



PATIENT

Minnie Brunett

SPECIES

Canine

BREED

Heeler Mix

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

44.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cameron Johnson
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Cameron Johnson
DVM

INVOICE

14915

DATE

04/07/26

PRESENTING CLINICAL SIGNS

Initially presented for chicken skewer ingestion 2/26/26. Returned presenting for suspected IVDD 3/31/26. Concerned for sudden decrease in Albumin. Liver elevations. Current Medications: Prednisone 20mg, Gabapentin 100mg, Methocarbamol 500mg, Omeprazole 20mg

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 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 6.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was borderline mildly enlarged in size with normal contour and with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole.

The right adrenal gland was borderline mildly enlarged in size with normal contour and with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. Nonhomogenous remodeled to increased hepatic parenchymal echogenicity exhibiting variable coarse echotexture and intermittent discrete hypoechoic intraparenchymal hepatic nodules with an example measuring 0.92 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with nondependent to gravity dependent variably congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 mild lumen gas and no signs of ileus, obstruction or foreign material.

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 fecal matter.

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

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.0 cm x 0.50 cm in diameter. No evidence of peritoneal effusion.

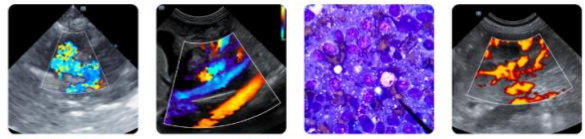
ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern exhibiting remodeled hyperechoic to discretely nodular parenchyma.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Sonographically unremarkable empty gastrointestinal tract.
- Intermittent mild hypoechoic mesenteric lymphadenopathy- nonspecific lymphadenitis or reactive hyperplasia suspected. Minor potential for emerging lymphatic neoplasia.
- Nonspecific bilateral mild adrenomegaly- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the nonspecific hepatopathy, a definitive cause of the decreased albumin level was not obvious. No evidence of gastrointestinal or adrenal pathology as an obvious contributing factor. No evidence of current gastrointestinal obstruction or sonographically evident foreign material.

Further assessment of the decreased albumin level may include urinalysis, GI panel (PLI, TLI, cobalamin and folate), hepatic FNA cytology (assuming normal clotting status) and bile acid profile. Hepatic sampling may be suppressed owing to prednisone therapy which may be a contributing factor to the chronic hepatopathy and hepatic parenchymal changes.



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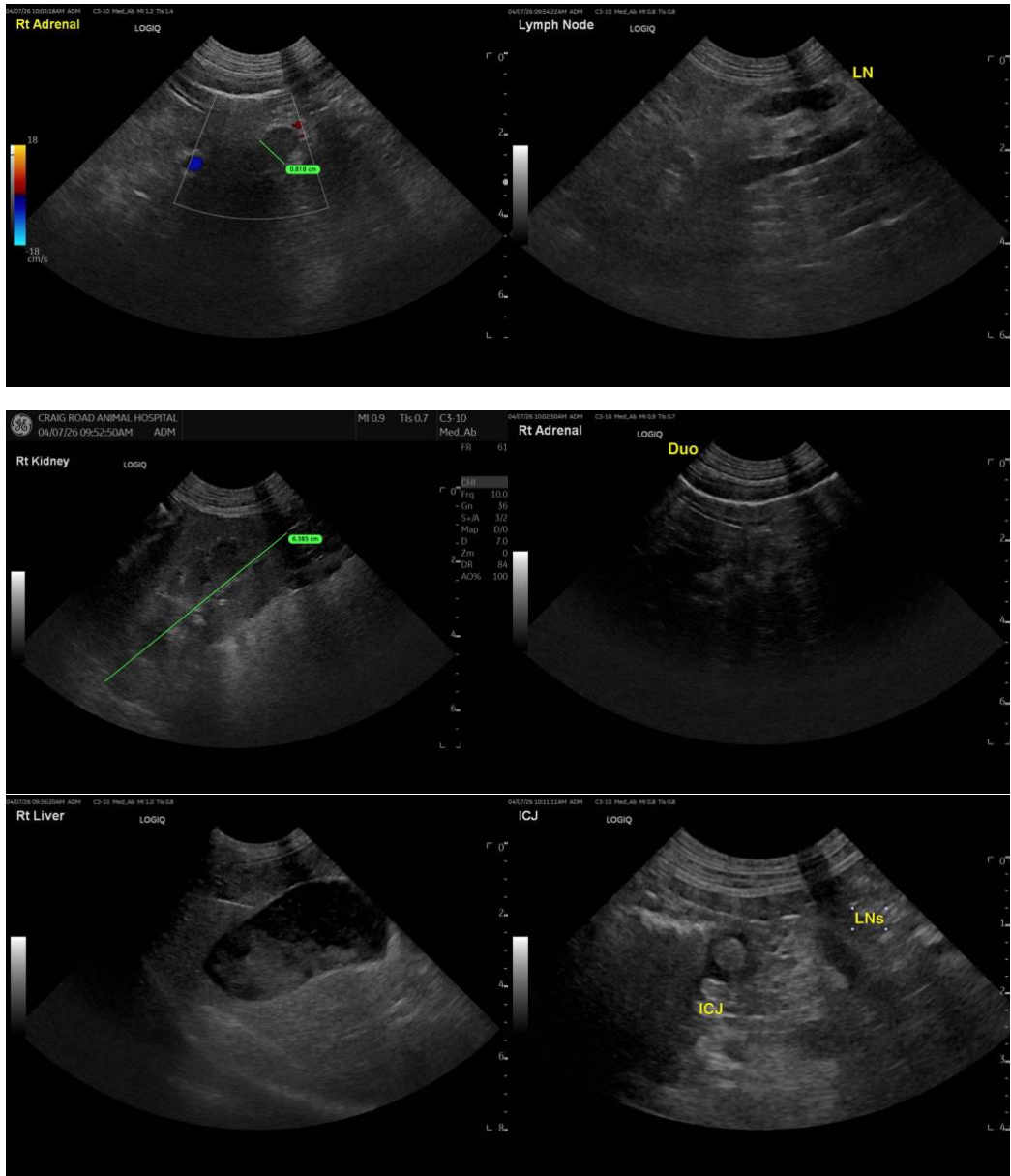
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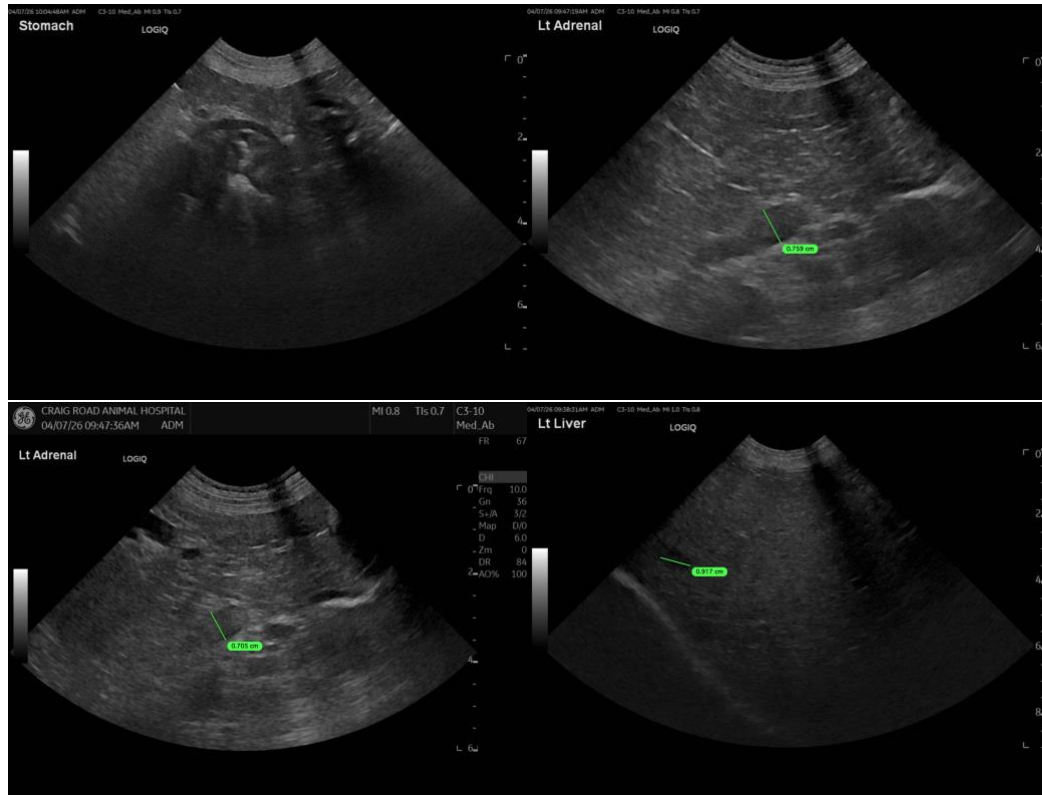
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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