



PATIENT

Riggs Hrdlick

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

6y 3m

WEIGHT

75.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Richard Hovis

INVOICE

13062

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: History of IVDD, Elevated liver values at the Emergency hospital

Abnormal PE/Chem/CBC/UA Results: ALT 841 9-25-2025 at ER vet ALT 790 1-2-2026 at Dickson

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.8 cm in length. The right kidney measured 5.9 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 0.63 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position and shape measuring 0.60 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

The liver was possible borderline to mild subnormal in size with subjective adequate vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



PATIENT

Riggs Hrdlick

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

6y 3m

WEIGHT

75.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Richard Hovis

INVOICE

13062

DATE

1/13/26

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

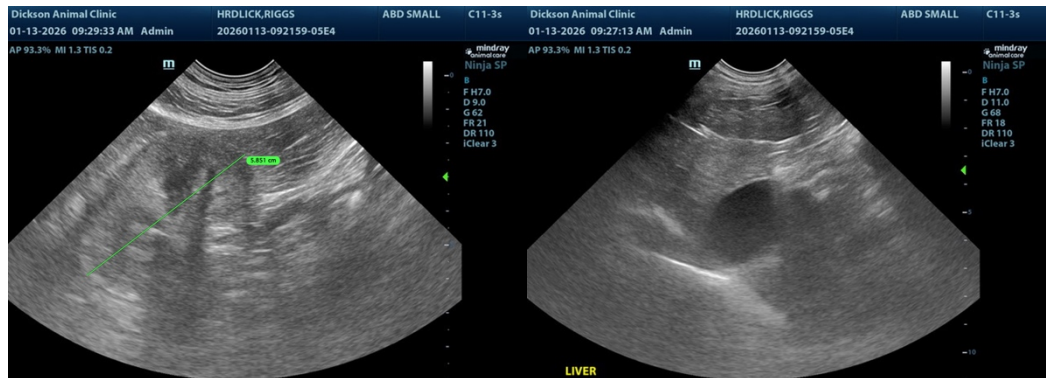
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting potential borderline to mild subnormal liver size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria yet nonspecific. Considerations may include inflammatory, infectious, immune-mediate hepatopathy, hepatotoxicosis, i.e. copper, or other inflammatory disease given elevated ALT. NO obvious intrahepatic or extrahepatic macroscopic shunt. Further assessment may include, assuming normal clotting status and if accessible, FNA cytology and +/- leptospirosis titer/PCR. Baseline acid profile could be considered if evidence of hepatic dysfunction. Definitive diagnosis would require hepatic biopsies for histopathology and copper assessment. Hepato-supportive medications including Denamarin, Vitamin E and Ursodiol given its antioxidant and immunomodulatory effects within the liver may be beneficial.





PATIENT

Riggs Hrdlick

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

6y 3m

WEIGHT

75.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

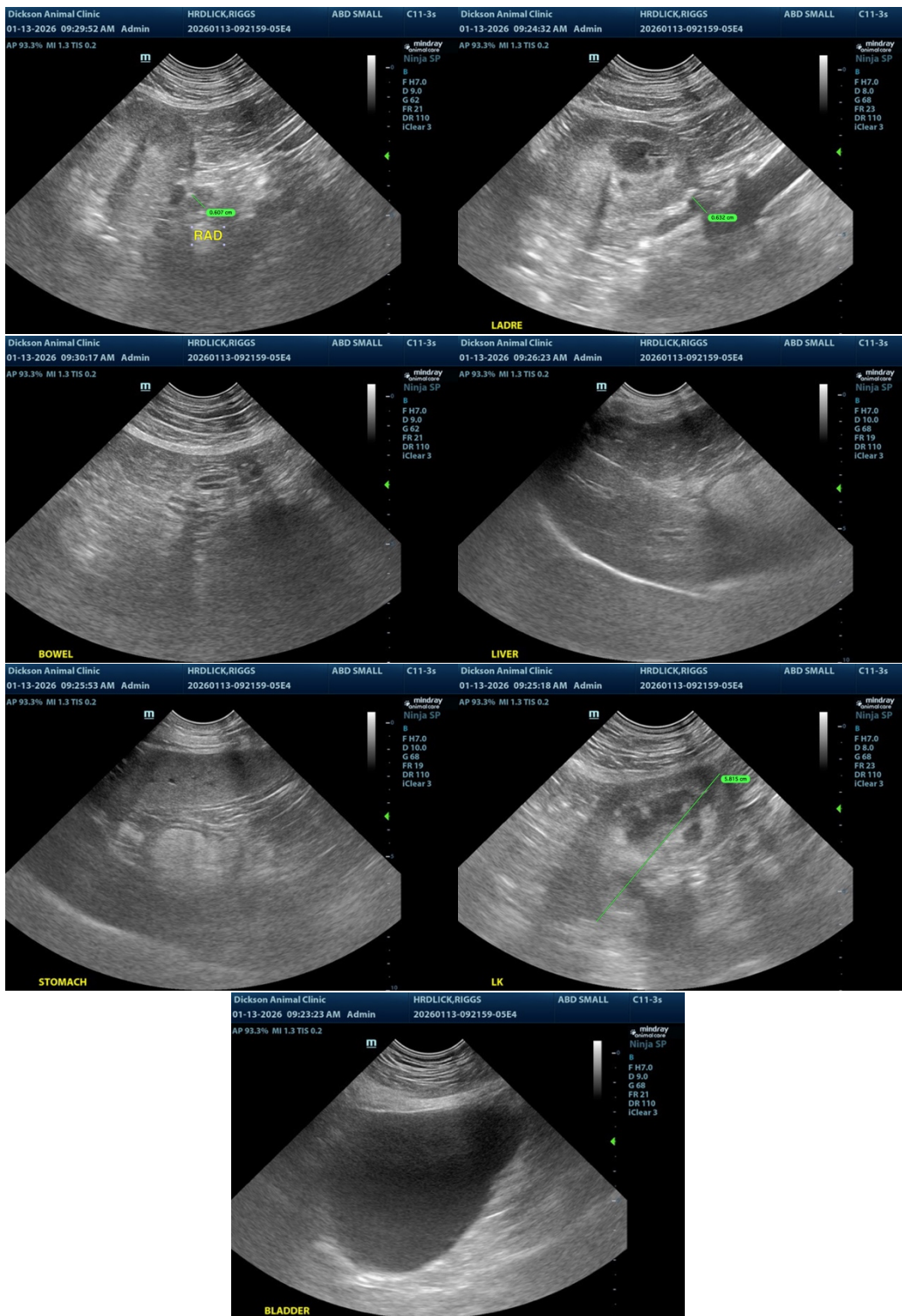
Richard Hovis

INVOICE

13062

DATE

1/13/26





PATIENT

Riggs Hrdlick

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

6y 3m

WEIGHT

75.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Richard Hovis

INVOICE

13062

DATE

1/13/26

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