



## PATIENT

Soli Badra

## SPECIES

Canine

## BREED

Peke/Poodle Mix

## SEX

MN

## AGE

11

## WEIGHT

12.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Sharkaway

## INVOICE

23565

## DATE

01/14/2026

## PRESENTING CLINICAL SIGNS

Collapsed twice head pressing circling sometimes panting

Abnormal PE/Chem/CBC/UA Results: Bw- severely elevated ALT, mildly elevated ALPK, GGT PT-16 PTT-115 random Bile acids - 40 Bile acids test - pending to be done after fasting UA- pending OULenticular sclerosis Urine spgr-1.016

## 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 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. Mild left kidney pyelectasia was present. Bilateral areas of medullary mineral to non-obstructive renoliths were present. The left kidney measured 3.7 cm in length. The right kidney measured 4.4 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 0.56 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### 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 mildly enlarged with symmetrical to mild areas of asymmetrical hepatic capsule contour. Heterogeneous parenchyma exhibiting intermittent subtle hypoechoic to non-homogenous intraparenchymal nodules was present, an example measured 1.2 cm in diameter. Lobar biliary tree mineralization was present. Color doppler assessment of the mid to right liver lobes exhibited subjective adequate vascular volume.

The gallbladder was non-distended in size with indistinct yet mild thickened hypoechoic gallbladder wall containing mild non-organized bile sediment. The common bile duct was not definitively visualized.



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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

- Normal urinary bladder - no evidence of mineral /calculi.
- Bilateral renal medullary mineral /renoliths
- Mildly enlarged non-homogenous subtle nodular liver exhibiting lobar biliary tree mineralization.
- Non-distended mildly thickened gallbladder with mild non-organized bile sediment- not consistent with mature mucocele.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intrahepatic or extrahepatic macroscopic shunt was not overtly present. Chronic non-specific inflammatory hepatic disease in conjunction with severely elevated ALT and biliary tree mineralization, portal hypoplasia /microvascular dysplasia, or other hepatopathy possible. Correlation with pending bile acid testing is recommended.

If significantly elevated postprandial bile acid, advanced imaging for further assessment would be indicated. Assuming normal clotting status, using 25ga needle, hepatic FNA cytology is warranted, primarily to assess for inflammatory cell type.

Pending additional diagnostics, some or all of the following protocol may be considered.

Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, Lactulose (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a high-quality protein supplement of minor amount of yogurt or cheddar cheese. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAME and nutraceuticals as needed. Ursodiol (10-15 mg/kg p.o. q24h) can be considered as hepatoprotectant and to enhance bile flow. Zinc serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day.



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Gastrointestinal protectants are recommended if the patient is anorexic.

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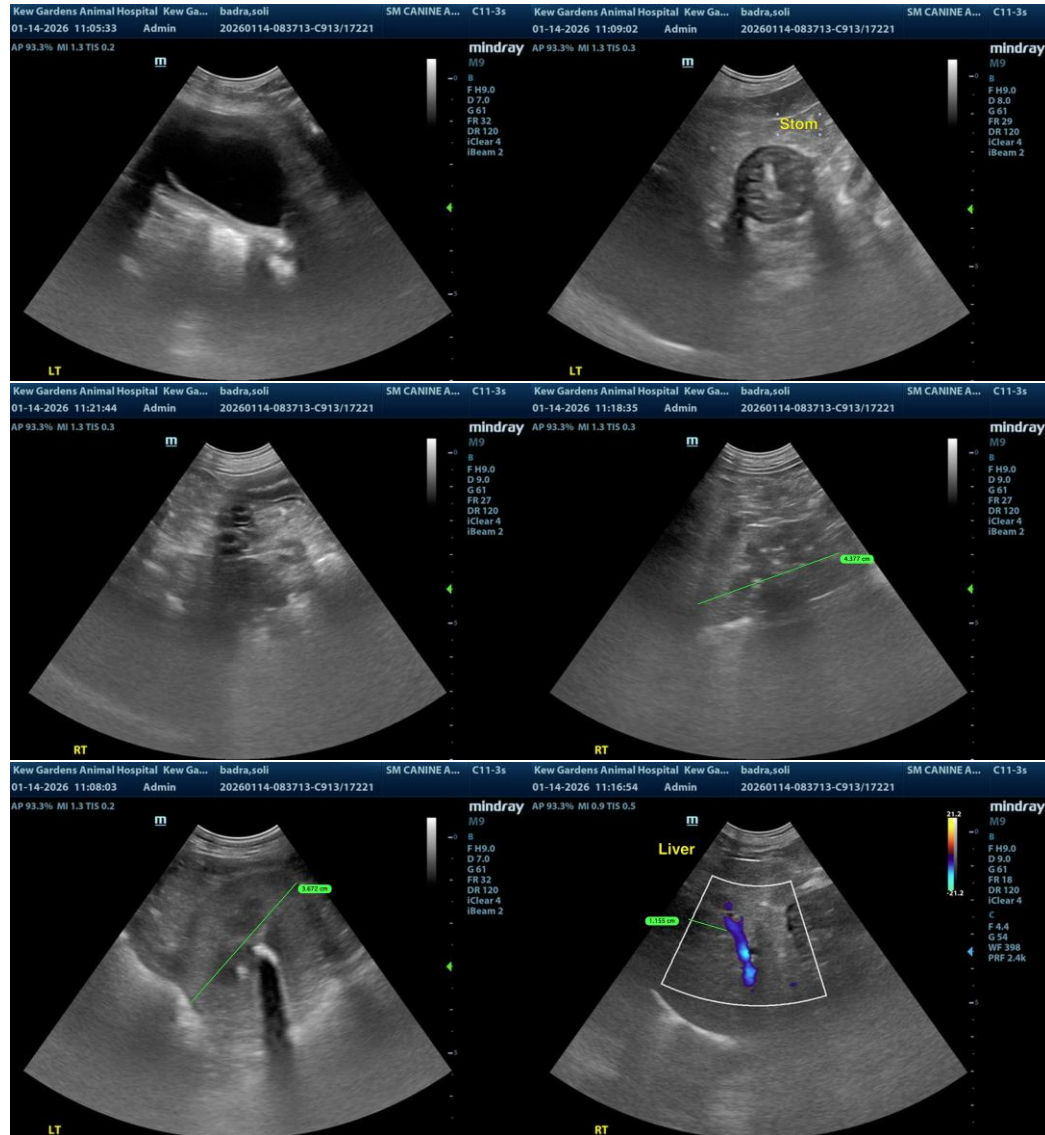
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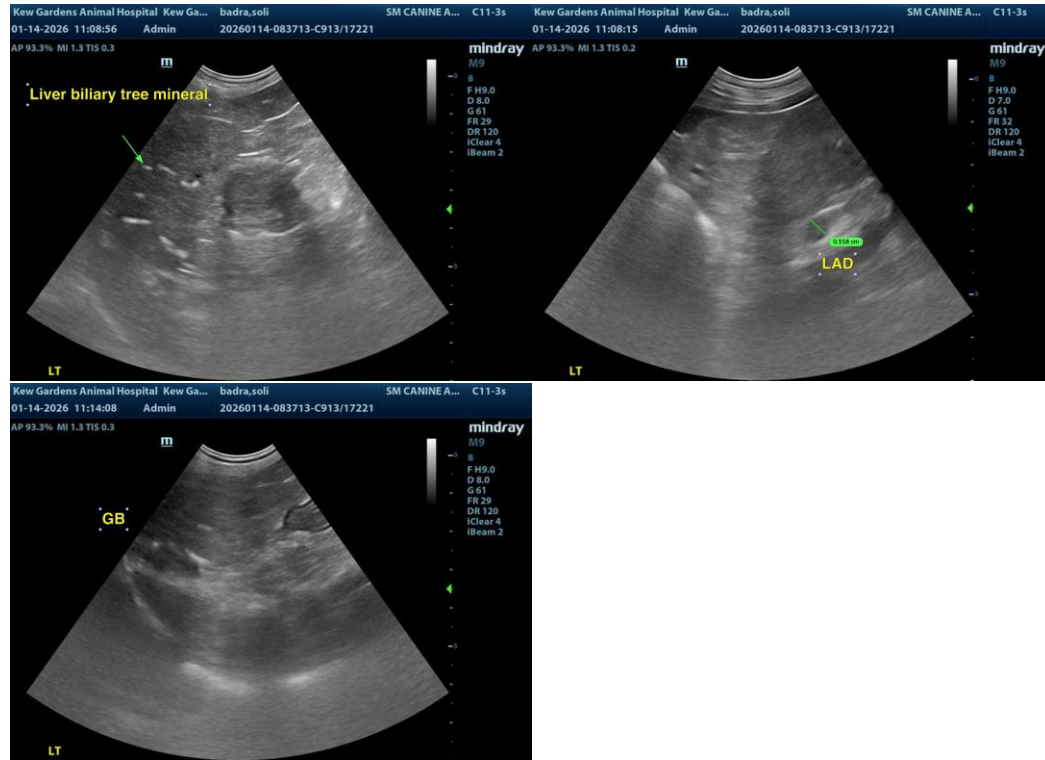
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)