



PATIENT

Boomie Rix

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

68.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Miller, DVM

HOSPITAL NAME

Seven Fields
Veterinary Hospital

REFERRING VET

Christina Miller, DVM

INVOICE

15288

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Recently seen for hyporexia, polydipsia and decreased mobility. No current daily medications.

Abnormal PE/Chem/CBC/UA Results: Hepatomegaly noted on physical exam with history of elevated ALT (120 IU/L) and ALP (320 IU/L). CBC normal, T4 normal, USG 1.051, hematuria no bacteria. UPC 0.2. Accuplex negative. PSL 218.

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. Focal areas of medullary mineral were present. The left kidney measured 6.2 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.74 cm width at the caudal pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with primarily symmetrical to rounded capsule contour and variable generalized nonhomogenous to mixed echogenic hepatic parenchyma exhibiting parenchymal remodeling. Indistinct portal vascular borders and discrete parenchymal nodular changes. No definitive mass or nodules were evident. Normal vascular volume was maintained.

The gallbladder was mildly distended without evidence of inflammation or edema. Moderate gravity dependent to nondependent nonorganized gallbladder debris extending into the gallbladder neck without evidence of obstruction to bowel outflow. The common bile duct was not visualized.

Gastrointestinal

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

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

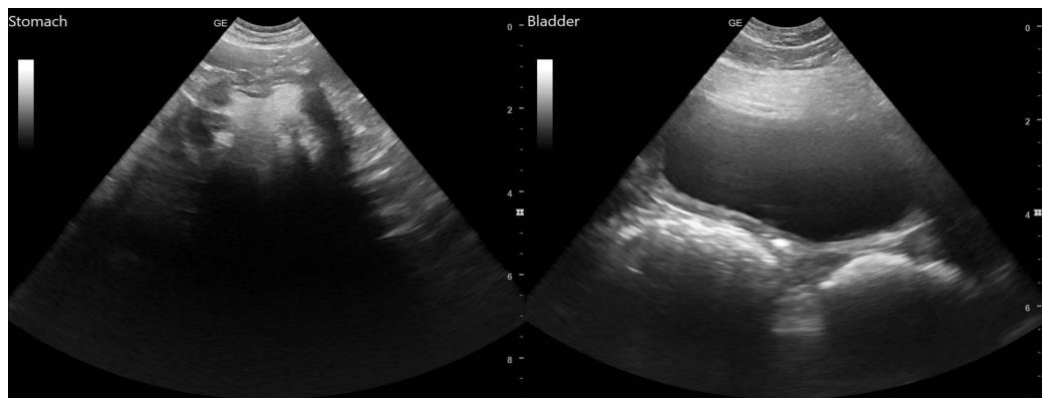
ULTRASONOGRAPHIC FINDINGS

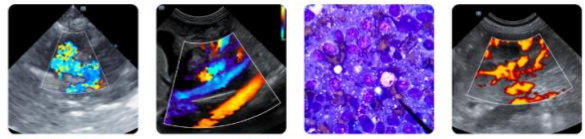
- Enlarged variable nonhomogenous liver- chronic vacuolar or cholestatic hepatopathy versus an inflammatory disease, parenchymal remodeling, fibrosis, discrete nodular hyperplasia/lipogranulomas, hepatic neoplasia thought less likely yet not definitively excluded.
- Heterogeneous mildly hyperechoic pancreas- most consistent with pancreatic remodeling and fibrosis given the patient's age, potential for chronic pancreatitis.
- Gravity dependent to nondependent yet nonorganized gallbladder debris (non-mucocele).
- Age-related spleen.
- Mild chronic renal changes.
- Overtly normal gastrointestinal tract with mild gastric ingesta.
- Normal visualized bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Hepatosupportive medications may prove beneficial. Gastrointestinal support and empirical therapy for possible chronic pancreatitis with clinical monitoring would be reasonable.

The current urine specific gravity is not overtly consistent with significant polydipsia, yet monitoring is recommended with consideration for possible adrenal screening if progressive clinical signs or decreased urine specific gravity. Recheck sonogram is indicated if progressive gastrointestinal or clinical signs or evidence of progressive hepatopathy.





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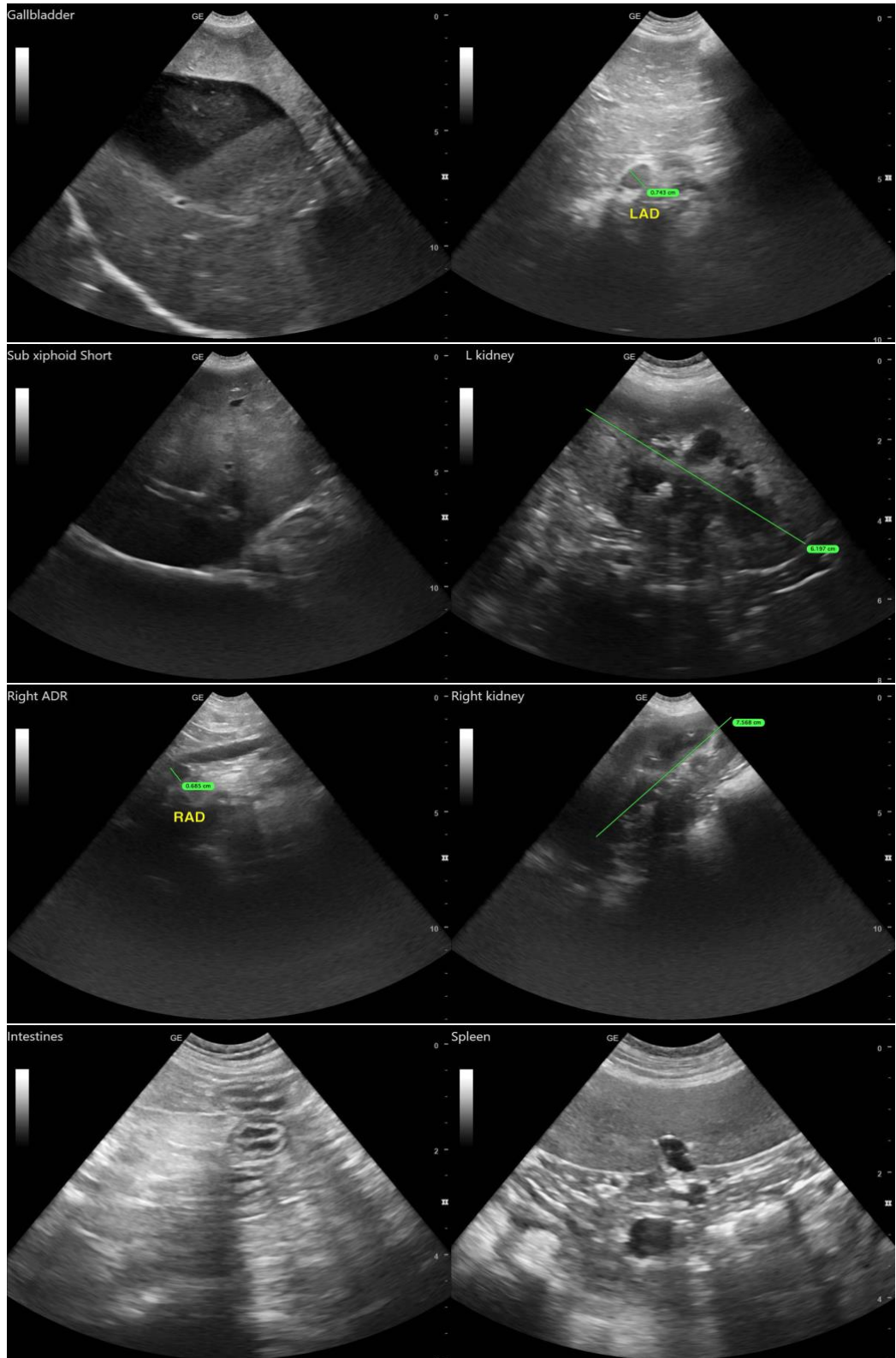
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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