

PATIENT

Sophia McGlamry

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

16224

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Patient has had undiagnosed hepatopathy for 2+ years that has been stable on Denamarin and Ursodiol alone. She had been referred to a surgeon for lobectomy, but the surgeon had deemed the mass inoperable. Previous ultrasounds and lab work had indicated little change. However, recent lab work showed a notable increase in alkp and alt that had been stable for two years.

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 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 5.6 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was mildly swollen at the caudal pole. The left adrenal gland measured 0.88 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 0.65 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour, subtle minor heterogeneous parenchyma with focal areas of hyperechoic perihilar to medial parenchyma consistent with probable subtle nodular hyperplasia, myelolipomas or medial capsule fibrosis. No evidence of splenic tumors.

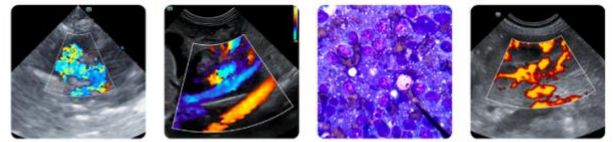
Liver & Gallbladder

The liver revealed subjective mild generalized hepatomegaly with primarily homogenous parenchyma with a small intraparenchymal cyst noted in the mid to left liver. A previously noted, similarly expansive to mixed echogenic subtle nodular mass was present primarily in the right liver measuring approximately 9.0 to 10.0 cm in diameter. Mild associated capsule distortion. 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 subjectively displaced caudally and possibly ventrally with echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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.

ULTRASONOGRAPHIC FINDINGS

- Previously noted, subjective static liver mass with small separate benign mid liver cyst.
- Mild displaced, non-obstructive gallbladder with non-organized gallbladder debris (non-mucocele).
- Static age-related renal/splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the liver mass appears sonographically similar in dimension and appearance compared to the previous study. Continued sonographic monitoring is indicated. The mildly enlarged caudal left adrenal gland is nonspecific with possible patient variant. Incidental benign hyperplasia or mild adenomatous change if patient is non-clinical for adrenal disease. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise. No evidence of post-hepatic obstruction. Hepatosupportive medications may prove beneficial.



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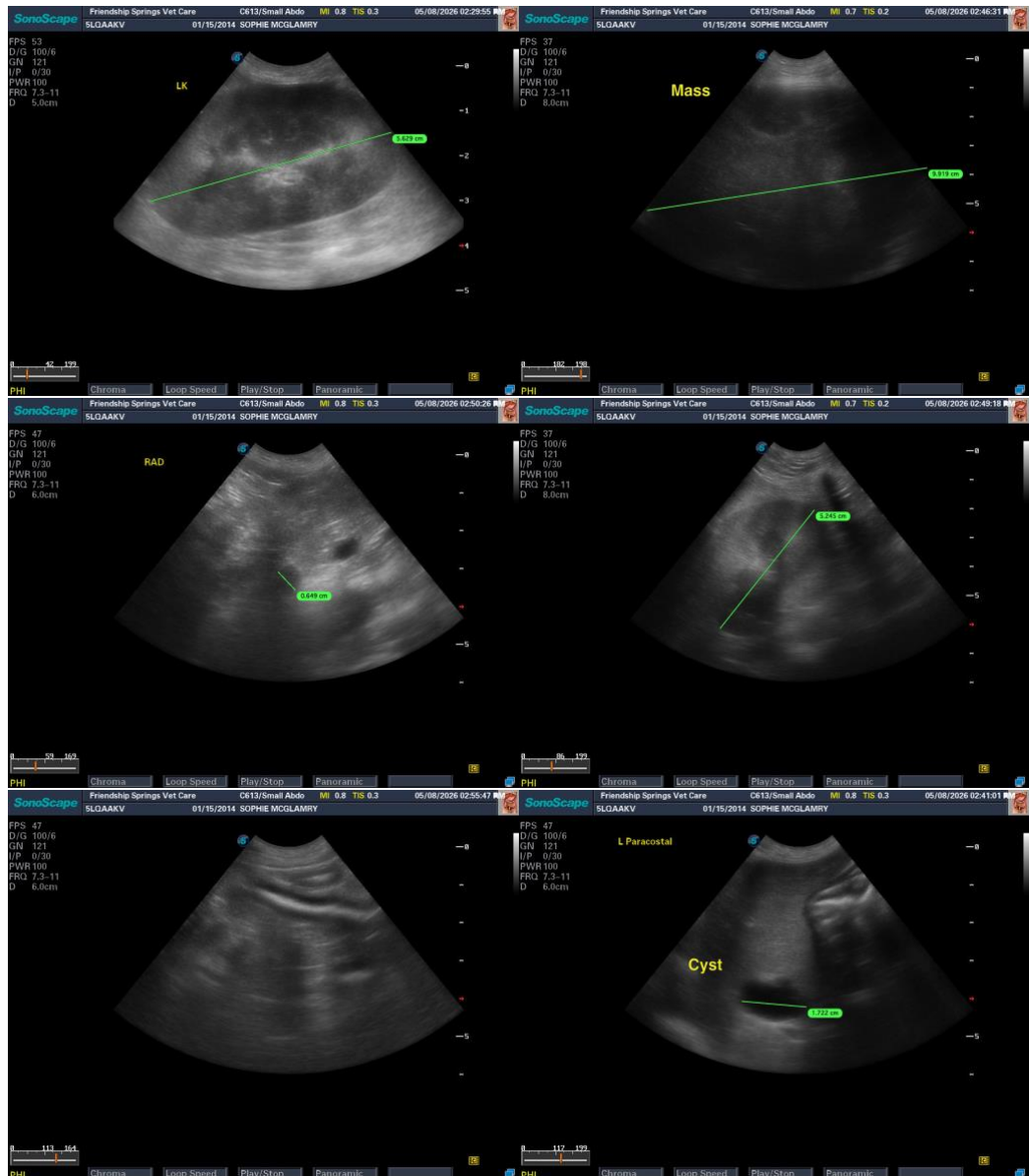
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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