

PATIENT

Sadie Dresch

SPECIES

Canine

BREED

Pit Mix

SEX

FS

AGE

7yr

WEIGHT

28.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE 23588

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Presents as a transfer for abdominal ultrasound to further investigate liver enzymopathy diagnosed on bloodwork. PC: RH lameness with inability to walk at home with one day history of lethargy and anorexia Other: was treated with 30 day course of doxycycline for lyme, and prednisone for thrombocytopenia (suspected IMTP)

Abnormal PE/Chem/CBC/UA Results: Toe touching lameness RH with tarsal swelling, distal nonpitting edema Cranial organomegaly Febrile 103.4 From rDVM/urgent care 1/18/26 CBC: Hct 43.1, WBC 11.73, Lym 0.18 L, Mon 0.11 L, Neu 10.9, Plt 220 Chem15: ALP 677 H, ALT 798 H, GGT 87 H, Chol 324 H, EPOC: NSF Rads, extremities: soft tissue swelling over RH hock Lepto snap: negative

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 mild non-dependent particulate sediment. 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 6.8 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

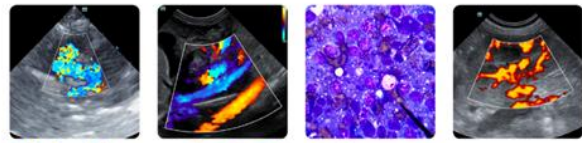
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was indistinctly visualized. The right adrenal gland subjectively measured 0.54 cm width at the caudal pole.

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 presented mild to moderately 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. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. A non-obstructive cholelith in the dependent to caudal lumen measuring 1.6 cm in diameter was present. The cystic and common bile ducts were normal.

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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.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Non-obstructive cholelith
- Normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is sonographically consistent with benign criteria, including vacuolar or cholestatic hepatopathy, inflammatory, infectious, or immune mediated disease, hepatopathy secondary to recent medication, hyperplasia, hepatotoxicosis, or other all potentials. No sonographic evidence of hepatic neoplastic criteria which is considered less likely.

Hepatosupportive medications, including Denamarin and ursodiol, if tolerated may prove beneficial. Hepatic biopsies likely required for definitive diagnosis.

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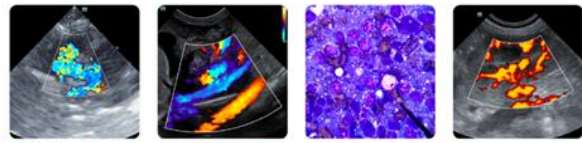
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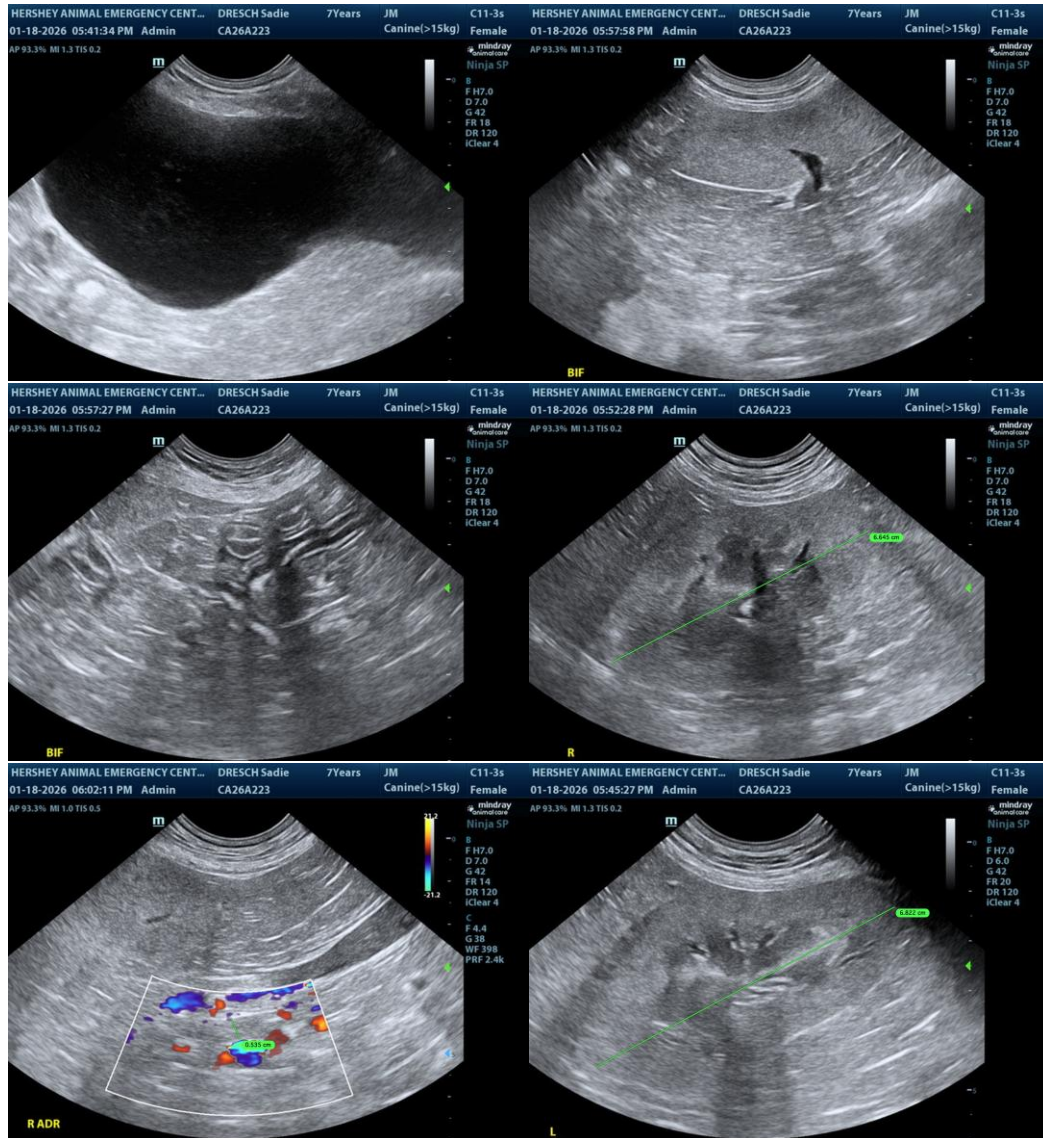
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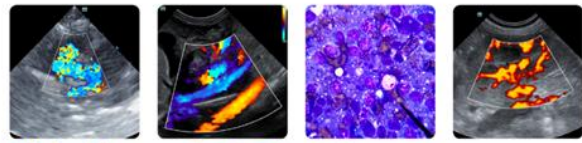
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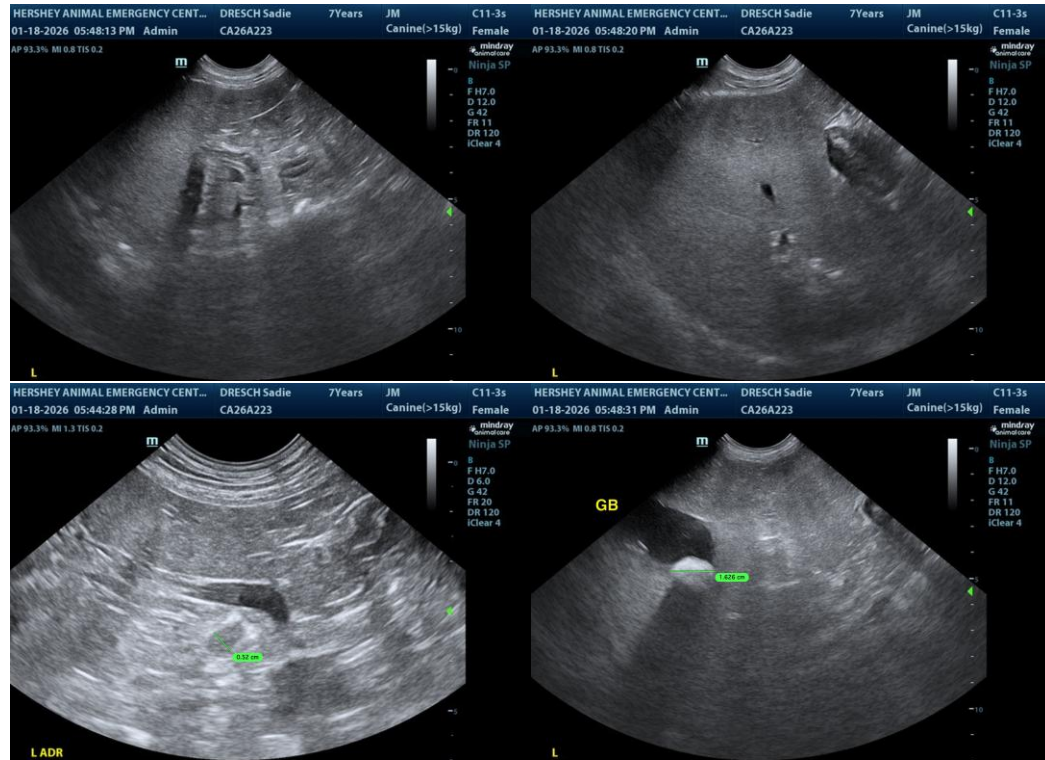
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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