



**PATIENT**

Sammy Miller

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

11.5 years

**WEIGHT**

79 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Trae Cutchin

**HOSPITAL NAME**

Friendship Springs  
Veterinary Care

**REFERRING VET**

Trae Cutchin

**INVOICE**

14848

**DATE**

8/17/23

**PRESENTING CLINICAL SIGNS**

Long standing history of hepatitis.

Abnormal PE/Chem/CBC/UA Results: PE is wnl. BUN is mildly decreased, ALT and Alkp are mildly increased. Bile acids are pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Anechoic urine was present primarily with mild, primarily dependent urinary bladder lumen mineral. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

There was no overt pathology in the area of the residual prostate.

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. A spherical, hypoechoic probable cyst exhibiting subjective distal acoustic enhancement was present in the subjective lateral left kidney measuring 1.7 cm diameter. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.

**Adrenal Glands**

The left and right adrenals were overtly normal in size and shape. The left adrenal measured 0.53 cm caudal pole width and the right adrenal measured 0.62 cm caudal pole width.

**Spleen**

The spleen exhibited subjective mild generalized enlargement with areas of minor capsule asymmetry. Mild generalized splenic parenchyma heterogeneity was noted. Multifocal, variably sized yet non-disruptive, primarily hyperechoic to focally hypoechoic splenic nodules were noted with an example of a hyperechoic nodule measuring 0.77 cm in diameter.

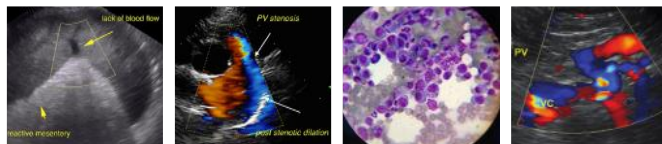
**Liver/ Gallbladder**

The liver exhibited subjective subnormal size with mild capsule asymmetry and nonhomogeneous parenchyma. Subjective parenchymal remodeling was present. The gallbladder was non-distended in size containing anechoic content with mild hyperechoic gallbladder sediment. The common bile duct was not definitively visualized. No evidence of inflammatory criteria was noted. No overt evidence of post hepatic obstructive criteria was noted.

**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.

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.



**PATIENT**

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

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**Pancreas**

**SPECIES**

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 were evident.

Canine

**BREED**

**Free Abdomen**

Lab Mix

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mild dependent urinary bladder lumen mineral
- Mild chronic renal changes with probable left kidney cyst
- Subjective mild splenomegaly exhibiting multifocal primarily hyperechoic to focally hypoechoic nondisruptive nodules - hyperechoic nodules consistent with probable myelolipomas
- Chronic hepatopathy exhibiting subjective subnormal liver size
- Mild gallbladder sediment (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
(Canine and Feline)

Screening urine C/S on a sterile urine sample is suggested. Correlation with pending bile acids is recommended. The possibility of a portosystemic shunt cannot be definitively excluded. Hepatic core surgical biopsy would be required for further clarification.

**IMAGING PERFORMED BY**

Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology could be considered primarily to ensure only benign changes are present or if evidence of weight loss.

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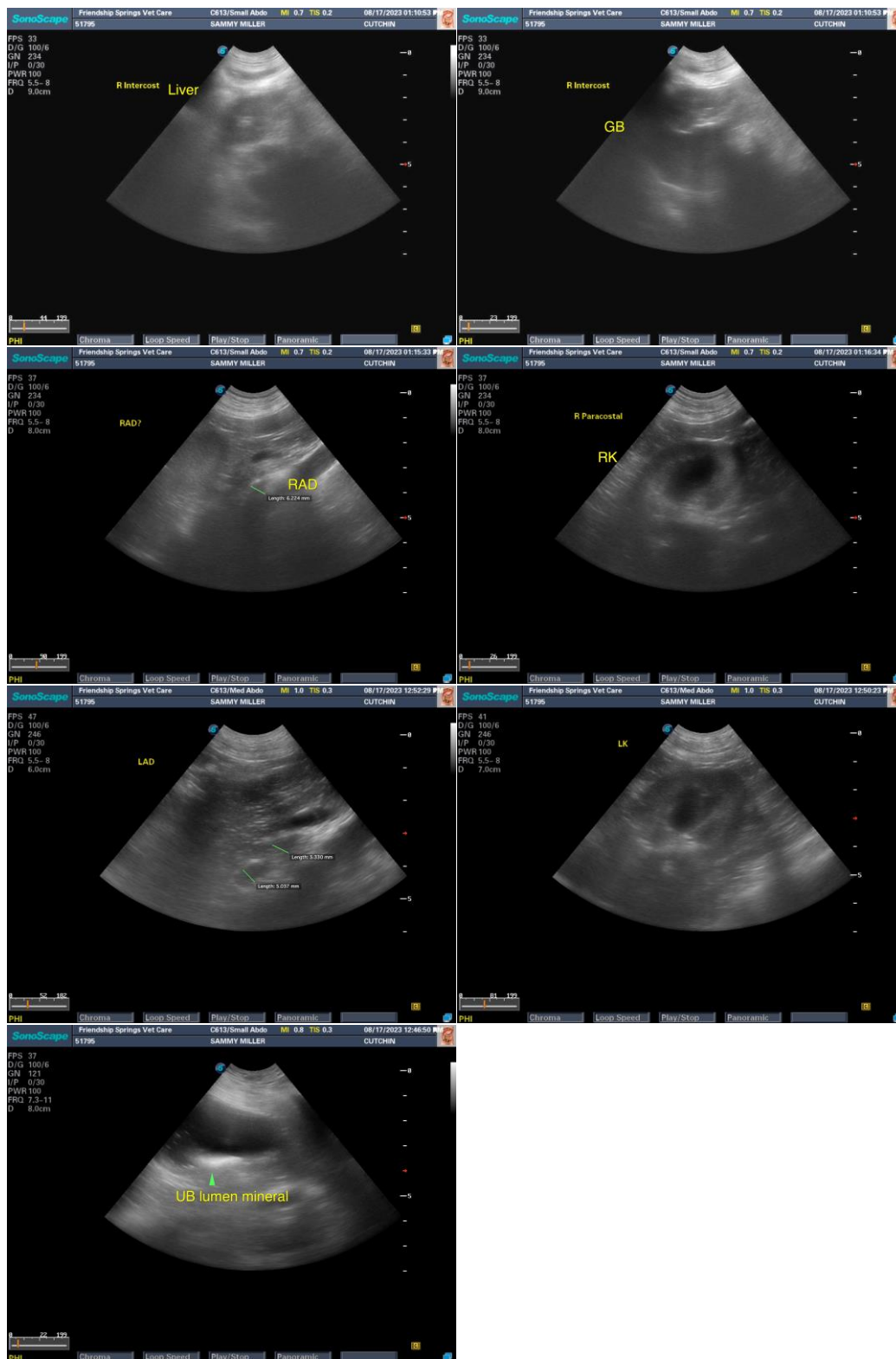
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)