



PATIENT

Copper Anderson

SPECIES

Canine

BREED

Labrador Ret Mix

SEX

MN

AGE

7yr

WEIGHT

42.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Ehab Hamed

INVOICE 24320

DATE
03/27/2026

PRESENTING CLINICAL SIGNS

Acute onset of vomiting (past 24 hours 7-10 times today) , possible obstruction .

Abnormal PE/Chem/CBC/UA Results: significant elevation of liver values

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 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was 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 0.64 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 0.55 cm width at the caudal pole.

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 normal in size. The hepatic parenchyma revealed mild diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Subjective normal vascular volume. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder wall edema. 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.



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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.

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

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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.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent mildly prominent to enlarged jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy- subject benign / acute
- Normal gallbladder
- Normal gastrointestinal tract
- Normal area of pancreas
- Intermittent mild jejunal lymphadenopathy-suggestive of mild reactive hyperplasia or lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the for the liver may include nonspecific acute hepatitis (viral, bacterial, leptospirosis, toxin) hepatotoxicosis, i.e. copper or other without overt evidence of hepatic neoplastic criteria or vascular anomaly. Further assessment may include assuming normal clotting status, hepatic FNA cytology and leptospirosis titer / PCR if clinically indicated. No evidence of gastrointestinal obstruction or foreign material.

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Empirical therapy for nonspecific hepatitis and gastroenteritis with clinical monitoring is recommended. Recheck sonogram recommended if progressive hepatopathy or gastrointestinal signs. Hepatic biopsy with histopathology and copper assessment may be required for definitive diagnosis.

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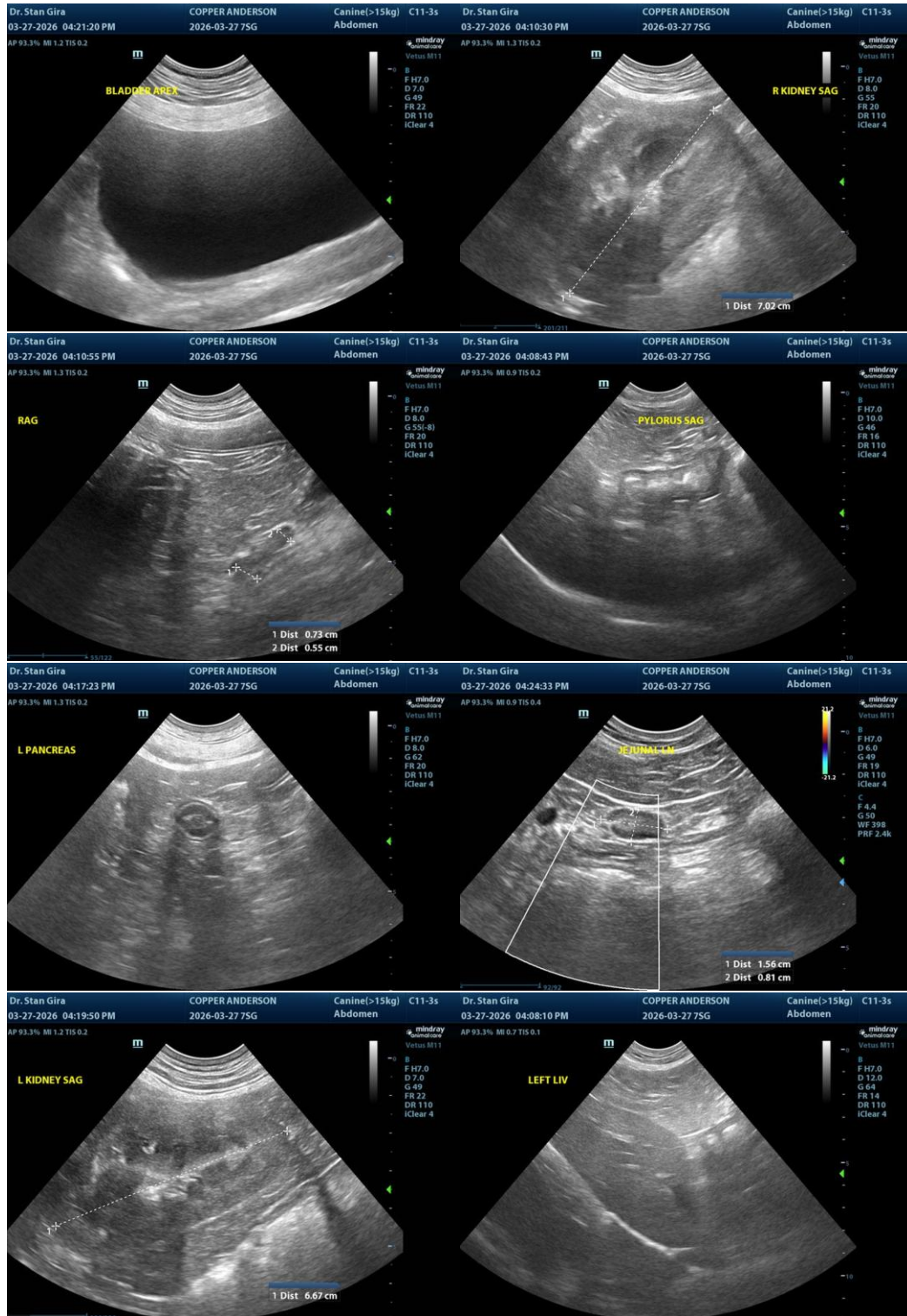
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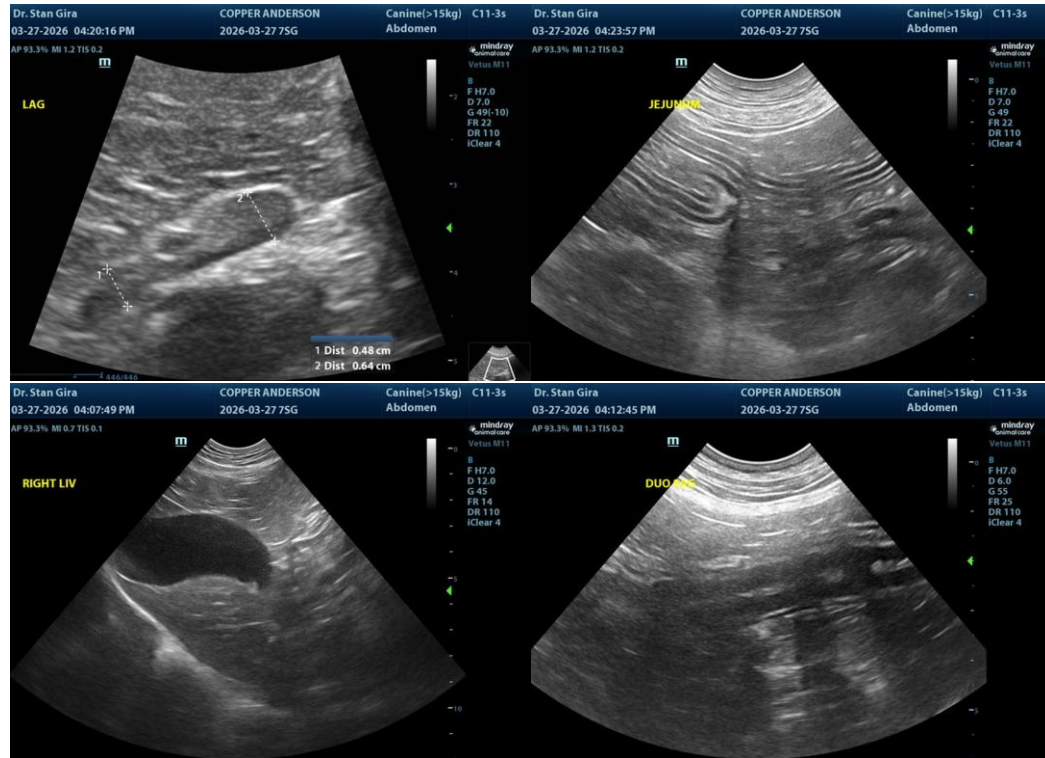
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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