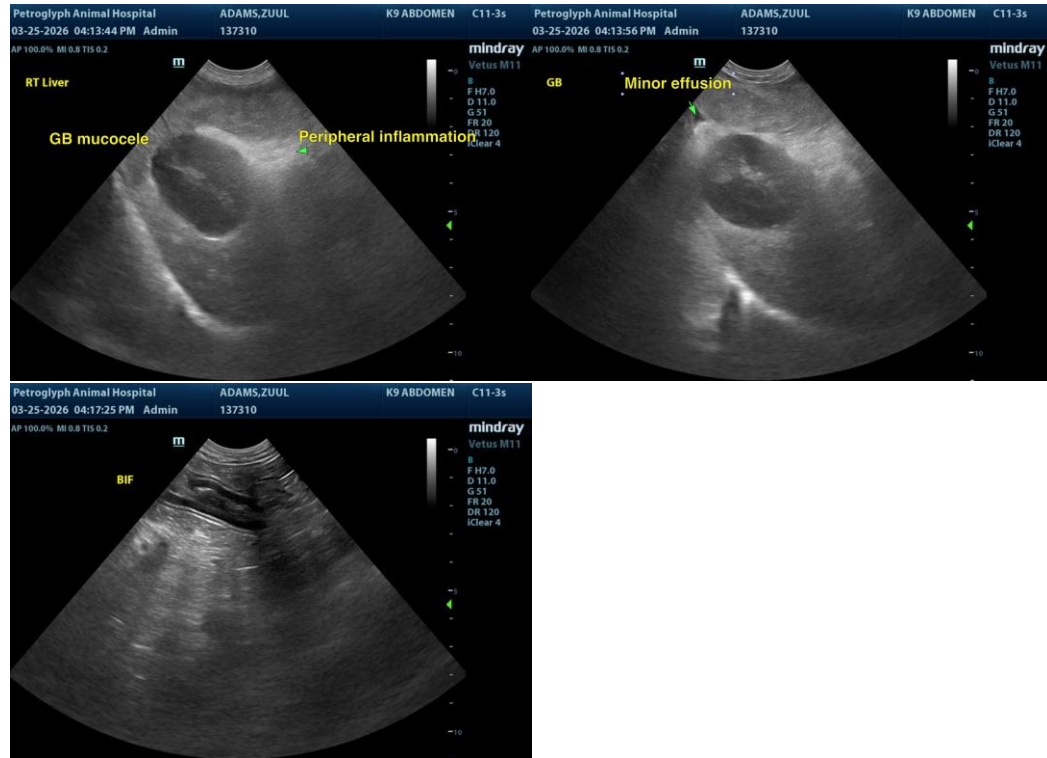
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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[info@sonopath.com](mailto:info@sonopath.com)