



PATIENT

Duke Russell

SPECIES

Canine

BREED

Visla

SEX

Male Intact

AGE

13Y

WEIGHT

50lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary
Clinic

REFERRING VET

Dr. Brooke Beatty

INVOICE

74052

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- P presented 3/4/26 for ADR, decreased appetite, hunched posture. Exam/bw revealed severely elevated Hepatic/cholestatic values - Biliary mucocele/obstruction vs neoplasia vs other
- Radiopaque material in area of liver/GB - sediment/material in GB vs calcification of liver/neoplasia. P was sent home on clavamox and returned today for u/s.

Abnormal PE/Chem/CBC/UA Results: 3/4/26 CBC - NSF Chem 17 - ALKP (to high to read), ALT (926 U/L), GGT (255 U/L), Bili (1.3 mg/dL), Globulin (4.7 g/dL) Electrolytes - WNL

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.

The prostate was indistinctly visualized owing to overlying pelvic shadow.

No obvious visualized medial iliac or sublumbar lymphadenopathy or masses.

No evidence of pathology in the area of the aortic trifurcation.

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 pyelectasia was present. Medullary mineral to small renoliths were present in both kidneys. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland presented borderline prominent caudal pole width with symmetrical contour and homogeneous parenchyma measuring 0.78 cm.

The definitive right adrenal gland was not overtly visualized.

Spleen

The spleen was normal in size and contour. Subtle nonhomogeneous parenchyma exhibiting pinpoint hyperechoic parenchyma foci which may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization. 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.

Liver/ Gallbladder

Generalized hepatomegaly was present with primarily symmetrical capsule contour. Nonhomogeneous parenchyma exhibiting multifocal primarily hypoechoic to intermittent centrally echogenic intraparenchymal nodules. Example of a liver nodule measured 1.4 cm diameter. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size exhibiting generalized variably thickened hyperechoic wall. Dependent to nondependent variably congealed hyperechoic to mineralized gallbladder debris was present. The common bile duct was not definitively visualized.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta and lumen gas without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta and lumen gas were present.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion.

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Subjective mildly increased perihepatic omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous liver with multifocal hypoechoic to intermittent centrally echogenic nodules – possible target lesion type nodules.
- Chronic cholecystitis vs atypical mucocele with emerging choleliths.
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta.
- Chronic renal changes exhibiting medullary mineral/renoliths.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder and liver are likely primary clinical players in this patient without overt evidence of current post-hepatic obstruction. Chronic vacuolar or cholestatic hepatopathy, hepatitis, fibrosis, nodular hyperplasia, and granulomas are all potentials. Although, given intermittent target lesion type nodules, hepatic neoplasia is of concern.

REFERRING VET

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Assuming normal clotting status, hepatic parenchyma and accessible target lesion type nodule cytology warranted for further clarification. Empirical therapy for cholecystitis with gastrointestinal support and clinical monitoring pending hepatic sampling in conjunction with three-view chest radiographs would be reasonable.

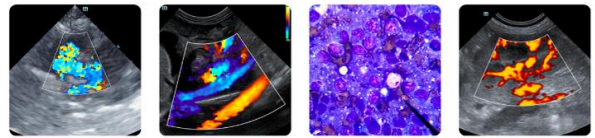
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Cholecystectomy with hepatic biopsies despite potential for hepatic neoplasia should be considered given the clinical presentation.

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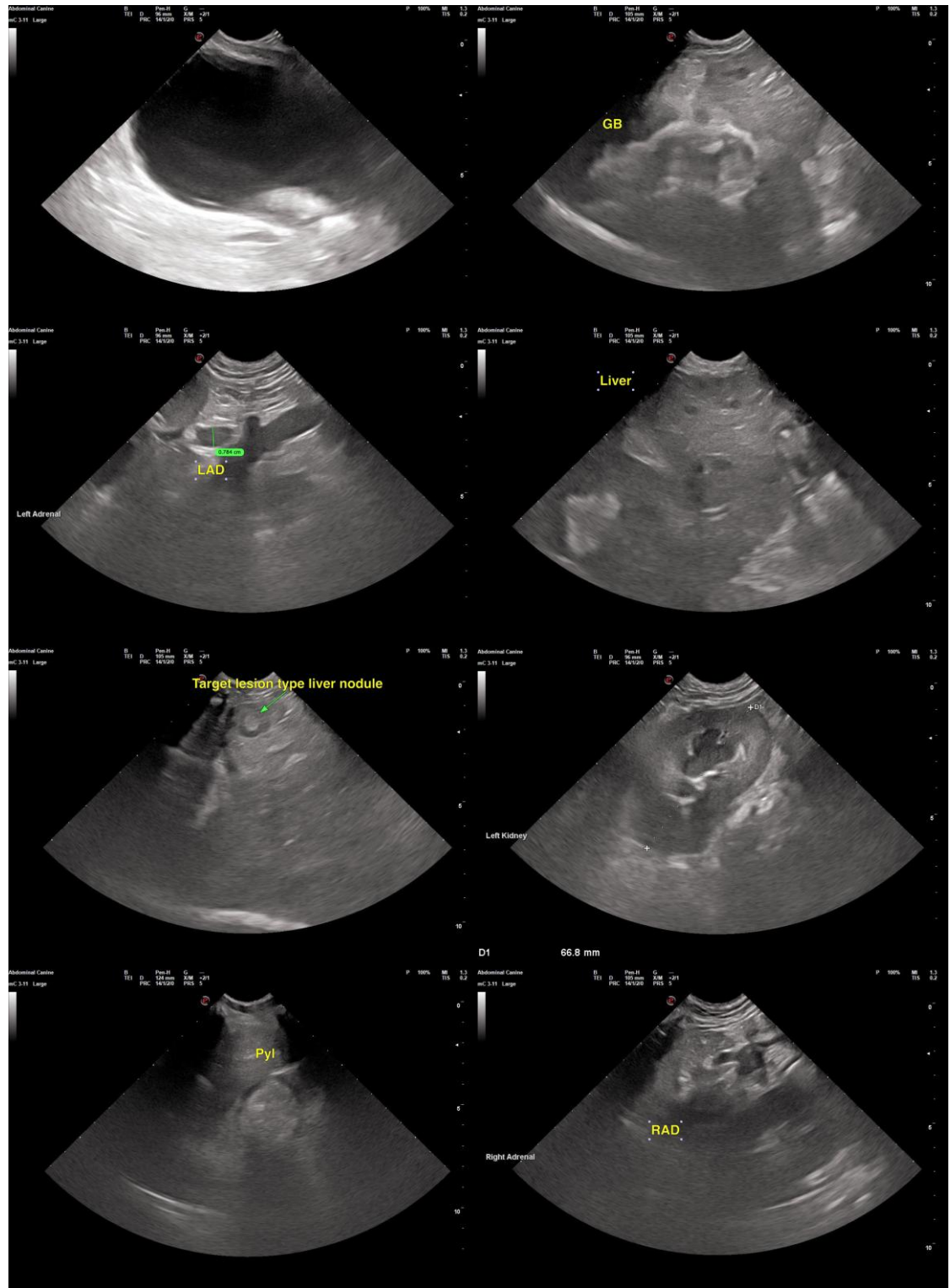
Dr. Brooke Beatty

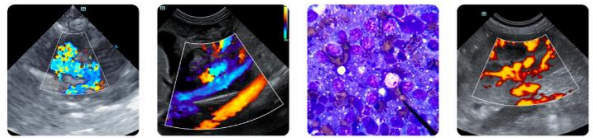
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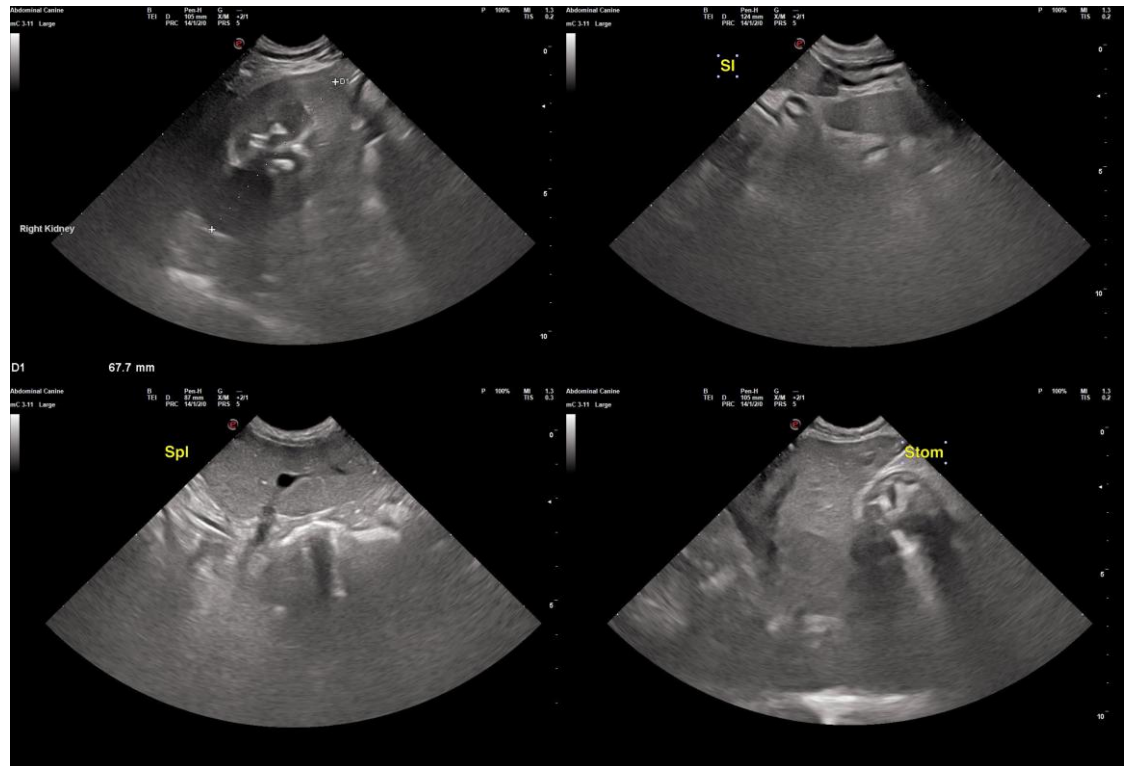
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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