



**PATIENT**

Daisy Disbrow

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

89 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Mychajlonka

**INVOICE**

21901

**DATE**

4/6/23

**PRESENTING CLINICAL SIGNS**

History: Liver elevations on LD and treatment for hepatitis (metro/amoxicillin):  
Abnormal PE/Chem/CBC/UA Results: hi ALT 276 (12-118) -- up from 230 hi ALP 324 (5-131) -- up from 206

**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 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 area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 7.0 cm in length. The right kidney measured 6.7 cm in length.

**Adrenal Glands**

The left adrenal gland was overall normal in size based on caudal pole width measurement with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.63 cm width at the caudal pole. A non-expansive or disruptive, well demarcated, uniform mildly hyperechoic nonmineralized nodule was present in the cranial pole of the left adrenal gland. The nodule measured 1.6 cm x 1.1 cm.

The right adrenal gland exhibited mild prominent size based on caudal pole width measurement with subtle nonhomogenous yet nonmineralized parenchyma. The right adrenal gland measured 3.8 cm length x 0.89 cm width at 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**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume.

The gallbladder was non-distended in size with minor nonorganized echogenic gallbladder debris with primarily anechoic content. No evidence of inflammatory criteria. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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 ileus, obstruction or foreign material.

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

***Pancreas***

**BREED**

Labrador Retriever

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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy- low grade vacuolar or inflammatory hepatopathy is possible
- Minor gallbladder debris (non-mucocele)
- Nondisruptive left adrenal nodule
- Mildly prominent to nonhomogenous right adrenal gland

**WEIGHT**

89 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral adrenal glands are nonspecific and of unclear clinical significance. The left adrenal nodule may indicate suspected incidental adenoma with potential for mild benign right adrenal hyperplasia or concurrent adenomatous change. Technically, the possibility of emerging left adrenal nodular or right adrenal neoplastic criteria, i.e., pheochromocytoma, cannot be excluded. Monitoring of systemic blood pressure is suggested to assess for evidence of hypertension. Urine catecholamine levels may be considered if hypertension is documented. Sonographic monitoring of the bilateral adrenal glands for evidence of progressive nodular changes or enlargement with initial recheck in 4-6 weeks is recommended.

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Screening hepatic FNA cytology, assuming normal clotting status, could be considered, primarily to assess for/or possibly identify inflammatory cells if present. No evidence of hepatobiliary neoplastic criteria. Continued hepatosupportive medications, i.e., Denamarin and Ursodiol, is suggested.

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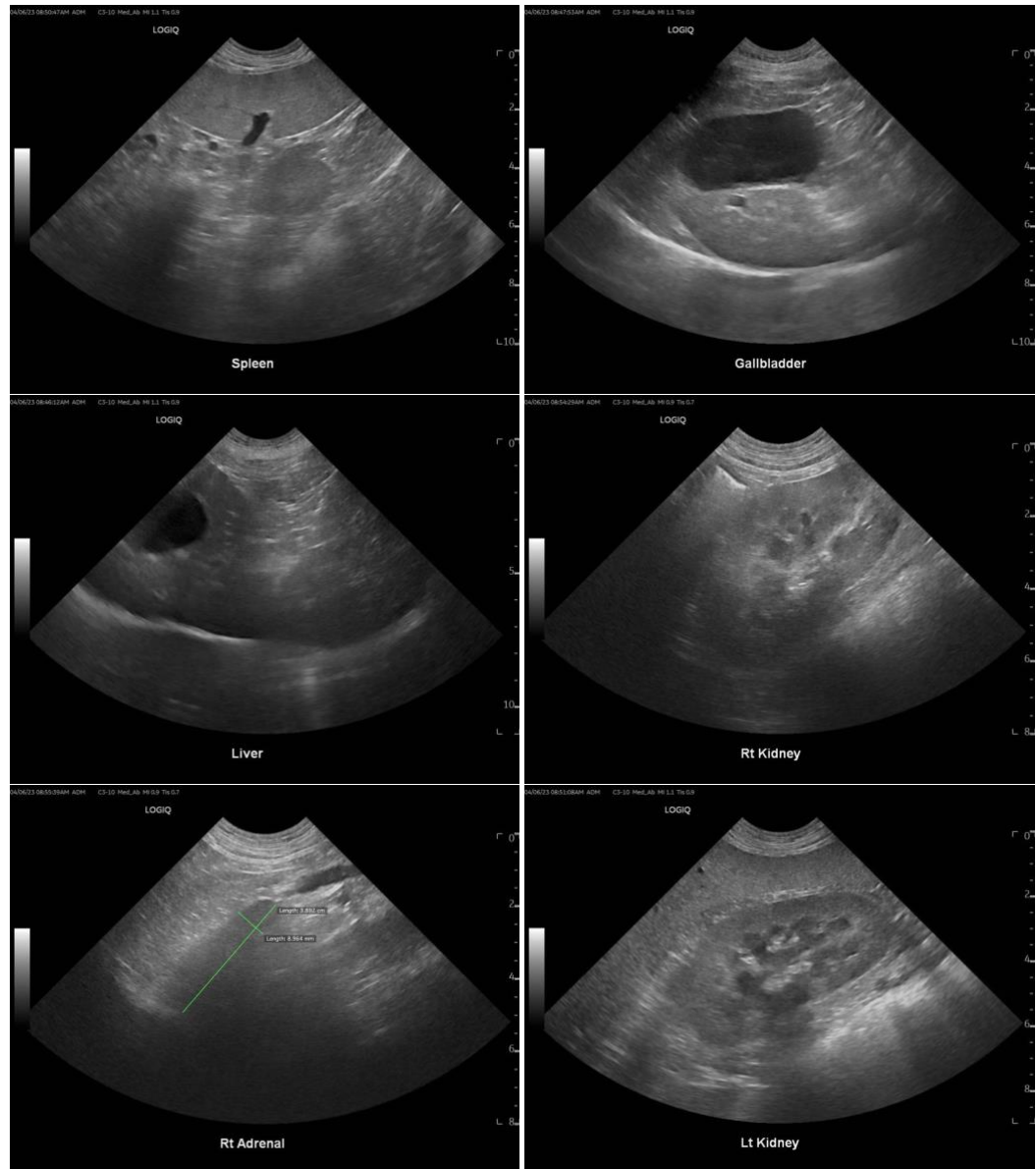
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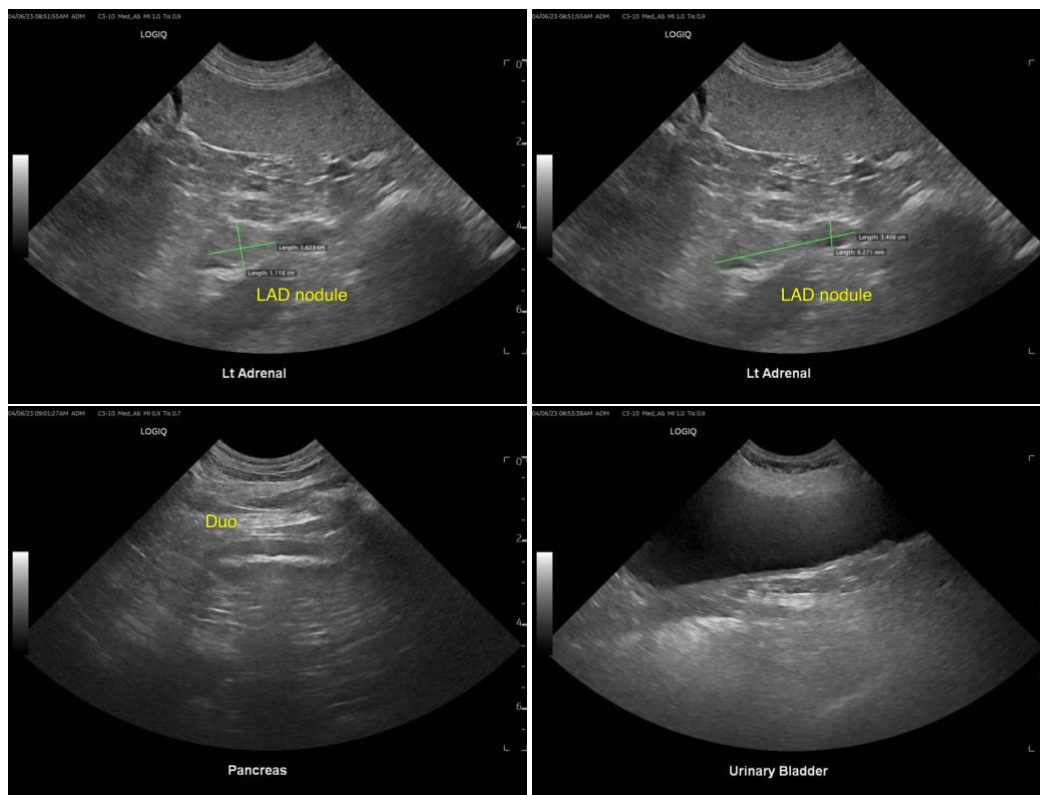
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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