



PATIENT

Callie Mingey

SPECIES

Canine

BREED

Pointer Mix

SEX

FS

AGE

2yr

WEIGHT

17.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

23577

DATE

01/16/2026

PRESENTING CLINICAL SIGNS

Patient is generally on hydrolyzed diet. owner added venison two months ago. patient vomited today - once, then took a small break and vomited multiple times in a row (bile). patient receives an allergy shot sometimes as well (not since November though has she had it)

Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense on palpation. No overt organomegaly appreciated Bloodwork: CBC. hemoconcentration Chemistry. ALT 1226, glucose 142, total protein 5.4, cholesterol 324, total bilirubin 0.7 EPOC. NSF Radiographs. owner declined Other: CpLi. normal Leptospirosis SNAP. negative

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 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 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 presented normal in size. The hepatic parenchyma revealed mild diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was normal.



PATIENT

Callie Mingey

SPECIES

Canine

BREED

Pointer Mix

SEX

FS

AGE

2yr

WEIGHT

17.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

23577

DATE

01/16/2026

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 or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.7 cm x 0.85 cm.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy - subjectively acute.
- Mild edematous gallbladder.
- Empty gastrointestinal tract.
- Intermittent mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the acute hepatopathy presentation and mild gallbladder wall edema is probable acute hepatitis (viral, bacterial, Leptospirosis, toxin) in conjunction with ALT elevation. Additional differentials may include anaphylaxis or occult infiltrative hepatic neoplasia which is thought less likely. Further assessment may include assuming normal clotting status, hepatic FNA cytology to assess for inflammatory cell type +/- leptospirosis titer / PCR. Leptospirosis considered less likely given negative initial testing.

Empirical therapy for non-specific acute hepatitis with gastrointestinal support and clinical monitoring would be appropriate. Sonographic reassessment if progressive hepatopathy or gastrointestinal signs is recommended.



PATIENT

Callie Mingey

SPECIES

Canine

BREED

Pointer Mix

SEX

FS

AGE

2yr

WEIGHT

17.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

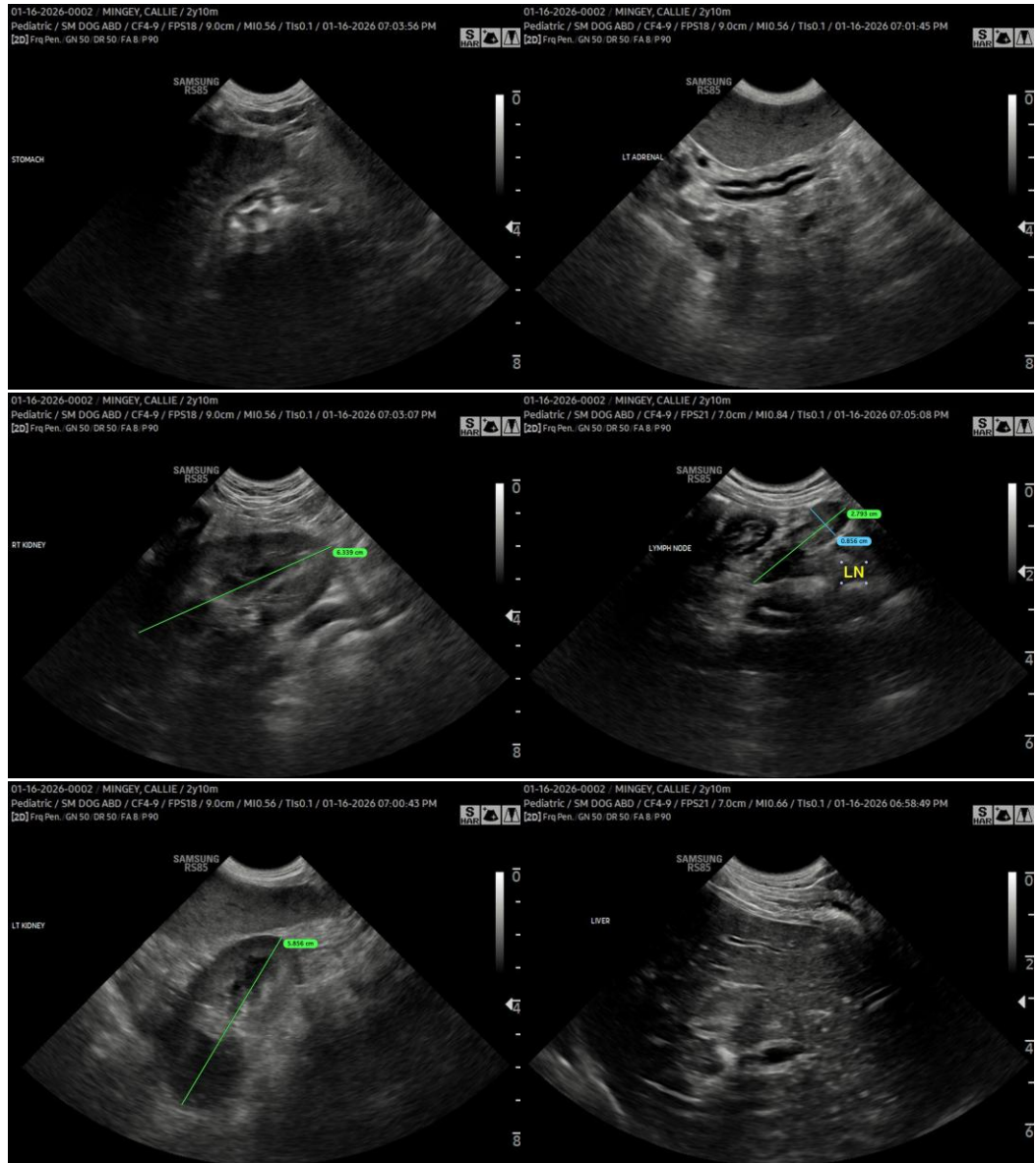
Dr. Kuzimski

INVOICE

23577

DATE

01/16/2026





PATIENT

Callie Mingey

SPECIES

Canine

BREED

Pointer Mix

SEX

FS

AGE

2yr

WEIGHT

17.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

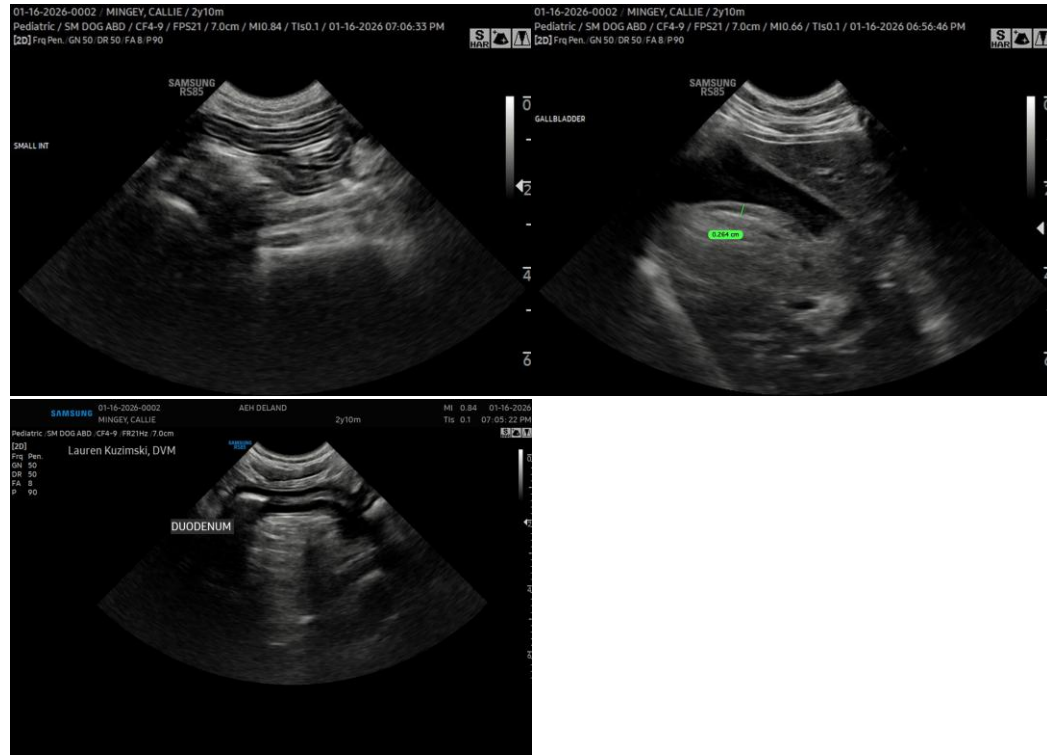
Dr. Kuzimski

INVOICE

23577

DATE

01/16/2026



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