

## PATIENT

Raizel Raetz

## SPECIES

Canine

## BREED

Labrador

## SEX

Spayed Female

## AGE

8 Years 7 Months

## WEIGHT

30.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patti Mayfield DVM

## HOSPITAL NAME

Smiling Dog Veterinary  
Services

## REFERRING VET

Dr. Lindsay Smith  
DVM

## INVOICE

14689

## DATE

03/27/26

## PRESENTING CLINICAL SIGNS

- Hyporexia
- 3 weeks prior to beginning of hyporexia, patient was started on Carprofen 100 mg PO q 24 hours for osteoarthritis, which appeared to improve mobility initially, but only temporarily.
- No blood work had been performed prior to initiating Carprofen
- Blood work performed due to hyporexia. Elevations in hepatic enzymes prompted discontinuation of Carprofen.
- Patient appetite appears to be improving without intervention, only with discontinuation of Carprofen

Abnormal PE/Chem/CBC/UA Results: No change in PE from Feb 28th to onset of inappetance-- still stiff in the pelvic limbs with suspected OA Labs: - CBC: WNL - CHEM: ALT: 1170 (H); AST: 243 (H); ALP: 291 (H), TBILI: 0.5 (H), Conj BILI: 0.5 (H), CK: 328 (H) -UA: USG: 1.027, 1+ proteinuria, 2+ bilirubinuria - Fecal: NEG

## 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.

The area of the residual prostate appeared normal and free of pathology measuring 3.0 cm.

Normal size and margination was 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 6.1 cm in length. The right kidney measured 6.3 cm in length.

### Adrenal Glands

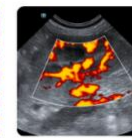
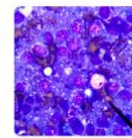
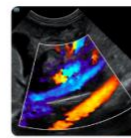
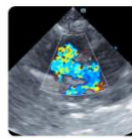
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.74 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

### Spleen

The spleen presented overall normal in size with mid splenic rounded contour and mild splenic folding. A suspect focal chronic splenic infarct was present. No evidence of mass was evident.

### Liver & Gallbladder

The liver was subjectively normal in size with areas of mild asymmetrical hepatic capsule contour with diffuse variable nonhomogenous to remodeled hepatic parenchyma and variable coarse parenchyma echotexture. Intermittent indistinctly marginated to discrete nonhomogenous hypoechoic intraparenchymal nodules were present with an example measuring 2.0 cm in diameter. Indistinct portal vascular borders with normal hepatic vascular volume.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained fluid without evidence of obstruction to pyloric outflow.

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**

- Chronic hepatopathy pattern with variable remodeled to mild nodular parenchyma-nonspecific chronic to potential chronic active hepatitis, hepatotoxicosis i.e. copper, vacuolar/cholestatic hepatopathy, fibrosis, early cirrhosis, occult neoplasia thought less likely yet not excluded.
- Mild gallbladder debris (non-mucocele).
- Mild nonobstructive hypomotile stomach, sonographically normal small intestine.
- Normal area of pancreas.
- Mildly rounded to folded spleen with suspect chronic splenic infarct- subjective benign.
- Age-related adrenal changes with normal adrenal size- benign.

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

Assuming normal clotting status, hepatosplenic FNA cytology could be considered for further clarification. Hepatic biopsy is likely required for a definitive diagnosis. No evidence of post-hepatic obstruction or hepatic vascular anomaly. Hepatosupportive medications including Denamarin and Ursodiol if tolerated with concurrent gastroprotectants and monitoring would be appropriate.



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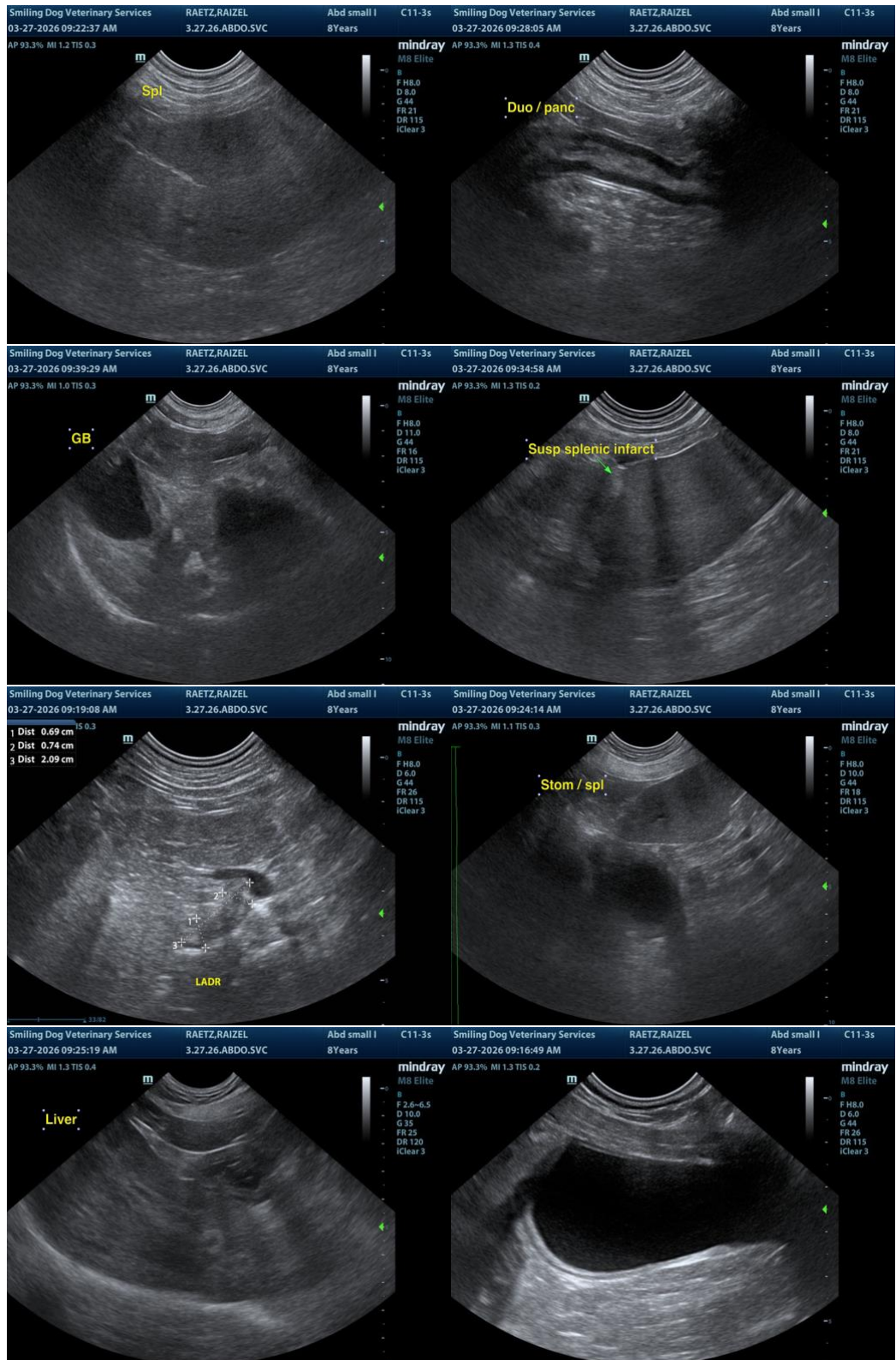
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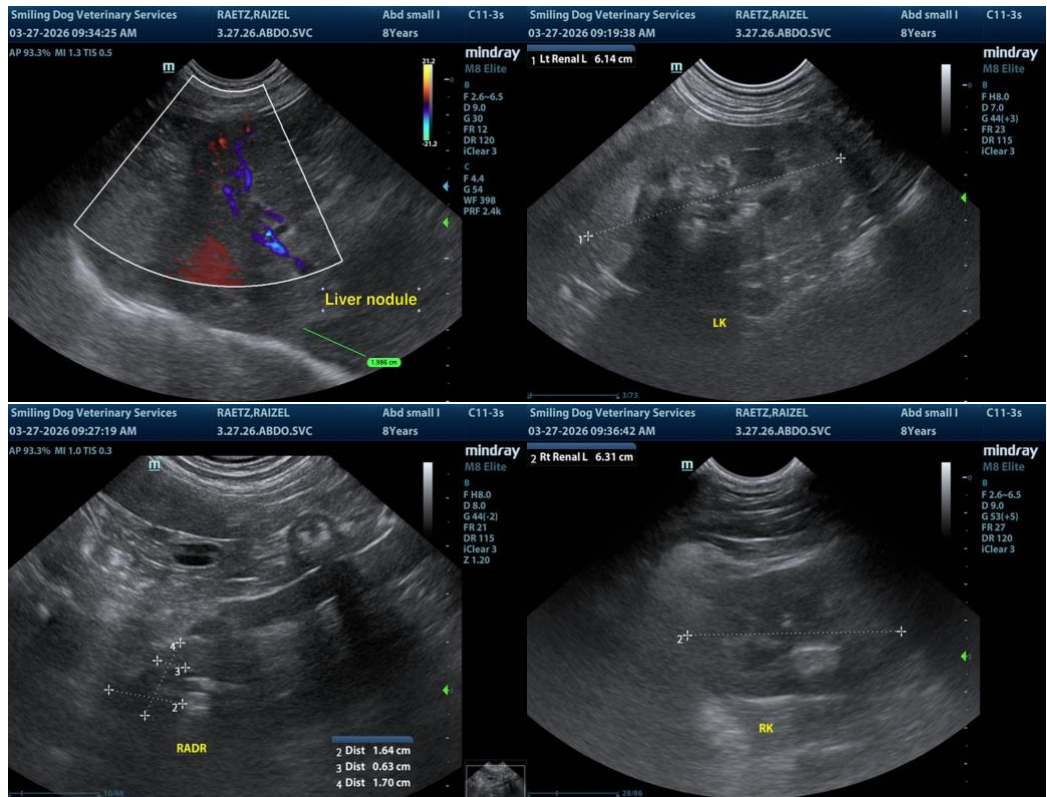
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)