



PATIENT

Jasper Martens

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

7.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Cody Creelman

INVOICE

13257

DATE

01/19/26

PRESENTING CLINICAL SIGNS

- Elevated liver values on last two annual labs. Slightly trending down on most recent labs. No reports of VD. Eating well. Not on medication no reports of increased thirst.

Abnormal PE/Chem/CBC/UA Results: Alt 275 Alp 532 CBC unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal to intermittent to nondependent hyperechoic urine sediment to suspended mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Bilateral focal mild medullary mineral to nonobstructive renoliths were present with no evidence of pyelectasia. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole.

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

Spleen

The splenic 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 or neoplastic changes were not noted. Hyperechoic perihilar parenchyma consistent with benign criteria with potential for emerging perihilar parenchymal mineralization or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with symmetrical contour and variable heterogeneous hepatic parenchyma exhibiting moderate coarse echotexture and indistinct portal vascular borders with normal vascular volume. No masses or nodules were evident.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. Moderate congealed hyperechoic to subtle shadowing debris as well as nondependent nonorganized gallbladder debris was visualized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present. The common bile duct was not 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 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Variably congealed to subtle shadowing gallbladder debris with emerging immature gallbladder mucocele.
- Bilateral nonobstructive renal medullary mineral/renoliths.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is non-specific yet suggestive of benign criteria. Considerations may include chronic vacuolar or non-obstructive cholestatic hepatopathy, inflammatory/immune-mediated or infectious disease, hyperplasia, hepatotoxicosis, i.e. copper or other with hepatic neoplasia considered less likely.

Further assessment may include hepatic FNA cytology (assuming normal clotting status). No overt adrenal pathology as a contributing factor. A definitive diagnosis would require hepatic biopsies for histopathology.

Hepatosupportive medications, including Denamarin and Ursodiol with monitoring and as needed sonographic reassessment of the gallbladder, if evidence of progressive cholestasis, would be more conservative. Urinalysis, +/- screening culture/sensitivity or UPC level, if clinically indicated, is recommended.



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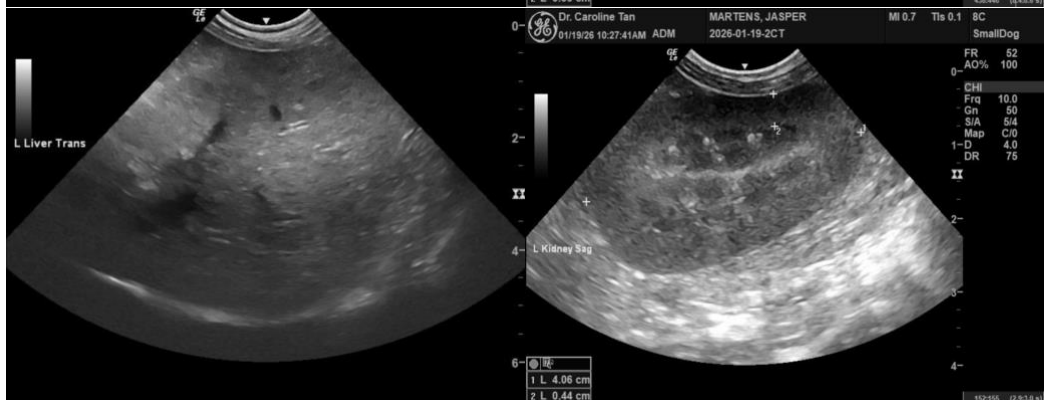
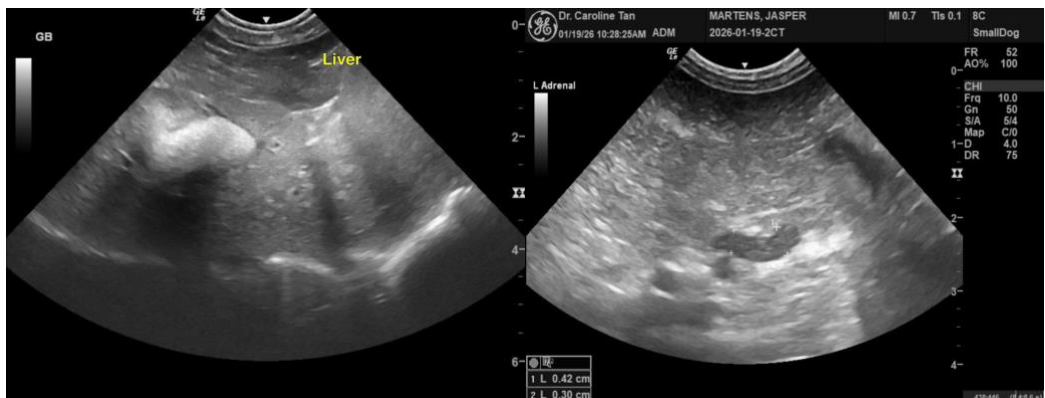
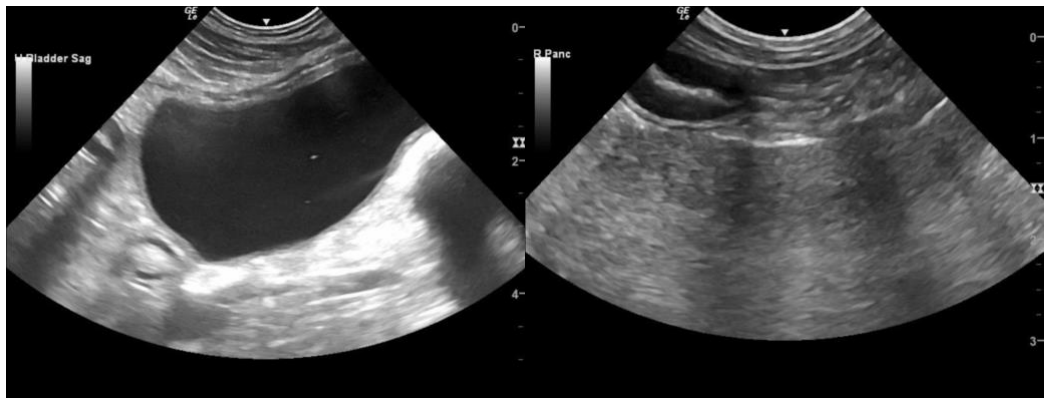
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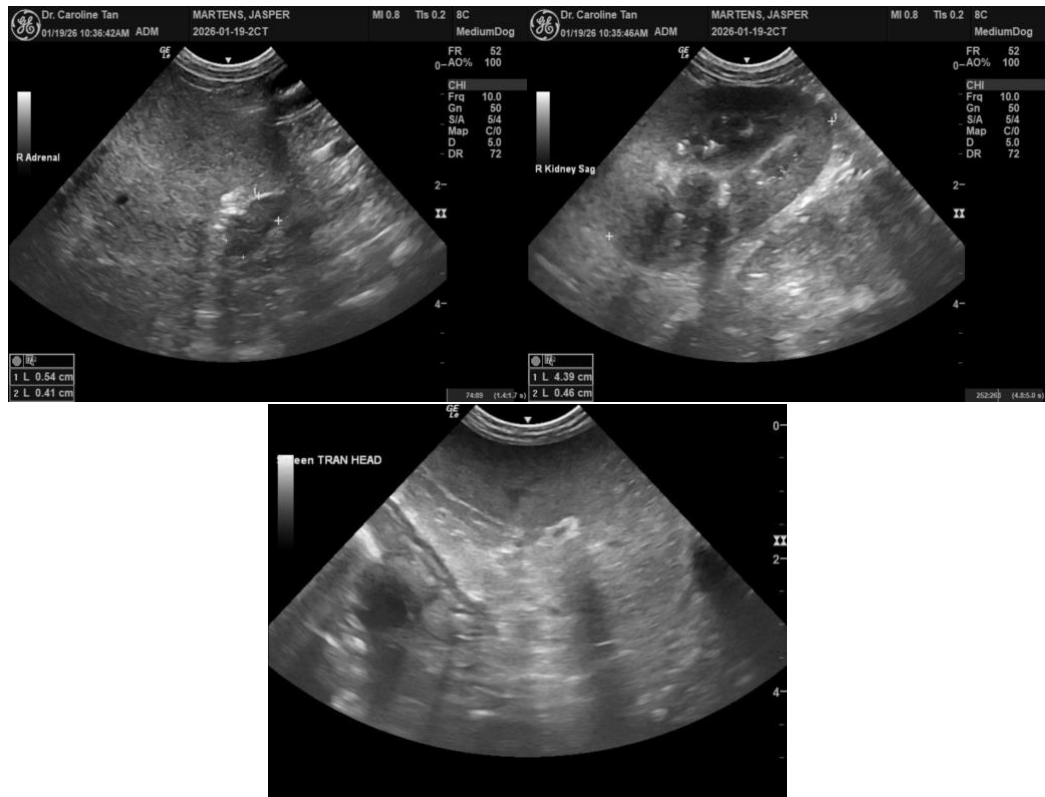
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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