

**PATIENT**

Maddie Dennis

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

11 Years

WEIGHT

64 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

75582

DATE

5/30/26

PRESENTING CLINICAL SIGNS

P presents with increased LE. Mild improvement on Denamarin. Chest rads clear of metastasis. P doing well clinically.

Abnormal PE/Chem/CBC/UA Results: ALT: 247 U/L ALP: 416 U/L GGT: 17 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 changes were 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. Left kidney measured 6.1 cm. Right kidney measured 6.5 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.75 cm.

The left adrenal gland presented borderline to mildly enlarged caudal pole measuring 0.86 cm. Overall normal contour and homogeneous parenchyma.

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

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 was non-distended in size. Normal gallbladder wall without evidence of inflammation or edema. The gallbladder lumen was occupied by non-dependent, atypically organized, non-homogeneous, focally hyperechoic to possibly mineralized debris. No evidence of pericolonic inflammation. 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 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

- Hepatopathy, subjectively benign.
- Emerging gallbladder mucocele.
- Borderline caudal left adrenomegaly.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is non-clinical, the borderline to mild caudal left adrenomegaly is of unclear clinical significance. No evidence of adrenal tumors. Adrenal screening or workup could be considered if clinical signs consistent with adrenal disease are non-reported or arise in conjunction with decreased urine specific gravity.

Vacuolar, cholestatic, inflammatory hepatopathy or a combination probable. No evidence of hepatic neoplastic criteria. Screening hepatic FNA cytology, primarily to assess for inflammation, and assuming normal clotting status, could be considered.

Given that the patient is non-clinical, hepatosupportive medications including Denamarin and Ursodiol with clinical monitoring and sonographic reassessment (if progressive hepatopathy, cholestasis, or cranial abdominal/subxiphoid discomfort on palpation) would be reasonable.





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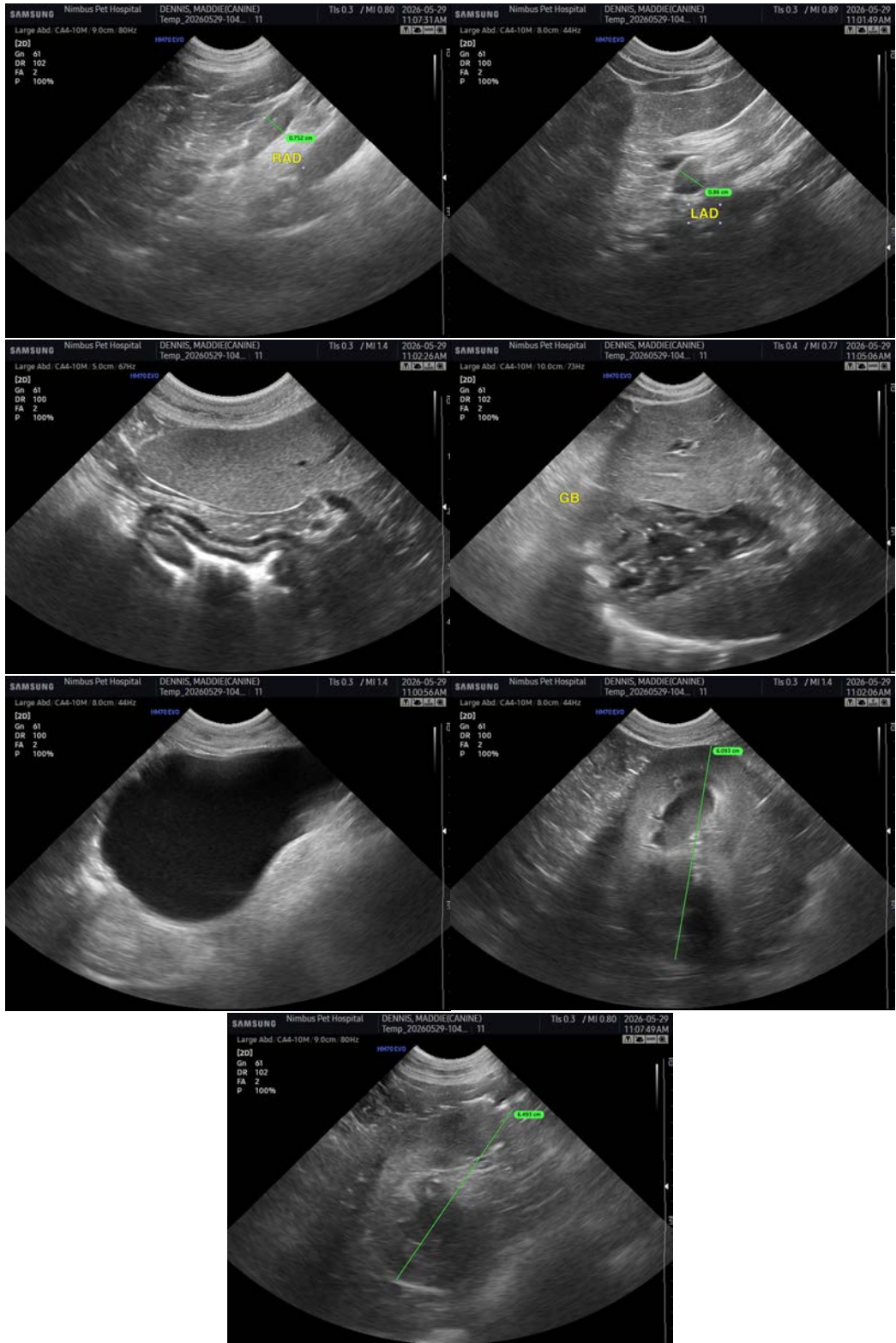
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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