



## PATIENT

Suma Didych

## SPECIES

Canine

## BREED

Pomeranian

## SEX

MN

## AGE

13yr

## WEIGHT

2.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Dorval

## INVOICE 23521

## DATE 01/12/2026

## PRESENTING CLINICAL SIGNS

Long term history of seizures. Phenobarbital 7.5mg in the AM, 11.25mg in the PM (about 2.9mg/kg in the AM, 4.3mg/kg in the PM). Was well controlled for seizure activity, but has 3 seizures over the course of the weekend. Although this little cluster of seizures happens every 3 months and then the dog is ok. Otherwise he is well besides cough from collapsing trachea. Recent bloodwork is showing liver parameters elevated so want to work this up: Plan: Abd u/s, bile acids, triglycerides.

Abnormal PE/Chem/CBC/UA Results: Pb levels 10/29/25 93umol/l (87-175) CBC-nsf Chem: ALT 116 u/l (19-107) ALKP 557 u/l (23-143) GGT 44 (0-7)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone with normal appearing bladder wall. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. A solitary dependent lumen calculus was present measuring 0.94 cm in diameter.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral non-obstructive medullary renoliths were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 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 0.32 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing well-defined, symmetrical, echogenic nodules were present throughout the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured ~ 1.0 cm in diameter.

### 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. Adequate vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder lumen was primarily occupied by gravity dependent to non-dependent, variably congealed to emerging organized non-mineralized hyperechoic debris. No evidence of pericholecystic effusion.



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## 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 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

- Hepatopathy exhibiting subjective adequate vascular volume consistent with benign criteria.
- Immature to emerging mature gallbladder mucocele.
- Hyperechoic to coalescing splenic nodules most consistent with benign myelolipomas.
- Chronic renal changes exhibiting renolithiasis.
- Urinary bladder calculus.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of intrahepatic or extrahepatic macroscopic shunt. Chronic vacuolar or cholestatic hepatopathy, hepatopathy secondary to medication, inflammation or other with occult hepatic neoplasia thought less likely all possible.

No obvious evidence of adrenal pathology as a contributing factor. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise.

Hepatosupportive medications pending additional diagnostics may prove beneficial. Correlation with a urinary workup is recommended.



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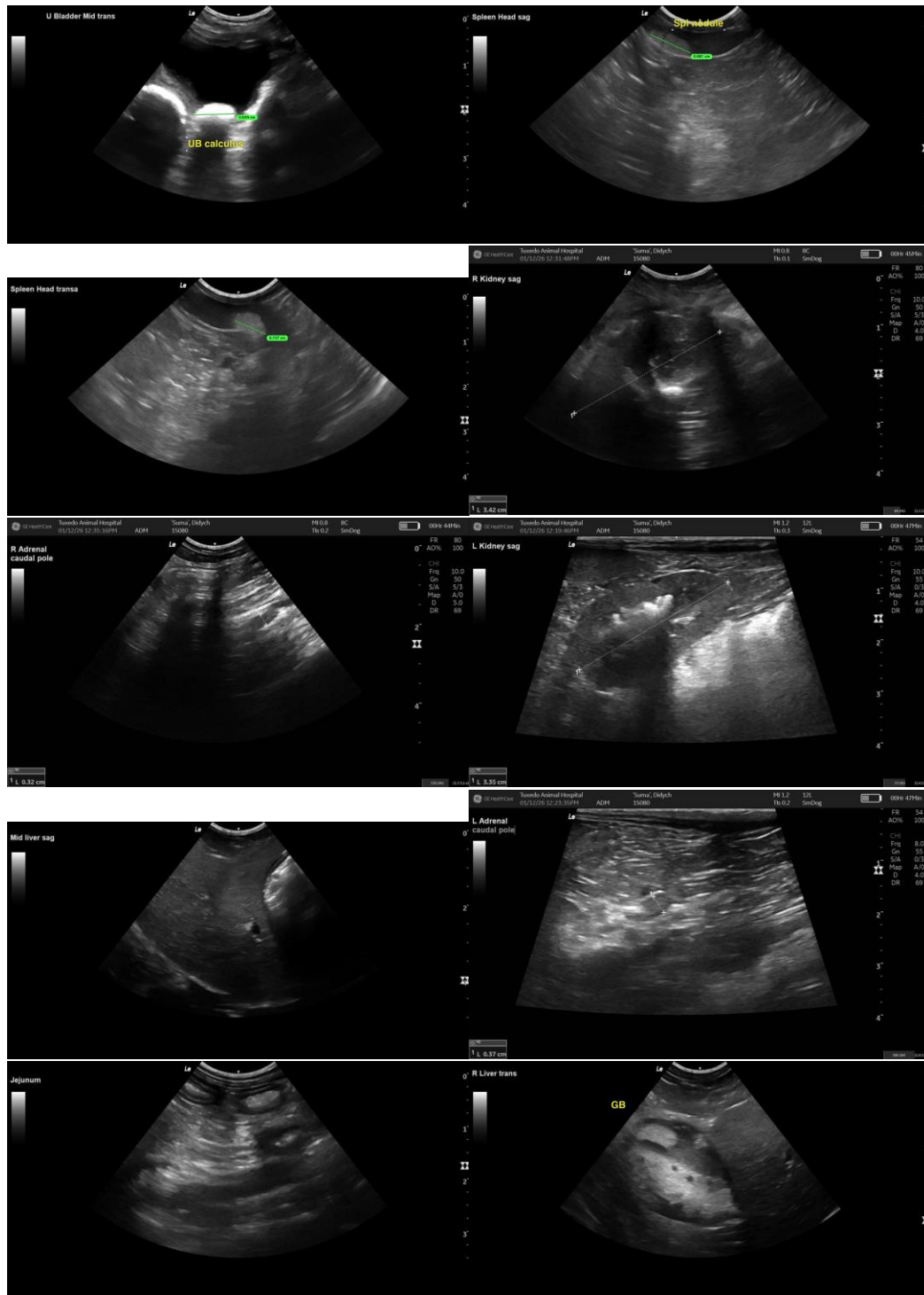
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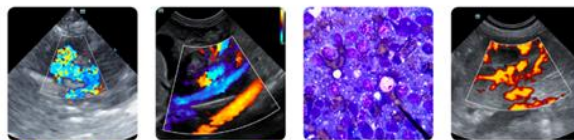
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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[info@sonopath.com](mailto:info@sonopath.com)

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