



## PATIENT

Leia Osborne

## SPECIES

Canine

## BREED

Heeler

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

39.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mack

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Dr. Mack

## INVOICE

15680

## DATE

05/01/26

## PRESENTING CLINICAL SIGNS

Patient has mass effect in area of liver on in-house radiographs. Patient is also experiencing vomiting/regurgitation and inappetence. After placing patient on Reglan and Gabapentin owner reports she is acting better after starting meds but is still vomiting.

Abnormal PE/Chem/CBC/UA Results: ALT 140 U/L

## 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 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. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.2 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.53 cm width at the caudal pole.

### Spleen

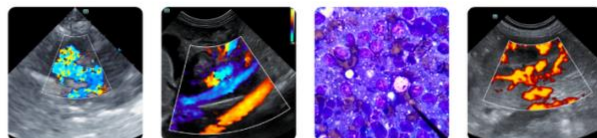
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver & Gallbladder

The liver was mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and variable nonhomogenous parenchymal remodeling. Indistinct portal vascular borders with normal vascular volume. Intermittent discrete intraparenchymal nodular changes were present with an example measuring 1.1 cm in diameter.

The gallbladder was non distended in size with mild gravity dependent hyperechoic 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 contained echogenic, mild nonshadowing to progressively shadowing 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.

## BREED

Heeler

### *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.

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### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

14 Years

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

39.6 lbs

- Enlarged nonhomogenous discretely nodular liver.
- Mild nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with mild nonshadowing to progressively shadowing gastric ingesta.
- Age-related kidneys.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hepatic or intra-abdominal mass. The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

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Assuming normal clotting status, hepatic FNA cytology could be considered for initial clarification. Hepatic biopsy with histopathology gold standard for a definitive diagnosis. Correlation with most recent meal ingestion is recommended. If documented NPO, mild non-obstructive or metabolic gastric ileus may be suspected. The possibility of a small amount of non-obstructive gastric foreign material is thought less likely yet not definitively excluded.

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12-hour fast and sonographic reassessment of the gastric content could be considered if clinically indicated. A screening GI panel and cortisol level to assess for or rule out occult disease as a contributing factor may be considered. Hepatogastrointestinal support is indicated.

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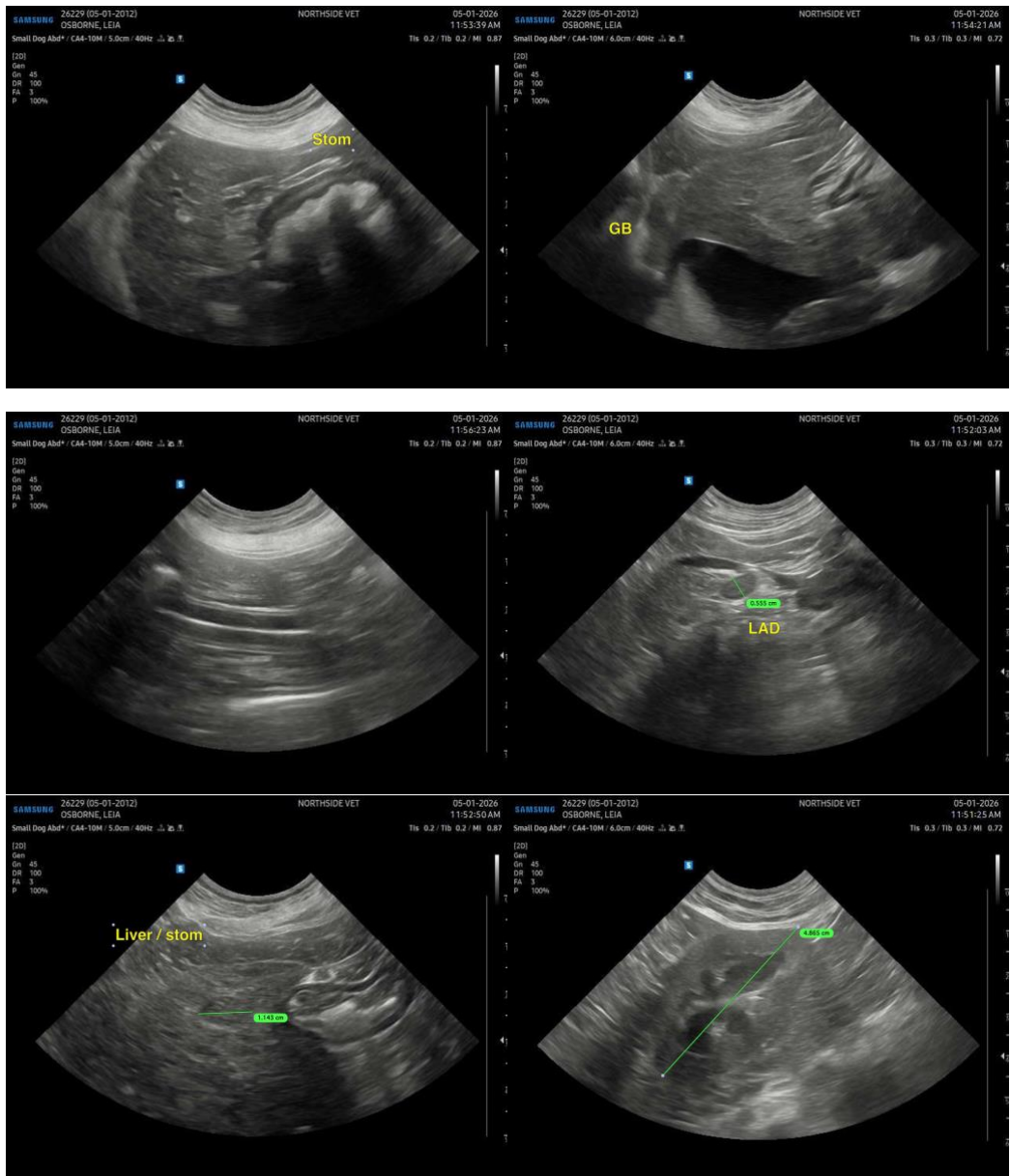
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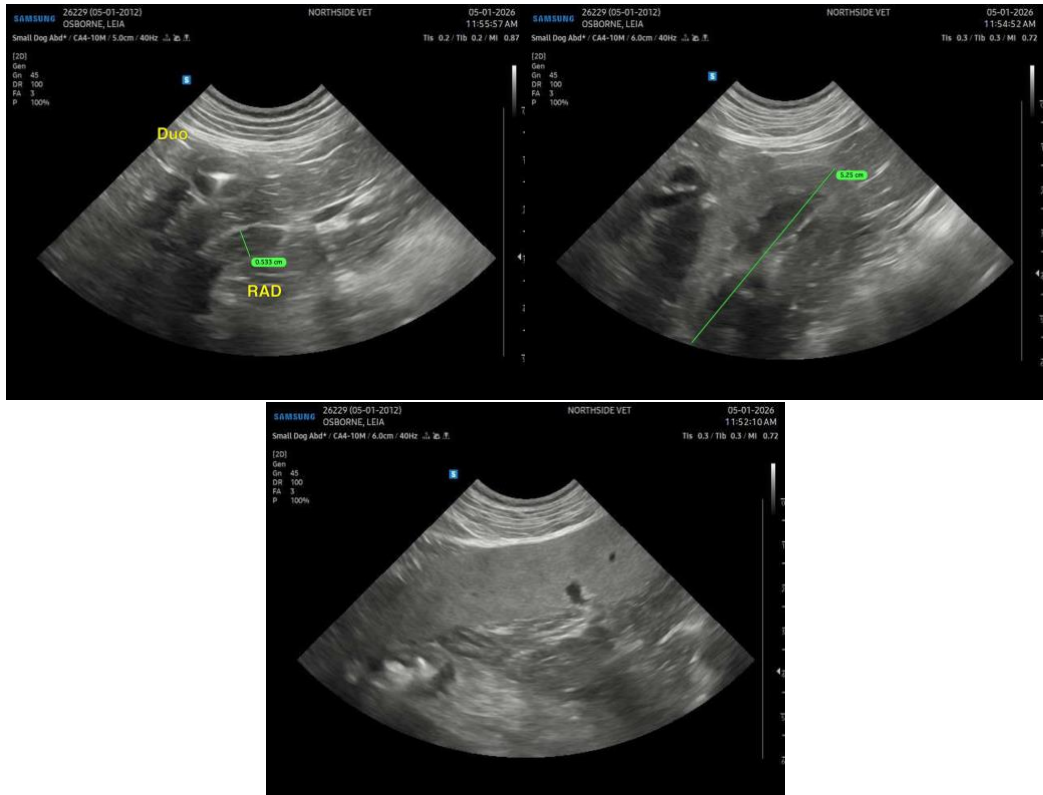
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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