



PATIENT

Blu Leblanc

SPECIES

Canine

BREED

Australian Cattle
Dog Mix

SEX

MN

AGE

3y

WEIGHT

22.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson VC

REFERRING VET

Babak Sehat

INVOICE

EaglesonVC

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Patient presented for abnormal urination (frequent and inappropriate urination) and elevated liver enzymes were found on screening bloodwork.

Abnormal PE/Chem/CBC/UA Results: Dec 17: HIGH: ALT 496 (18-121); AST 143 (16-55); TBIL 7.8 (0-5.2); Conj BIL: 3.8 (0-3.4) LOW: CHOL 2.8 (3.4-8.9); AMYLASE 296 (337-1469) UA: pH 8.5; 1+ protein; 2+ bilirubin; USG 1.017 Jan 14: Bile acids PRE: 237 (0-14.9); POST 248 (0-29.9) Coag profile: PT; PTT, PTL WNL; Fibrinogen Low 0.6 (1-4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen. Moderate dependent lumen mineral to small calculi were noted extending into the cystourethral junction. No evidence of obstruction to urine outflow. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was sonographically normal. The prostatic and proximal urethra were normal in structure and tone with focal nonabductive prostatic urethral lumen mineral to a depth of 4.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

Subjective mild swollen appearance 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 with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 6.8 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 0.36 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 0.49 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 subjective decreased mid-left liver size with potential adequate right lateral to caudate liver size to mild caudate lobar swelling. Mild to moderate, nonuniform to patchy parenchyma



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echotexture was noted. Reduced distinction and visualization of the portal structures was present. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, primarily gravity-dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without signs of 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 pancreas exhibited mild prominent size with capsule asymmetry and minor nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Minor volume peritoneal effusion was present with normal omental echogenicity. No obvious omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting nonuniform heterogeneous parenchyma and variable to decreased hepatic size
- Nonorganized gallbladder debris (non mucocele)
- Possible bilateral mild swollen kidneys
- Moderate nonobstructive urinary bladder lumen mineral
- Prominent mildly nonhomogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis/ cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. An intrahepatic or extrahepatic macroscopic shunt is of concern, given variable subnormal hepatic size, presence of urinary bladder mineral, potential swollen kidneys, and severely elevated bile acids. Further assessment may include hepatic FNA cytology, given normal clotting status, +/- Leptospirosis titer/PCR.

Definitive assessment would require Gold Standard CT with contrast and hepatic biopsies for histopathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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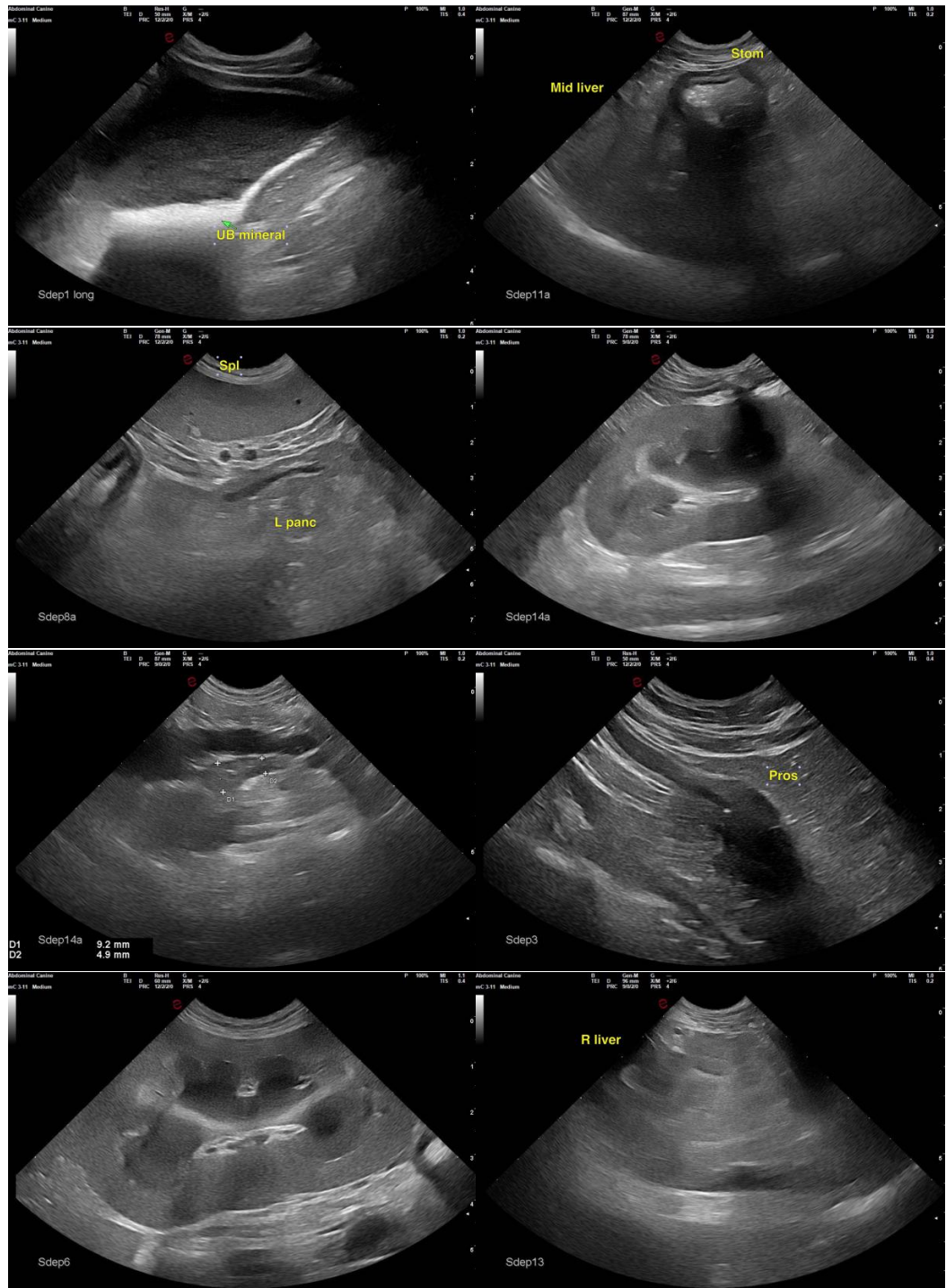
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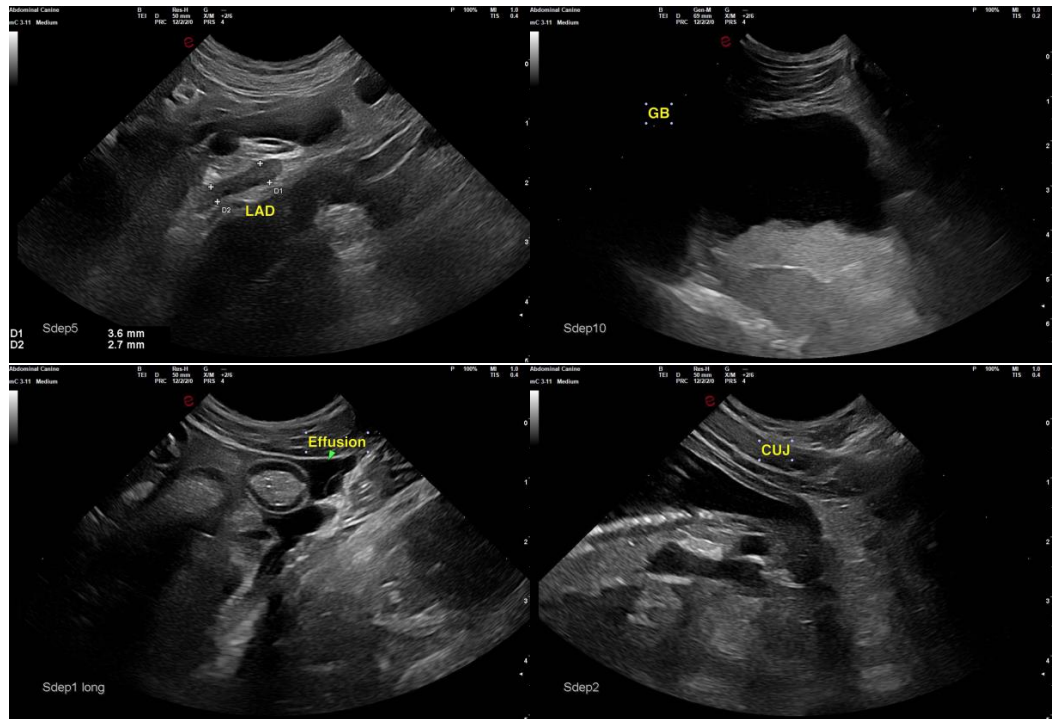
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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