



## PATIENT

Cooper Widenhouse

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

6 years 5 months

## WEIGHT

66.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

Peyton Bramlett

## INVOICE

10928

## DATE

5/28/26

## PRESENTING CLINICAL SIGNS

Presented for Constant panting including abdominal effort, on kepra, phenobarbital , potassium bromide. for `3 years for idiopathic epilepsy. Last levels were checked in 2024` . P is lethargic, dehydrated, and has a swollen abdomen.

Abnormal PE/Chem/CBC/UA Results: 1900+ ALP , Radiographs showed inappropriate abdomen/ chest- has increased respiratory effort

On his current medications, he usually has maybe 1-2 seizures every 3 weeks. \* On Tuesday he had 6 small seizures in 24 hours. The symptoms he presented with today have been gradual per owner, he does not believe they were all at once after this past Tuesday, 5/26/26.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction 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 changes were noted.

The residual prostate appeared sonographically normal.

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 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 7.3 cm in length. The right kidney measured 7.1 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 0.44 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 0.54 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 presented 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



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was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach was nondistended, containing nonshadowing hypoechoic to shadowing ingesta.

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 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

### *Primary Findings*

- Hepatopathy
- Normal gallbladder
- Normal adrenal glands

### *Secondary Findings*

- Mild nonshadowing hypoechoic to progressively shadowing gastric ingesta

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with vacuolar or cholestatic hepatopathy given ALP elevation favored. Secondary hepatopathy owing to medication is also possible with non-obvious inflammation thought less likely. There is no evidence of hepatic or abdominal neoplastic criteria or overt adrenal disease.

Adrenal screening could be considered if clinical signs consistent with adrenal disease arise in conjunction with decreased urine specific gravity.

Hepatosupportive medications such as Denamarin and Ursodiol, given the potential for nonobstructive cholestasis may prove beneficial. Clinical monitoring is indicated with sonographic reassessment of the liver if evidence of progressive hepatopathy.



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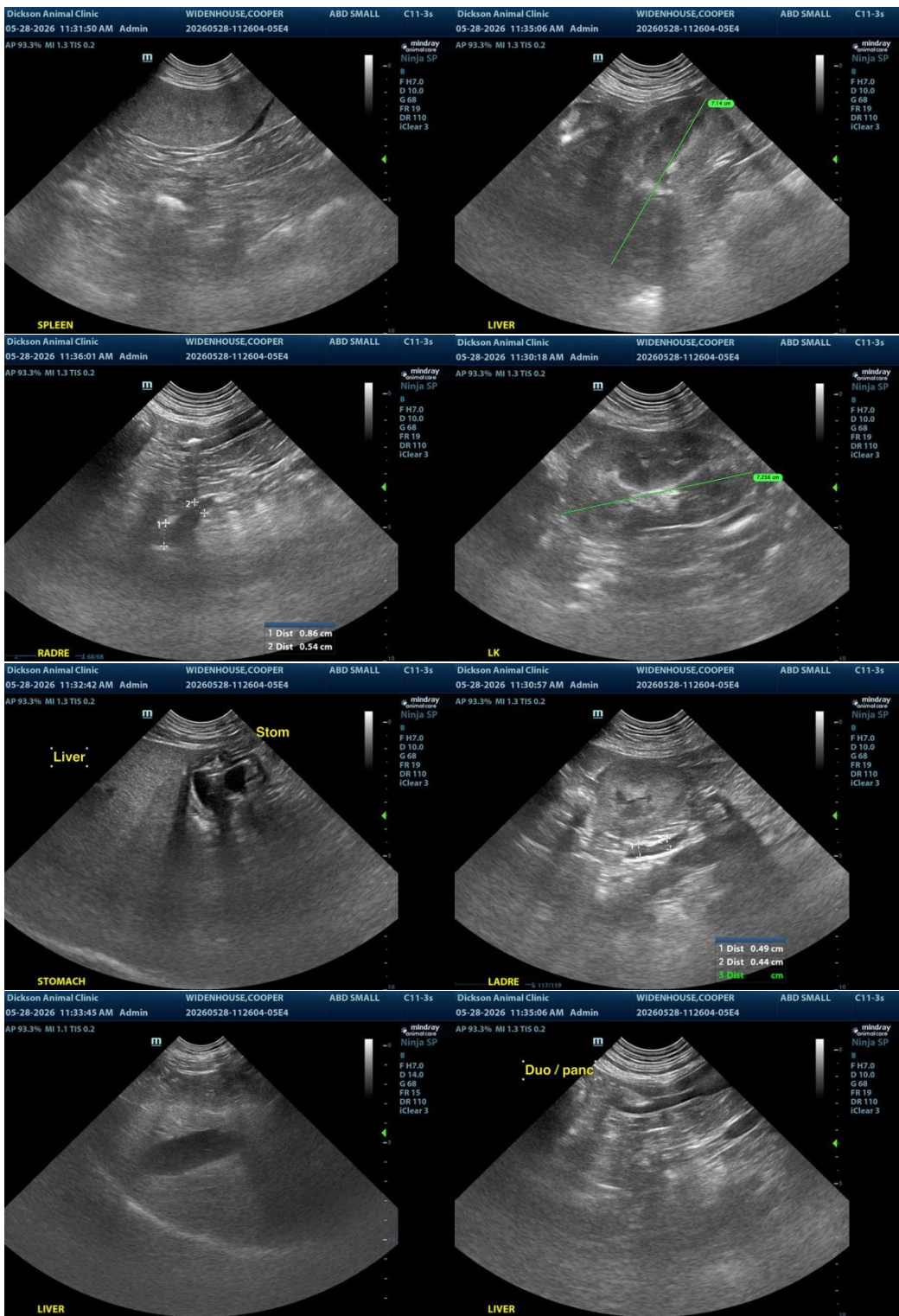
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)