



## PATIENT

Charli Schmidt

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

9

## WEIGHT

25.6

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Schiess

## INVOICE

13416

## DATE

01/27/26

## PRESENTING CLINICAL SIGNS

- acute onset HGE elevated LE suspect emerging Cushing's dz vs cholangiohepatitis
- Current meds IVF PLYte Metro Panto Cerenia

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem ALT 154 ALP >2000T bili 1.1 Glob 4.9 Alb 4.1 remainder WNL

## 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.

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 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 4.4 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 0.59 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 0.62 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 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### 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.

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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 ileus, obstruction or foreign material.

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The colon walls presented intact yet mild thickened wall layering. Semiformed to soft fecal matter was present in the colon 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.

**AGE**

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy- suggestive of benign criteria, vacuolar/nonobstructive cholestatic hepatopathy, inflammatory disease, hyperplasia, occult neoplasia thought less likely.
- Nonorganized gallbladder debris (non-mucocele)- no evidence of posthepatic stasis or obstruction.
- Normal gastrointestinal tract with mild colitis pattern.
- Normal pancreas.
- Mild age-related renal changes.
- Normal bilateral adrenal glands.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adrenal workup is indicated if clinical signs are consistent with Cushing's syndrome despite lack of adrenomegaly or pathology. Assuming normal clotting status, hepatic FNA cytology could be considered, primarily to assess for inflammatory criteria. Hepatogastrointestinal support and empirical therapy for non-specific gastroenterocolitis with clinical monitoring and sonographic reassessment if progressive hepatopathy or non-responsive gastrointestinal signs is recommended.

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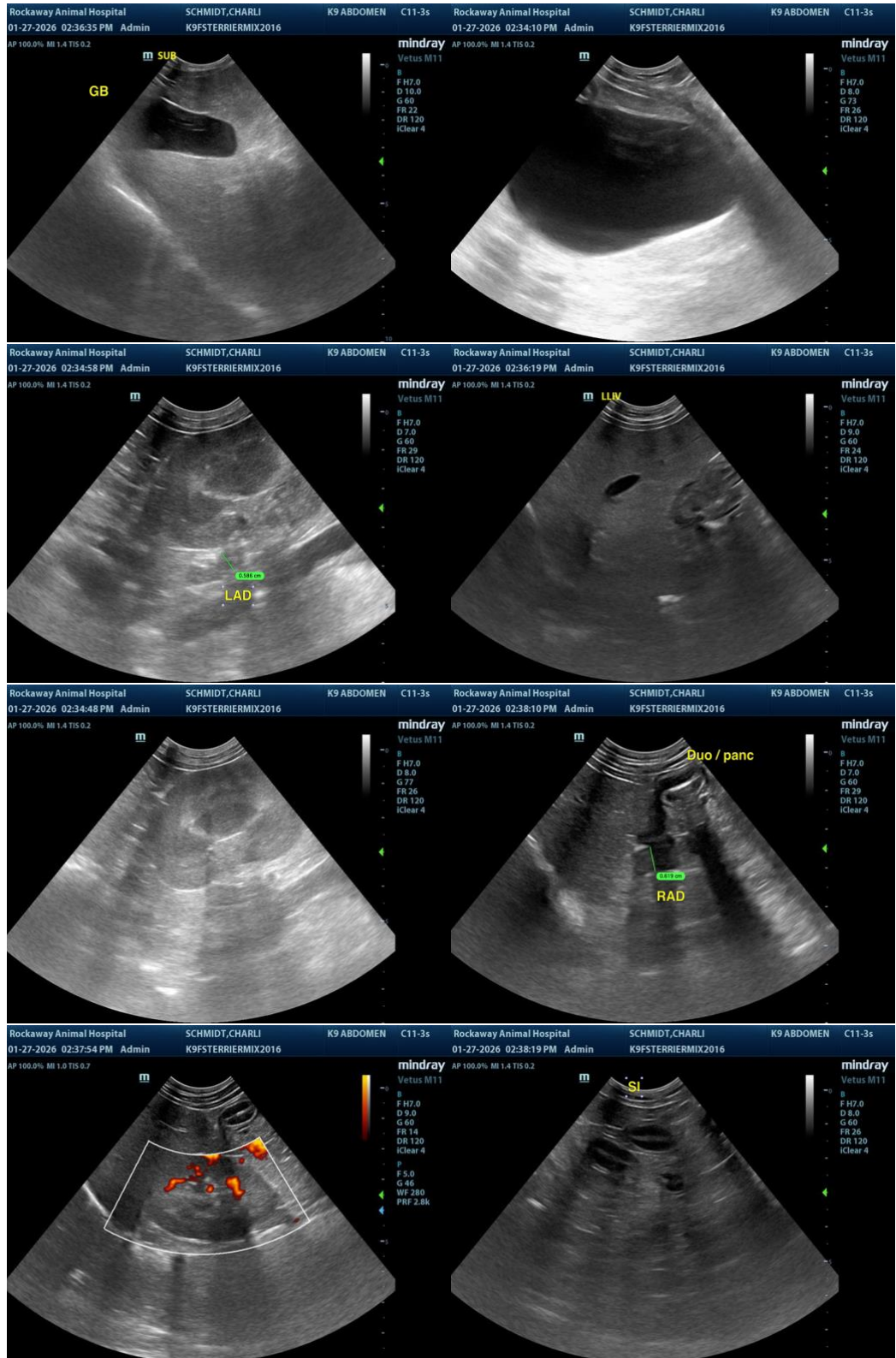
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)