



## PATIENT

Sampson Boyd

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MI

## AGE

12yr

## WEIGHT

96lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Dana Tsuchida

## INVOICE

24954

## DATE

05/26/2026

## PRESENTING CLINICAL SIGNS

- Coughing first noted on 12/20/25, treated with Doxycycline, Hydrocodone  
- Returned 2/17/26, radiograph obtained, prednisone started  
- 3/16/26 - radiograph from 2/17/26 sent out for review, prednisone continued  
- O reports that coughing improved with prednisone but due to concern of DCM, would like to evaluate the heart and rule out any abdominal abnormalities  
BP on Doppler: 132, 130, 140  
Abnormal PE/Chem/CBC/UA Results: No recent radiographs; see attached from 2/17/26; cardiomegaly, bronchial pulmonary patterns (most prominent in L caudal/caudodorsal lung lobes), multifocal lumbar and lumbosacral spondylosis deformans Labwork from today: Mostly WNL findings; Gluc 159, ALT 128, ALKP 435, TT4 2.0 (low normal)

## 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 evidence of urine/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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral small cortical cysts were present. The left kidney measured 8.0 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Intermittent prostatic cysts were present. The prostate measured 3.6 cm in diameter.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no overt pathology in the area of the right adrenal gland subjectively measuring 0.93 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



## PATIENT

Sampson Boyd

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MI

## AGE

12yr

## WEIGHT

96lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Dana Tsuchida

## INVOICE

24954

## DATE

05/26/2026

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Benign prostatic hyperplasia pattern with intermittent small prostatic cysts, minor potential for prostatitis
- Mild urine sediment
- Age-related renal changes with small cortical cysts
- Mild hepatomegaly-subjective benign
- Normal gastrointestinal tract with mild progressively shadowing gastric ingesta- consistent with probably variably dense food echogenicity

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology. The hepatopathy is most consistent with benign criteria with considerations including vacuolar, steroid or cholestatic hepatopathy given ALP elevation, potential for concurrent low-grade inflammation or combination. No evidence of abdominal neoplastic criteria. Hepatosupportive medications with monitoring of hepatic enzymes is recommended. Recheck sonogram if progressive hepatopathy or lower urinary tract signs is recommended.



## PATIENT

Sampson Boyd

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MI

## AGE

12yr

## WEIGHT

96lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

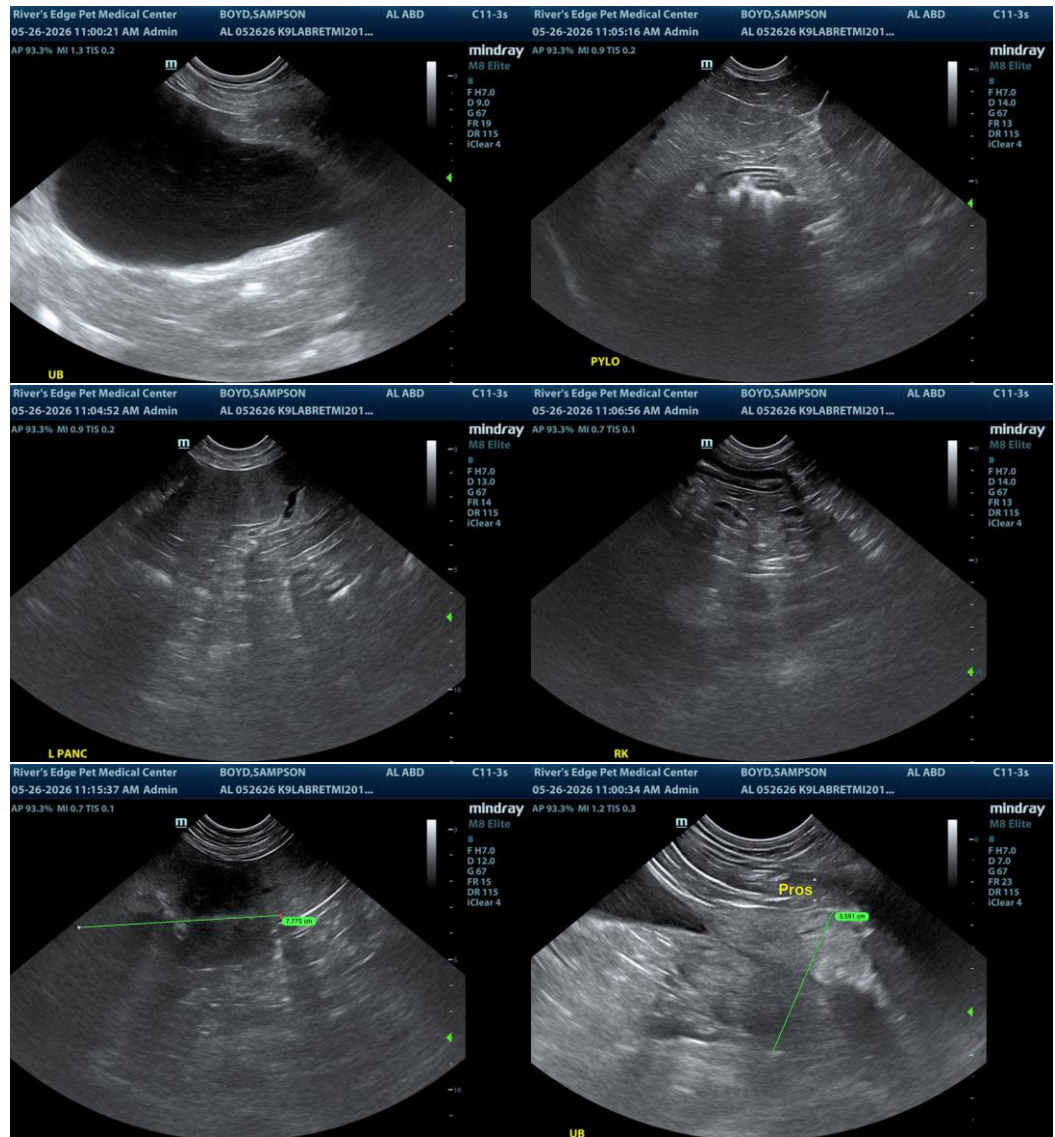
Dr. Dana Tsuchida

## INVOICE

24954

## DATE

05/26/2026





**PATIENT**

Sampson Boyd

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

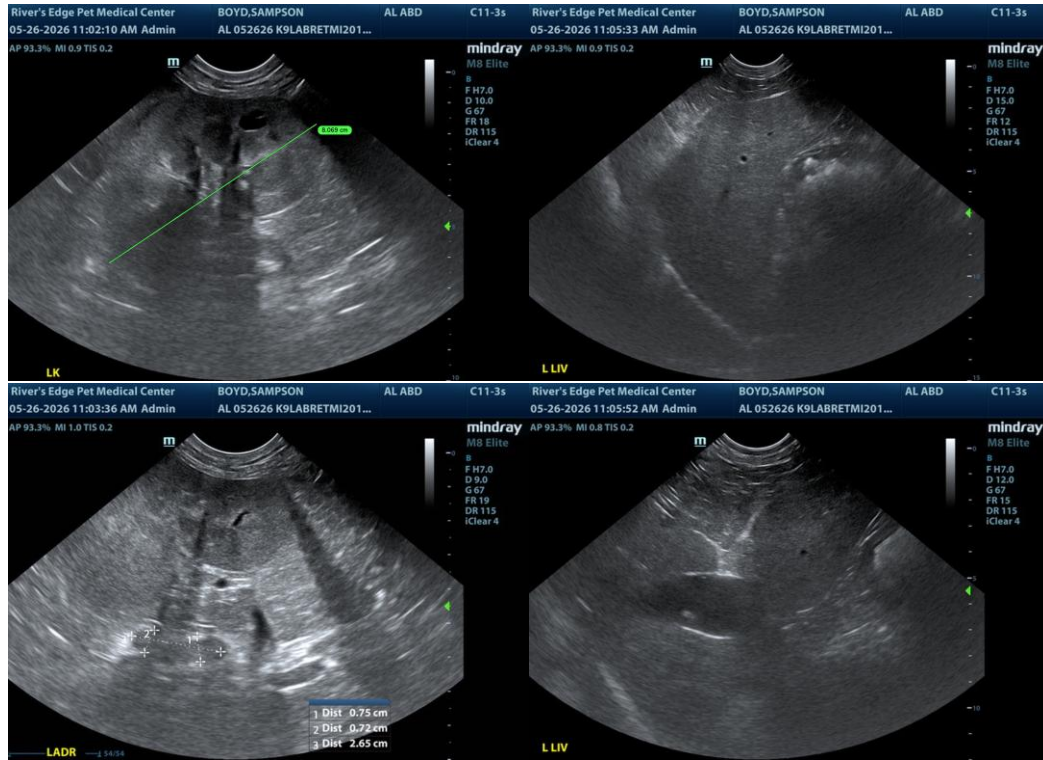
MI

**AGE**

12yr

**WEIGHT**

96lb



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Crook

**HOSPITAL NAME**

River's Edge Pet  
Medical Center

**REFERRING VET**

Dr. Dana Tsuchida

**INVOICE**  
24954

**DATE**  
05/26/2026

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](mailto:info@sonopath.com)