



**PATIENT**

Desmond Gross

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

10 years

**WEIGHT**

84 lbs.

**PRESENTING CLINICAL SIGNS**

no dietary change; chronic liquid soft stool unresponsive to metronidazole.  
Abnormal PE/Chem/CBC/UA Results: ALKP 501

**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 was noted.

No evidence of pathology in the area of the aortic trifurcation. A visualized medial iliac lymph node was sonographically unremarkable, measuring 2.4 cm x 0.97 cm.

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 7.9 cm in length. The right kidney measured 8.7 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The bilateral adrenal glands were normal in size, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.78 cm width at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.78 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Diane McFadden

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic, perihilar to medial parenchymal nodules were present, consistent with benign myelolipomas. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr. Sopronyi

**Liver/ Gallbladder**

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The liver exhibited subjective borderline to mild enlargement yet maintained symmetrical capsule contour and normal parenchyma echogenicity with moderate coarse echotexture and mild parenchymal remodeling. Normal vascular volume was noted. There were no visualized hepatic masses or nodules noted.

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The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without 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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Suspect unspecified nonhomogeneous nodular lesion was noted in the area of the pancreas base to the proximal right pancreatic limb measuring ~4.0 cm in diameter.

**Free Abdomen**

No evidence of peritoneal effusion was present. Possible regional hyperechoic omentum was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild age-related renal changes
- Borderline / mild hepatomegaly exhibiting mild parenchymal remodeling - sonographically benign, suggestive of vacuolar hepatopathy criteria
- Mild gallbladder sediment (non-mucocele)
- Structurally unremarkable gastrointestinal tract
- Sonographically unremarkable colon containing semi-formed fecal matter
- Suspect unspecified nonhomogeneous / nodular lesion subjective area of the pancreas base / right pancreatic limb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/Cobalamin/Folate as well as fresh fecal analysis, if not recently done, is warranted. Novel protein or hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks even if fecal testing is negative, high colony count probiotics such as Provable, and empirical cobalamin supplementation pending assessment of cobalamin levels may prove beneficial.

Dietary intolerance / food hypersensitivity, dysbiosis, structurally insignificant inflammatory gastrointestinal disease, infectious disease, occult parasitism, less likely Addison's Disease given the normal adrenal presentation, low-grade to chronic pancreatitis, or other enteropathy are possible.

The unspecified suspected lesion in the area of the right pancreas is nonspecific. Under sedation, sonographic reassessment of this area is strongly suggested for further clarification +/- potential for FNA cytology, if clinically indicated.



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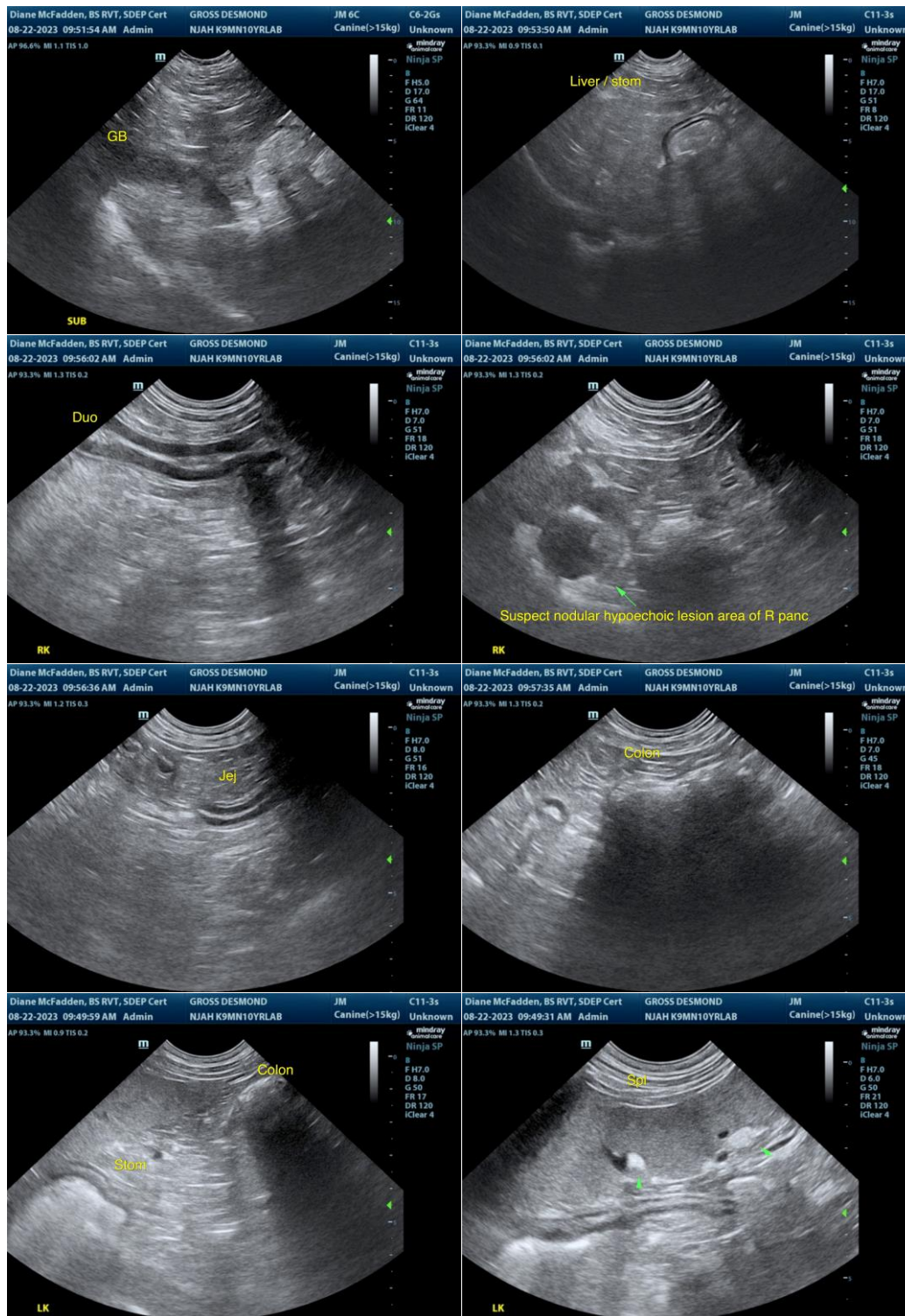
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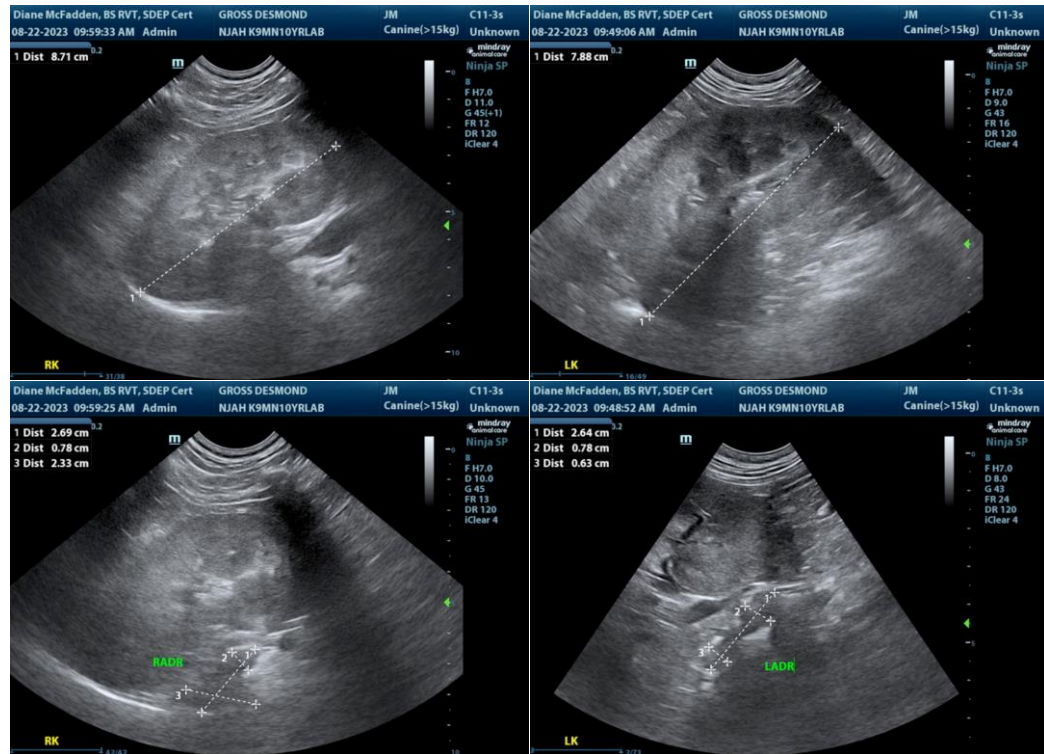
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)