



PATIENT

Dusty Wright

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

12yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q St Animal Hospital

REFERRING VET

Dr Hurff

INVOICE
23627

DATE

01/19/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- Back pain, soft stools - fecal negative
- ABNORMAL Labwork Values
- Previous liver value elevations
- Current BW with elevated - ALT 158 (18-121), ALP 1210 (5-160), Lipase 292 (0-250), Anion gap 28 (11-26)
- Current Medications
- Galliprant

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 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was mildly enlarged in size; the right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in 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 subjectively mildly 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 congestion. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to



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interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

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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 contained segmental non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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Intact normal to mildly thickened colon wall, exhibiting segmental empty lumen and concurrent segmental, semi-formed to soft fecal matter and gas. The descending colon wall measured 0.36 cm in width.

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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

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- Hepatopathy - subjective benign
- Immature gallbladder mucocele
- Age related adrenal glands with mild left adrenomegaly
- Mild chronic renal changes
- Colitis pattern with sonographically unremarkable stomach and small intestine

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Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adrenal workup warranted if clinical signs consistent with Cushing's syndrome are present. Hepatosupportive medications with monitoring of hepatic parameters and as needed sonographic reassessment of the gallbladder if evidence of progressive cholestasis, hepatic inflammation or cranial abdomen/ subxiphoid discomfort on palpation is recommended.

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Dietary trial with possible long-term dietary therapy, high colony count probiotics (Provable) and empirical deworming despite negative fecal testing may prove beneficial.

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No evidence of abdominal neoplastic criteria.

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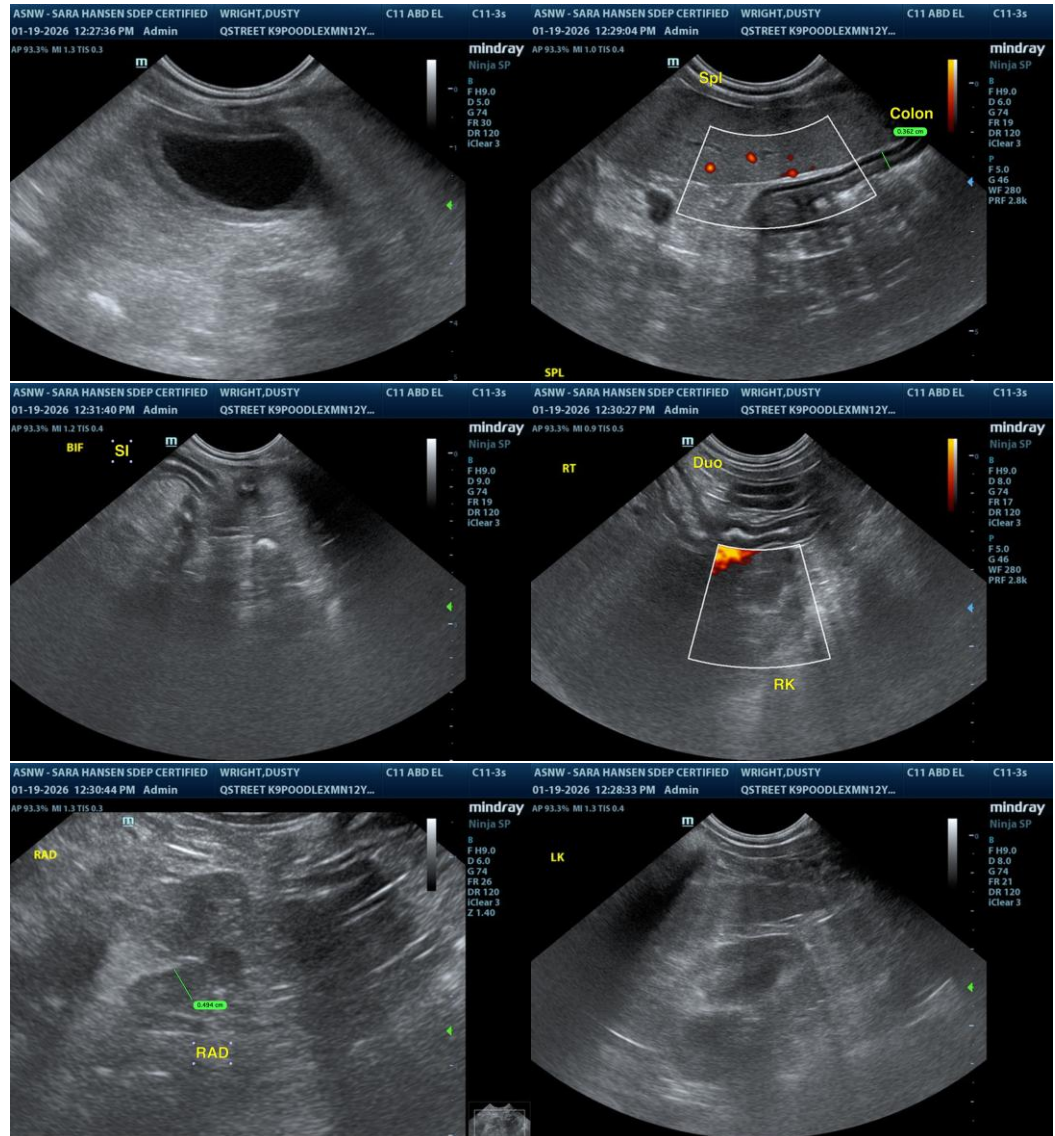
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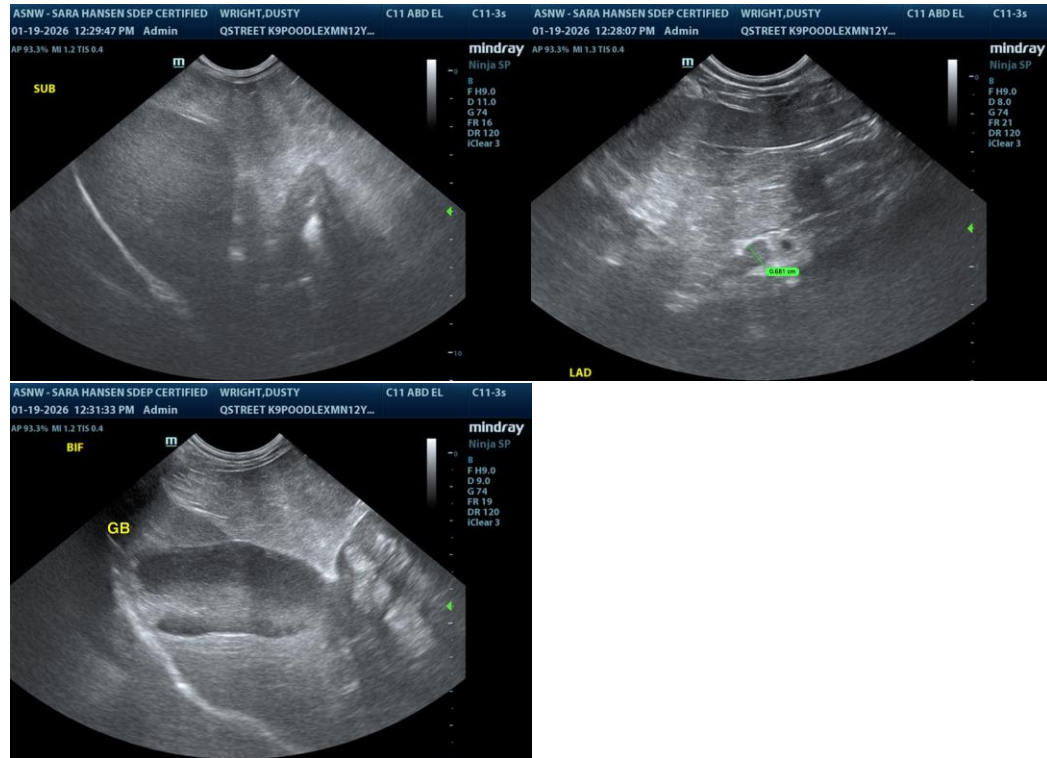
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com