



PATIENT

Lexi Oachs

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

FS

AGE

10 years

WEIGHT

78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Lake Region Small
Animal Center

REFERRING VET

Kendra Greiner,
DVM

INVOICE

10857

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Lexi is a 10 1/2 year-old female spayed lab, hasn't been eating as well for the last three weeks or so. Has lost about 5.5 lbs since 2/15/2024. Previously diagnosed with hypertension and has been on Benazepril 10 mg by mouth once daily. Client reports she is only eating about half of her food each day. She seems to pant a lot. She is walked three times a week and receives Carprofen (150mg PO SID) on those days. For parasiticide, she is also on Credelio Quattro.

No vomiting/diarrhea, urination and thirst are normal. Noted increased liver enzymes recently - but overall she has been stable. No other concerns.

Abnormal PE/Chem/CBC/UA Results: 4/24/26 PE: lenticular sclerosis, mild dental changes, reduced ROM of the stifles and stiff with hip extension. Lab: CBC: unremarkable Chem - ALT 405, Alkphos 3051, total Calcium 11.7 1/13/2026: BP 117/91, 148/99, 138/115

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size at the caudal poles. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 0.99 cm width in 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 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



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echotexture. Caudally expanding, mildly asymmetrical, isoechoic, mildly nonhomogeneous liver mass was noted past the level of the gastric axis to the approximate level of the midabdomen, measuring ~13.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing primarily anechoic content with mild, nonorganized gallbladder 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 without evidence of retained ingesta, fluid, or foreign material.

The visualized segments of 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 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.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with caudally expanding liver mass
- Mild gallbladder debris (non mucocele)
- Normal spleen
- Mild chronic renal changes
- Age-related adrenals with mild bilateral adrenomegaly
- Sonographically normal visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the overall hepatopathy and liver mass may include vacuolar, cholestatic, or inflammatory hepatopathy, marked hyperplasia, hepatoma-like mass, neoplasia, i.e., carcinoma or other, or combination. Further assessment may include, assuming normal clotting status, hepatic mass and parenchyma FNA cytology. Sonographically, the mass appears amenable to surgical resection, given subjective origin from the ventral caudal liver.

Adrenal screening is warranted if clinical signs consistent with Cushing's Syndrome are noted in conjunction with decreased urine specific gravity. A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to assess for non-hepatic or occult disease as a contributing factor to the weight loss.



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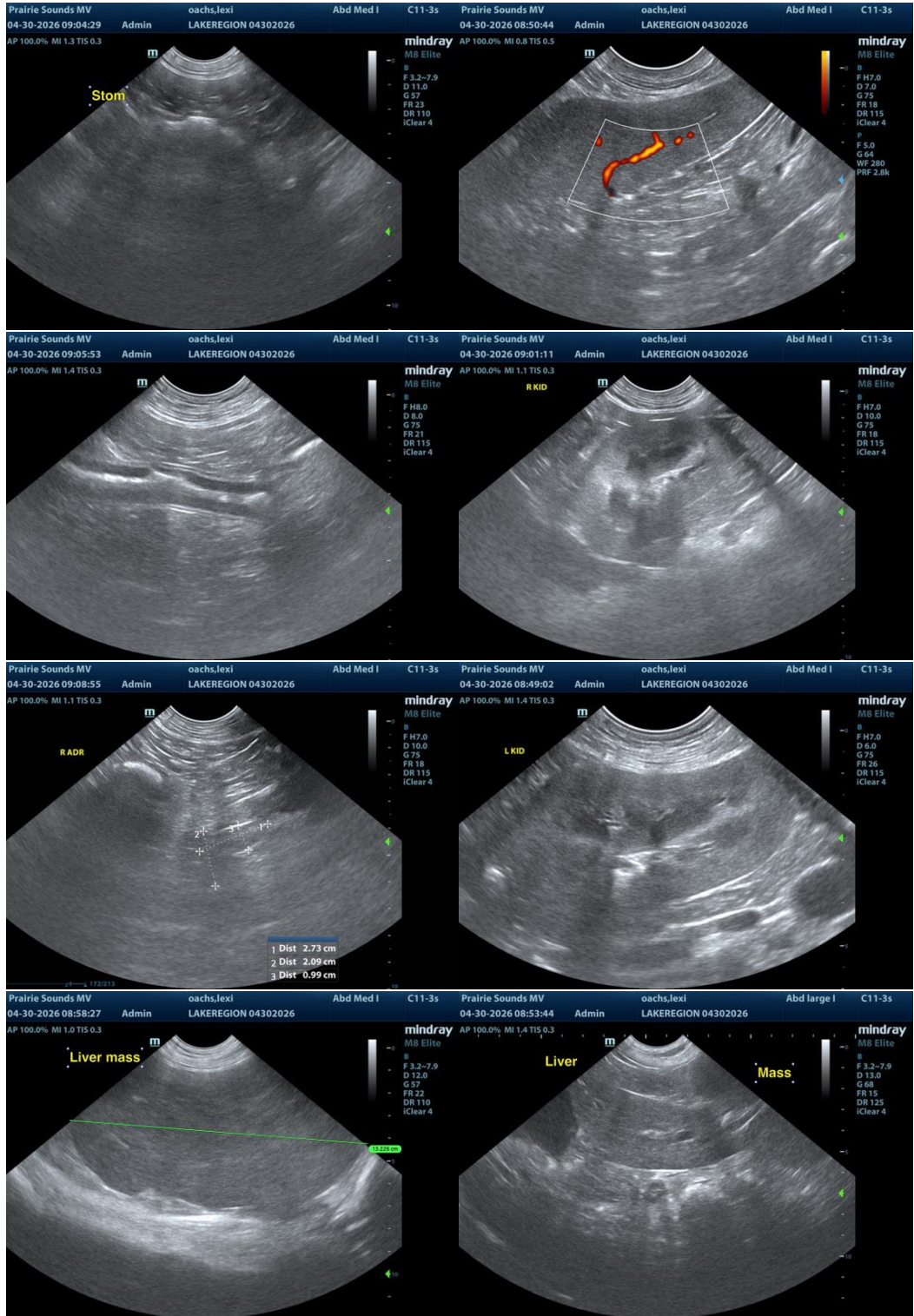
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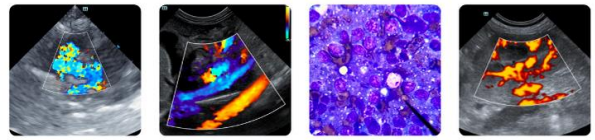
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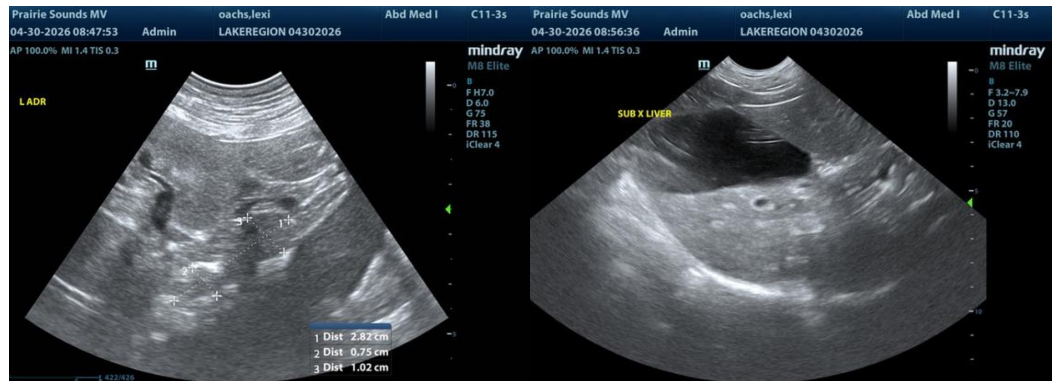
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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