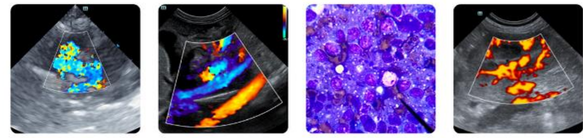


Clinical Sonography & Telecytology
Educational Teleconsultation Services™
SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.animalsoundsnw.com
info@animalsoundsnw.com
541.357.9423

PATIENT

Nezzie Erdmann

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Brandt

INVOICE

10891

DATE

5/19/26

PRESENTING CLINICAL SIGNS

ABNORMAL Labwork Values- ALT 188, ALP 666, GGT 16, PLT 425, NEU 12382
Current Medications- Maropitant 60mg

Patient History: - Seen 2 weeks ago, prescribed anti-nausea medication which helped temporarily - Vomiting resumed Tuesday after finishing anti-nausea medication Saturday- Currently tolerating chicken and rice diet well for past few days- Refused prescription kibble and canned food mixture - Vomiting episodes occur 3-4 hours post-feeding, not immediately after eating - Vomited food appears undigested with chunks of kibble - Some episodes described as watery - Episodes preceded by cough-like sound, dog seeks to go outside - Weight loss: 70 lbs (May 2025) ? 64 lbs (January 2026) ? 60 lbs (current) - Good energy level and activity, played ball this afternoon - No diarrhea - Drinking water well - Increased shedding noted - History of lipoma on side of ribcage, external location. Previously on Dasuquin for joint support, discontinued during diagnostic workup

- Labs performed January 2026 were normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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

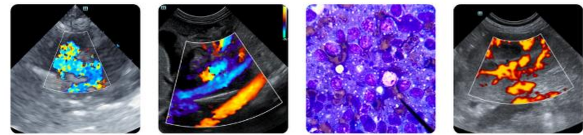
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.57 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.



PATIENT

Nezzie Erdmann

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Brandt

INVOICE

10891

DATE

5/19/26

Liver/ Gallbladder

The liver was subjectively borderline to mildly subnormal in normal in size with normal 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. 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 visualized stomach exhibited normal intact non-thickened wall. The stomach was nondistended containing lumen gas and a possible mild amount of retained nonshadowing ingesta. There was no obvious obstruction to pyloric outflow. The pylorus wall width measured 0.60 cm in width. The ventral gastric body wall measured 0.53 cm in width.

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. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.32 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

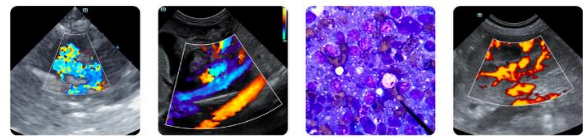
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting subjective borderline / mild subnormal liver size
- Mild nonorganized gallbladder debris (non mucocele)
- Overtly normal gastrointestinal tract with mild retained gastric ingesta
- Mild chronic renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e., copper), or other, with neoplasia thought less likely. Assessment of the hepatic vasculature was limited, yet there was no obvious visualized intrahepatic or extrahepatic macroscopic shunt criteria.



www.animalsoundsnw.com
info@animalsoundsnw.com
541.357.9423

PATIENT

Nezzie Erdmann

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Brandt

INVOICE

10891

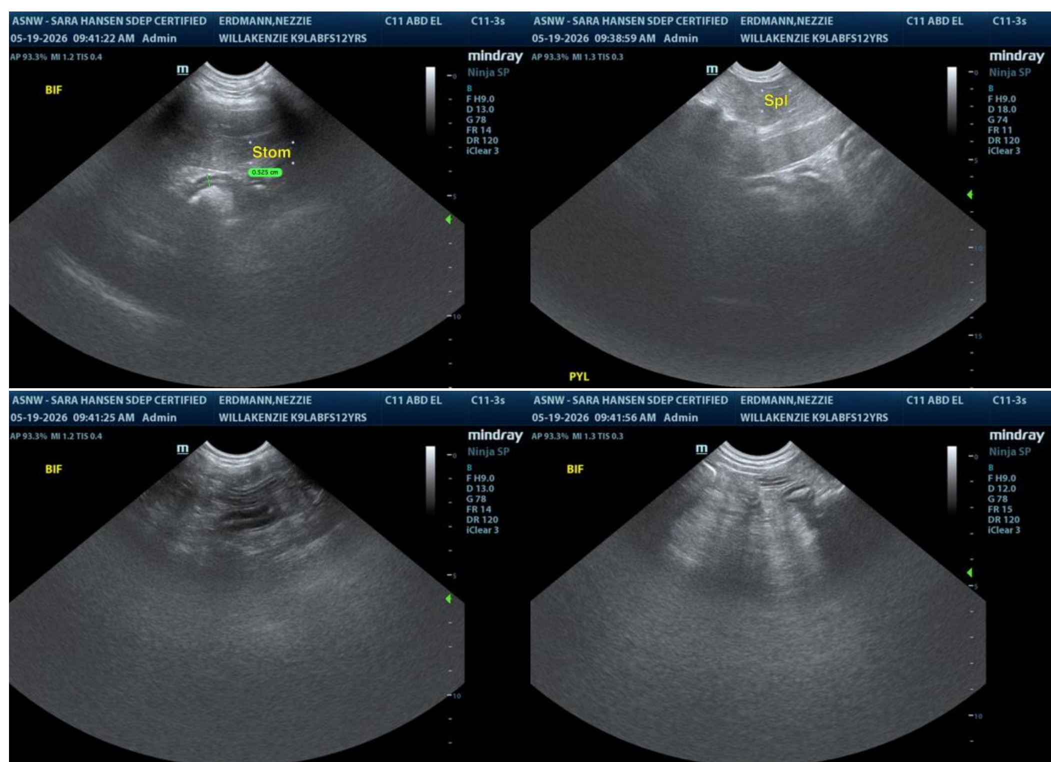
DATE

5/19/26

If accessible, ultrasound guided FNA of the liver using a 25-gauge needle, assuming normal coagulation parameters, may be considered for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis.

There is no overt sonographic evidence of gastrointestinal mural pathology or obstructive pattern. Supportive care for potential mild gastritis or esophagitis which may include smaller more frequent feedings of canned bland or hydrolyzed diet as-needed gastroprotectant Omeprazole 1.0 mg/kg PO SID, may prove beneficial. Three-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate is suggested, given weight loss.

Although considered less likely, screening cortisol level to rule out occult Addison's Disease is suggested.



www.animalsoundsnw.com
info@animalsoundsnw.com 541.357.9423

PATIENT

Nezzie Erdmann

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

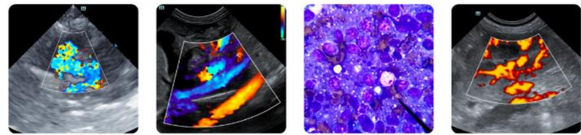
Dr. Brandt

INVOICE

10891

DATE

5/19/26



PATIENT

Nezzie Erdmann

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Brandt

INVOICE

10891

DATE

5/19/26

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