



PATIENT

Zipporah Mackey

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

11

WEIGHT

98.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Vicki Dashley

INVOICE 23542

DATE
01/14/2026

PRESENTING CLINICAL SIGNS

Chronic liver value elevation. Most recent lab work from 12/26/25 showed: glob 4.2 (from skin infection/abscess?) alpk 743 (was 1533) USG 1.018, 2+ proteinuria, rare cocci, 1+ epi cells 4dx neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 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 7.7 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left/ right adrenal glands were indistinctly visualized. The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.80 cm width at the caudal pole. The right adrenal gland subjectively measured 0.77 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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent, non-organized debris. 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 lumen gas and 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.



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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

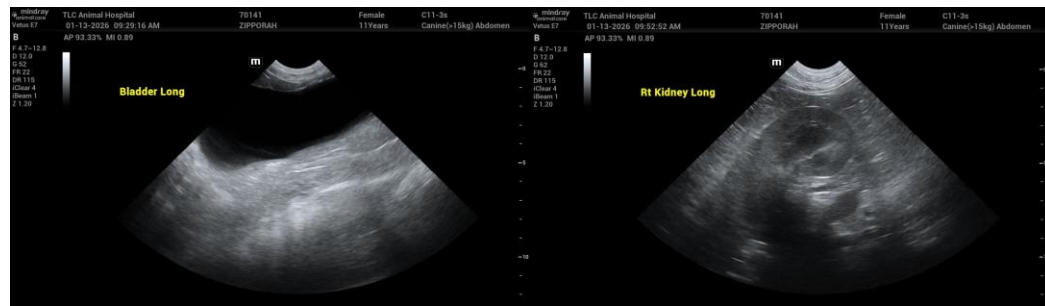
Primary

- Hepatopathy - sonographically consistent with benign hepatopathy and suggestive of vacuolar hepatopathy criteria
- Mild non-organized gallbladder debris
- Mild age related renal changes
- Indistinctly visualized yet overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a mild geriatric abdomen without evidence of significant visceral pathology. Assuming the patient is non-clinical for hepatic disease, hepatosupportive medications and monitoring would be reasonable.

Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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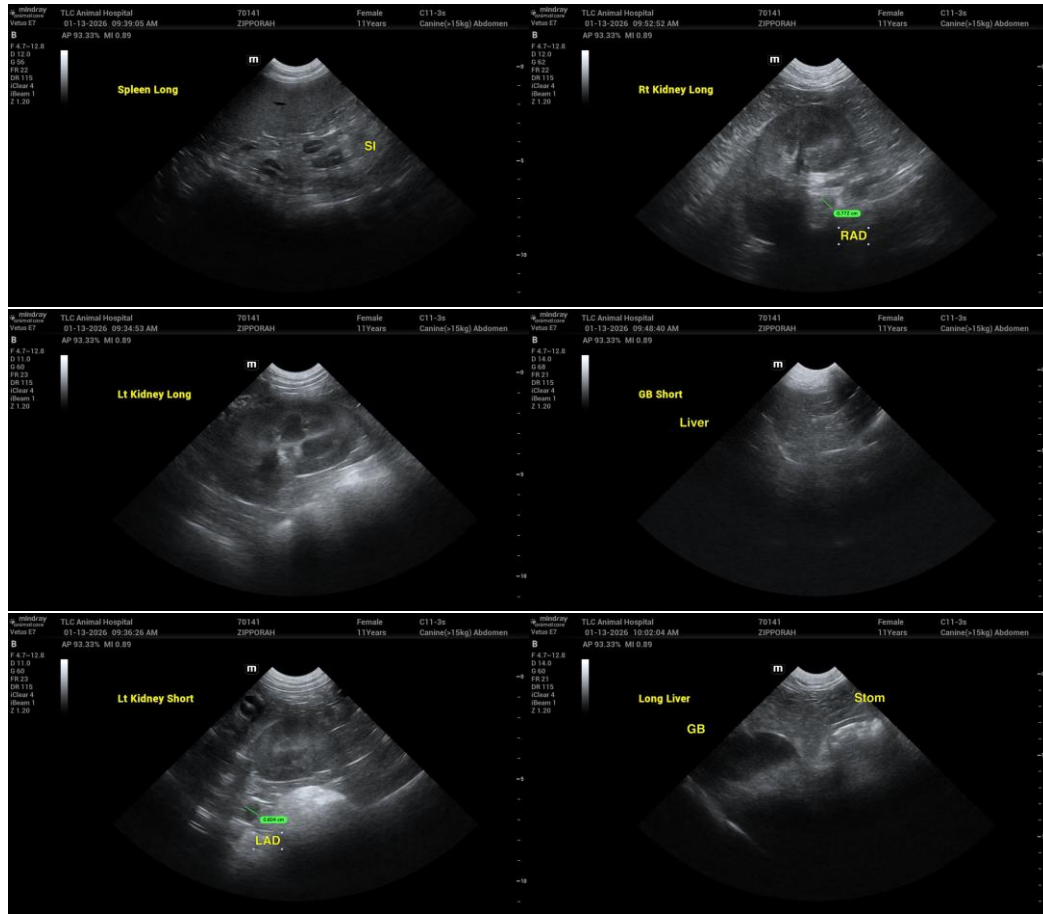
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com