



## PATIENT

Honey Badger Dignan

## SPECIES

Canine

## BREED

Pomeranian Mix

## SEX

Spayed Female

## AGE

14 Years 1 Month

## WEIGHT

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Firefly Veterinary  
Urgent Care

## REFERRING VET

Dr. Gina Watzka DMV

## INVOICE

12925

## DATE

01/02/2026

## PRESENTING CLINICAL SIGNS

AUS to further evaluate persistent and progressive elevated liver values since 9/20/2025, despite use of Denamarin - have fluctuated up and down; seems asymptomatic for LES elevation, weight stable, BAR. Just started regurgitating some by possible reaction to anesthesia from bilateral enucleation last night. Hx of Carcinoma (RF toe). PMH: full mouth extractions (4 yrs prior), RF toe Carcinoma - complete excision, draining LN excision was advised but not preformed. Cataracts developed 9 mos ago, glaucoma 1 month ago. Historically blind. Meds: Clavamox - 62.5 mg PO q12h (started 1/1/26), Gabapentin 50 mg PO q8h (started 1/1/26), Denamarin Advanced (30mg/9mg) - 1 PO q24h

Abnormal PE/Chem/CBC/UA Results: Diagnostics: 9/20/25: ALT 266 10/2/25: ALT 268 - started Denamarin 12/13/25: ALT 971, ALP 203, GGT 15, tbili 0.2 12/19/25: ALT 339 1/1/26: ALT 767, tbili 1.1, ALP 126, GGT 2, PT 14 (WNL), PTT 110 ( URL 102, ~7% prolonged) \*\*had bilateral enucleations performed due to glaucoma secondary to cataracts\*\*, chest rads no overt pulmonary metastasis noted

## 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 no uroliths or sediment. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.45 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the caudal pole.

### Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma and area of indistinctly marginated mild hyperechoic parenchyma in the cranial spleen measuring 1.3 cm in diameter and is most consistent with benign criteria i.e. indistinct myelolipoma. No evidence of splenic neoplastic criteria.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

### **Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained nonshadowing to focally shadowing ingesta without overt evidence of obstruction to pyloric outflow. Area of focally shadowing ingesta measured 1.7 cm in diameter.

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 pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Chronic hepatopathy with parenchymal remodeling.
- Nonorganized gallbladder debris (non-mucocele).
- Variably shadowing gastric ingesta.
- Chronic pancreatitis pattern with parenchymal remodeling.
- Subtle regional hyperechoic splenic parenchyma- subjective benign.
- Bilateral chronic renal changes exhibiting mild medullary mineral.
- Normal bilateral adrenal glands.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Nonspecific chronic hepatitis with potential for nonobstructive cholestasis is favored in conjunction with primarily elevated ALT and without evidence of posthepatic obstruction. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered to assess for inflammatory cell type. No overt evidence of hepatobiliary or intra-abdominal neoplastic criteria. A spec cPL could be considered if clinical signs consistent with chronic pancreatitis are nonreported or arise. If tolerated, Ursodiol trial in combination with current Denamarin may prove beneficial.

Correlation with most recent meal ingestion is recommended. A small nonobstructive shadowing gastric foreign body is thought less likely, however, if reported fasted, documented 12-hour NPO and sonographic reassessment of the stomach is suggested.



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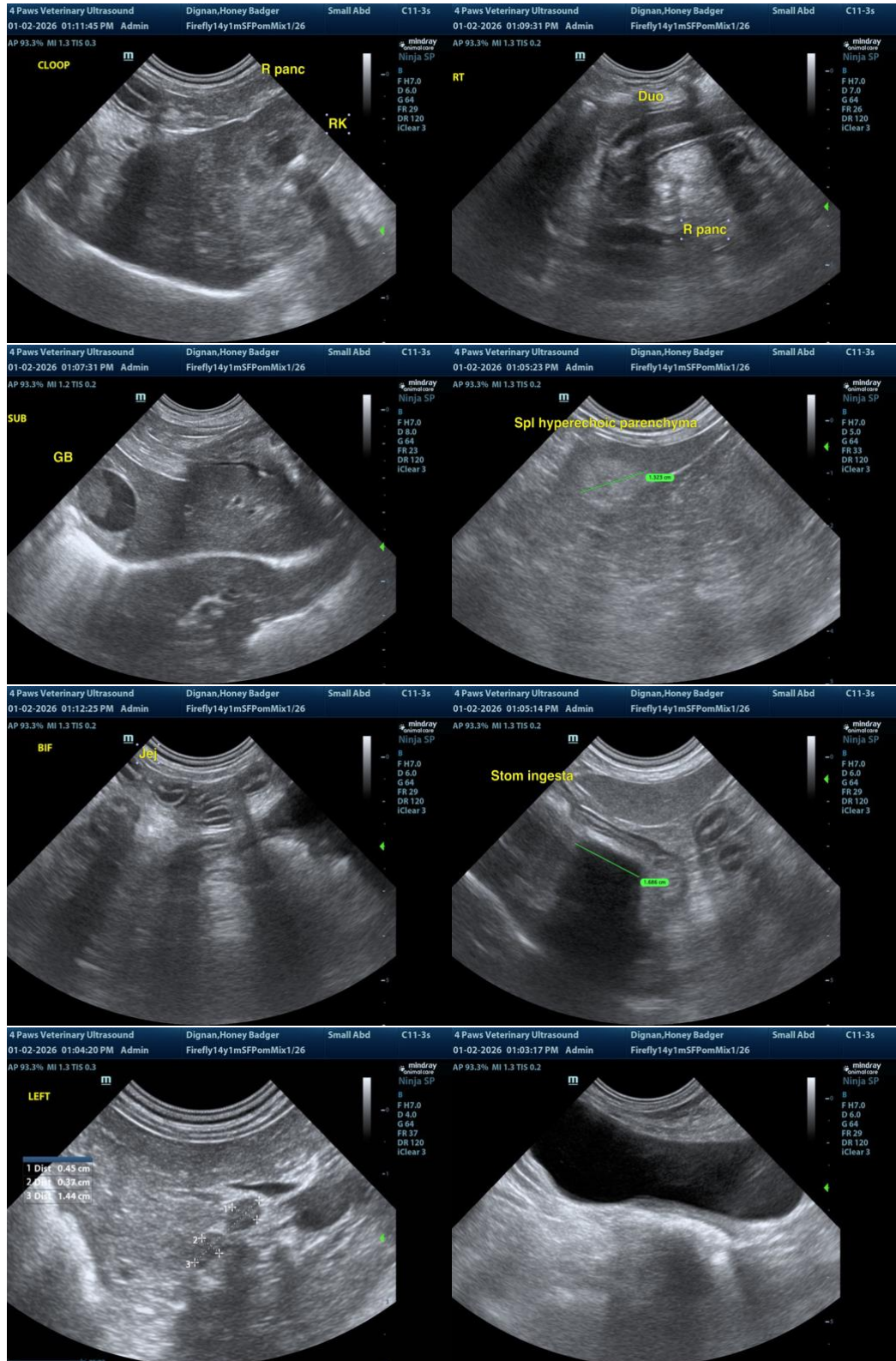
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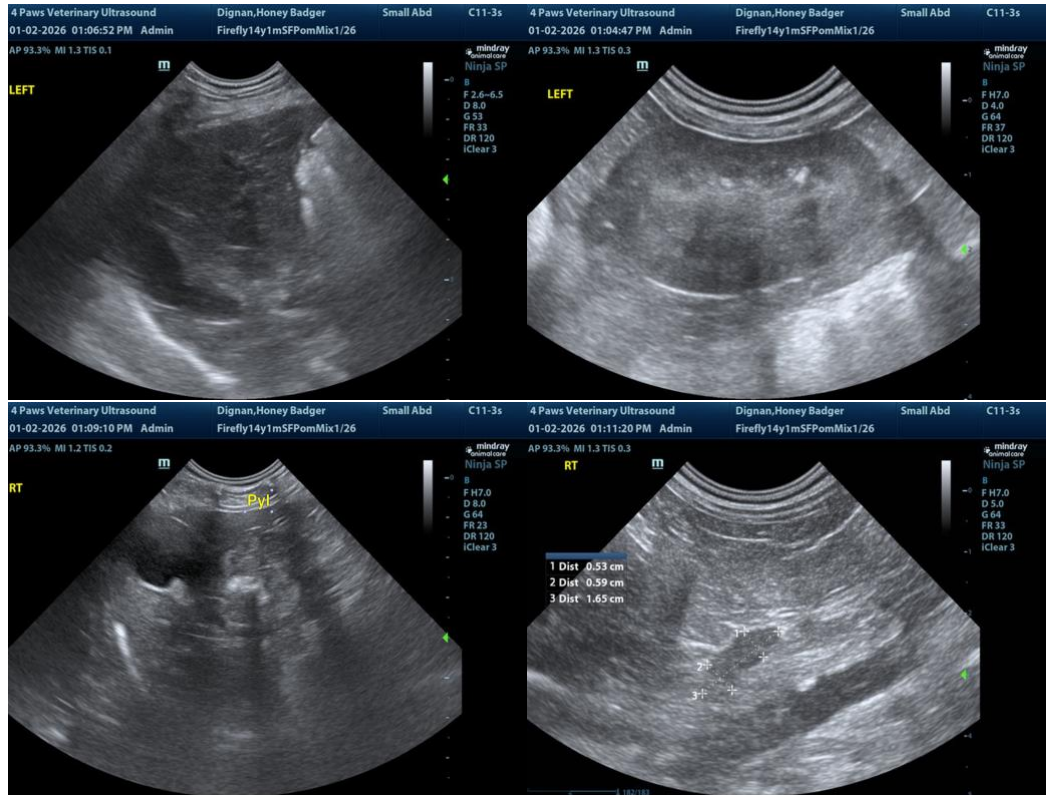
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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