



PATIENT

Nash Olson

SPECIES

Canine

BREED

Lab Retriever Mix

SEX

MN

AGE

10yr

WEIGHT

43.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Elizabeth St PH

REFERRING VET

Dr Liska

INVOICE

24669

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

CCL tear requiring TPLO Sx. PAB with elevations in ALT and ALP, low normal T4, history or heart murmur.

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 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 mildly enlarged at the caudal pole with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 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 0.79 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged with symmetrical contour and mild non-homogenous parenchyma. No visualized masses or nodules were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented mildly 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 non-distended in size with mild primarily caudal lumen, gallbladder neck congealed hyperechoic non-organized debris. 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 right pancreas was normal in size and contour with isoechoic to heterogeneous subtle to indistinctly nodular parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No evidence of peritoneal effusion was present.

SEX

The visualized mesenteric lymph nodes were sonographically normal.

MN

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

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- Benign hepatopathy pattern
- Mild congealed non-organized gallbladder debris (non-mucocele)
- Mild splenomegaly exhibiting mild non-homogenous parenchyma- sedation if clinically indicated, hyperplasia, hematopoiesis, incidental splenitis, occult splenic neoplasia thought less likely
- Non-homogenous subtle nodular right pancreas-benign remodeling owing to previous inflammation and areas of nodular hyperplasia, possible concurrent mild mixed pattern pancreatitis
- Mild age-related renal changes
- Mild caudal left adrenomegaly- subjective benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status using 25ga needle screening hepatosplenic FNA cytology warranted for further clarification. A spec CPL could be considered to correlate with the pancreas or if non-reported clinical signs which may suggest mild chronic active pancreatitis. Abdominal/hepatic anesthetic risk considered low given evidence of adequate hepatic function, i.e. normal ALB, GLU, BUN, and CHOL levels.

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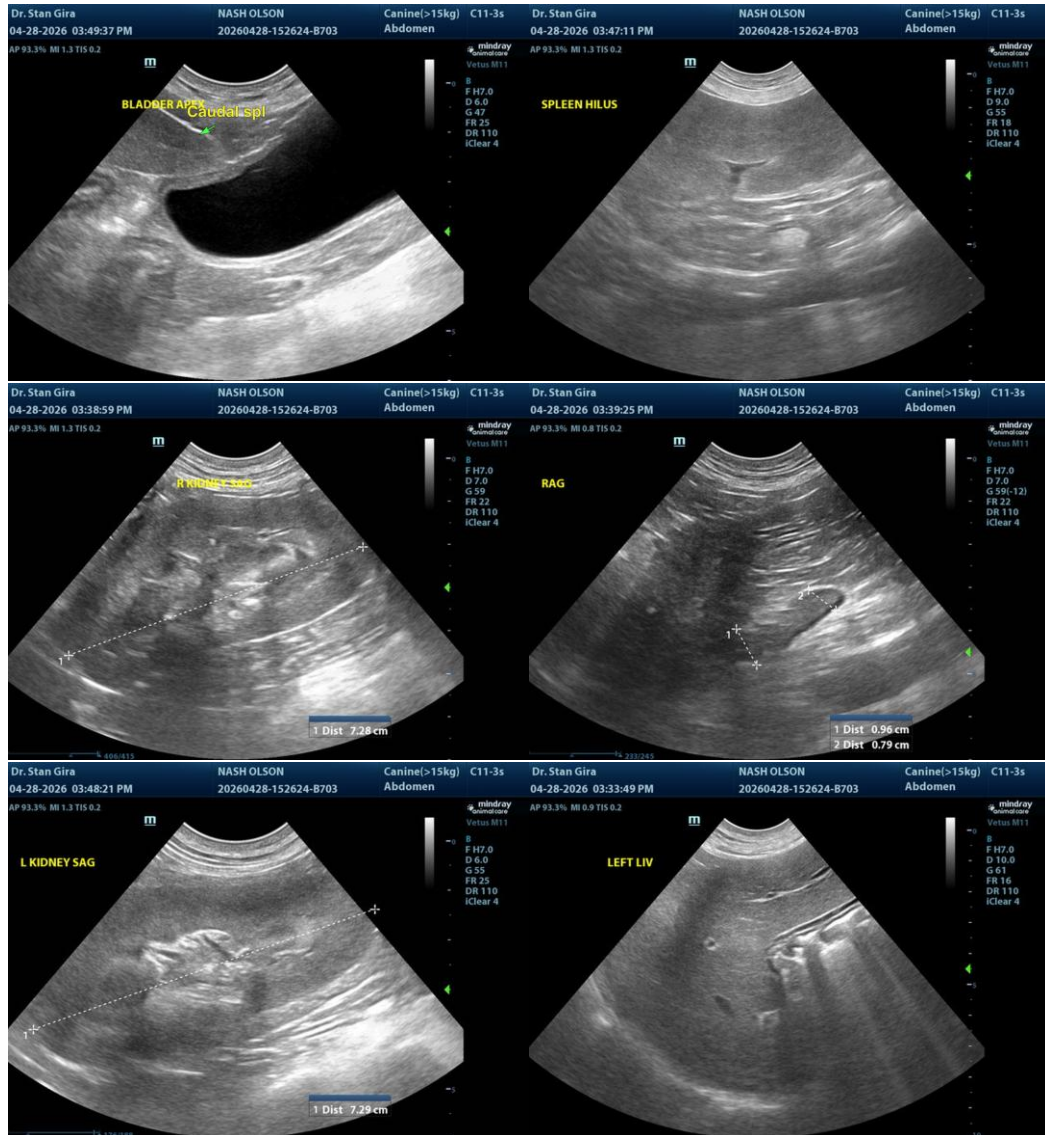
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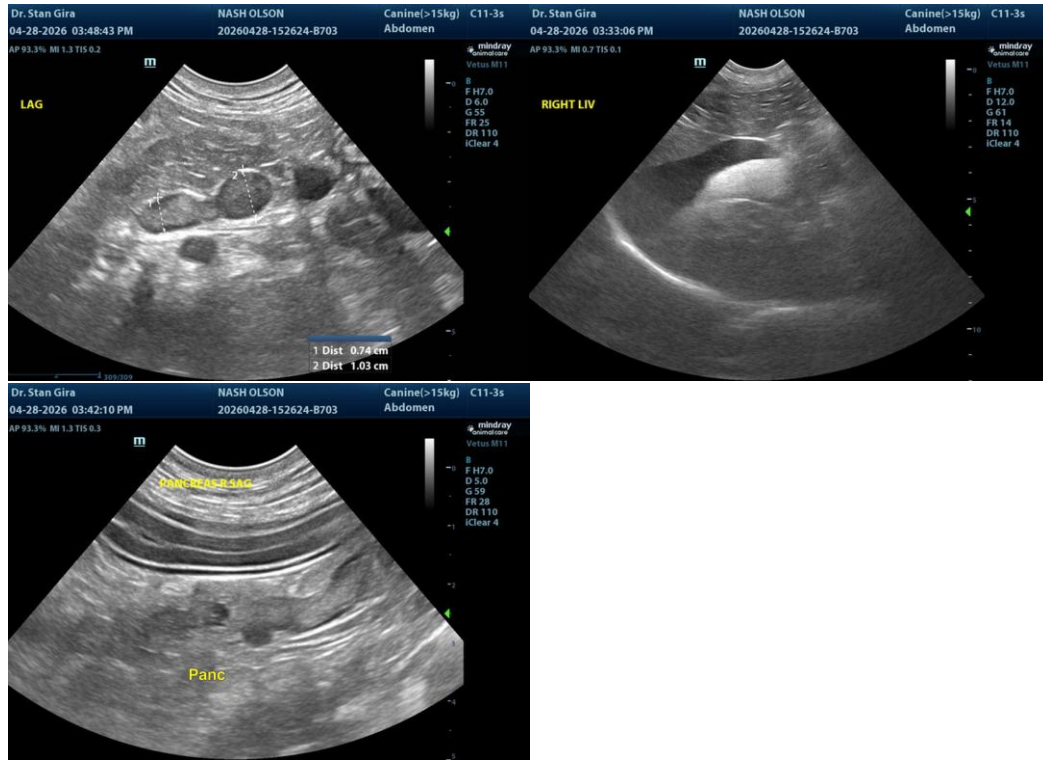
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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