



## PATIENT

Toffee Alkhudairy

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

10.26

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Gambon

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Dr. Ashley Gambon

## INVOICE

13490

## DATE

01/30/26

## PRESENTING CLINICAL SIGNS

- The patient is presenting for a 3-week history of decreased appetite and water consumption, which began around the same time as an eye infection. The patient is under the care of an ophthalmology specialist. He demonstrates interest in food but will flinch and walk away when his nose gets close to the food or water bowl. He will occasionally take a small piece of food by hand. The owner reports the patient feels significantly lighter than his previous weight of 13 lbs and has had behavioral changes, including lethargy, staring into the distance, and hiding under tables. There has been no vomiting, though he gagged once yesterday without producing anything. He had a normal bowel movement yesterday. The patient is currently receiving an antibiotic eye drop, another eye drop in both eyes, Meloxicam for osteoarthritis, CBD oil, and melatonin. Gabapentin was discontinued two days ago, and an over-the-counter antacid was discontinued yesterday. He recently finished a course of Doxycycline. The patient must wear a cone at all times. He has a history of osteoarthritis and food allergies to beef and chicken.

Abnormal PE/Chem/CBC/UA Results: BW from today 1/30/26: CBC: mild thrombocytosis (521) Chemistry: SDMA elevated 20, BUN elevated 38, ALT and ALKP unreadable, GGT 131, TBIL 1.9, hypercholesterolemia 460 TT4 1.3 Lost 2.5 lbs in 2 weeks

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Several dependent lumen calculi were present with an example measuring 0.85 cm in diameter. Mild primarily uniform thickened ventral urinary bladder wall.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths were visualized bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The left adrenal gland was enlarged in size with intact primarily symmetrical adrenal capsule and nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 1.6 cm x 0.89 cm width.

The right adrenal gland was not definitively visualized.

### 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.



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## Liver & Gallbladder

The liver presented subjective normal in size with homogenous mildly hyperechoic parenchyma with mild increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were subjectively adequate in appearance without signs of congestion.

The gallbladder was non-distended in size with normal nonthickened nonedematous wall with mild nondependent nonorganized bile sediment. The common bile duct was not visualized.

## 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 gastric body wall measured 0.37 cm wall width.

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. The duodenum wall measured 0.40 cm wall width. The jejunum wall measured 0.38 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The visible pancreas exhibited normal size and contour with mild nonhomogenous hyperechoic parenchyma compared to adjacent omentum.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting subjective adequate vascular volume.
- Mild nonorganized gallbladder debris- not consistent with mature mucocele criteria.
- Sonographically unremarkable empty gastrointestinal tract.
- Mild nonhomogenous hypoechoic pancreas.
- Chronic renal changes with renolithiasis.
- Urinary bladder calculi with ventral cystitis.
- Mildly enlarged nonhomogenous left adrenal gland.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis. No



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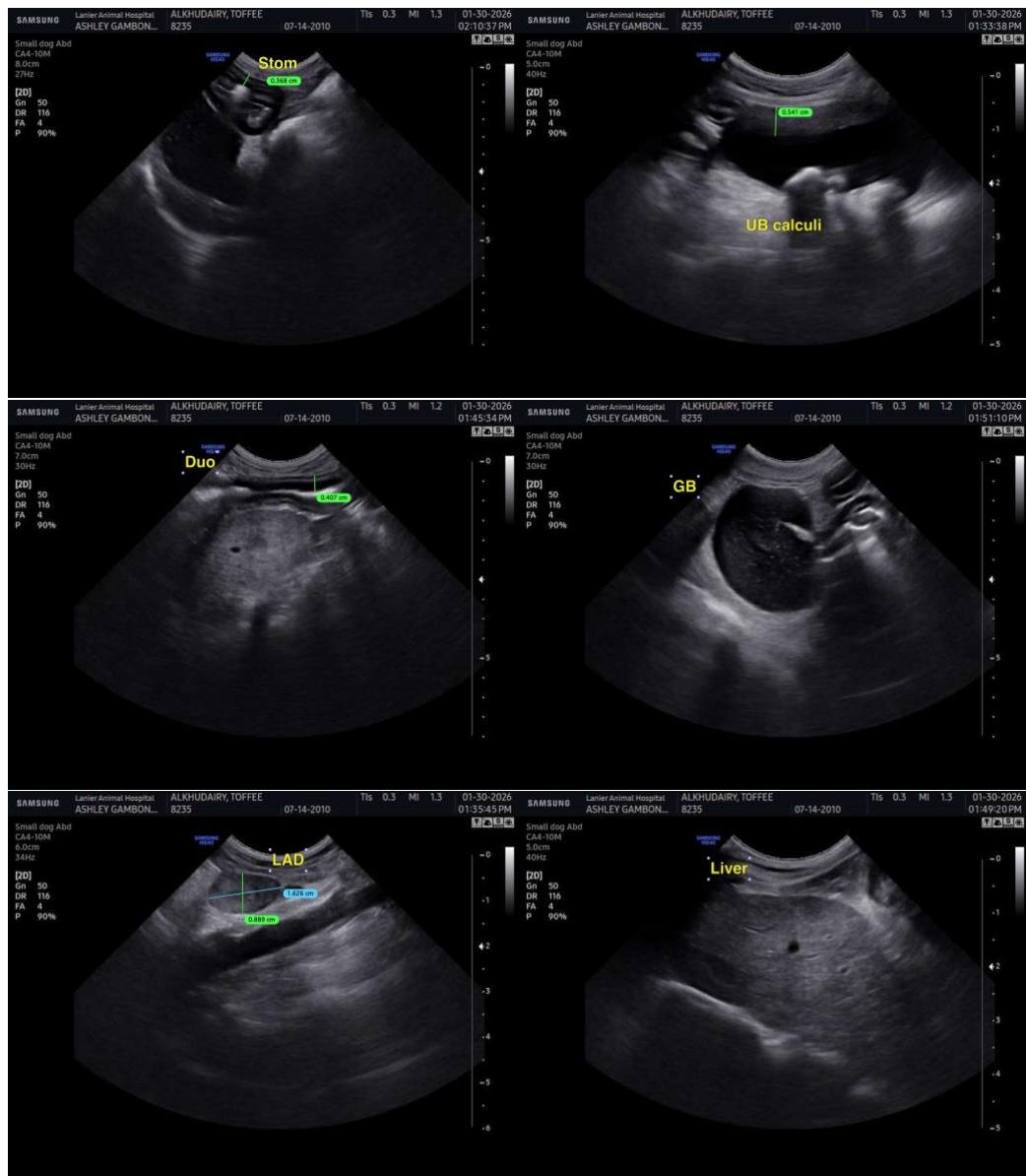
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obvious intra-hepatic or extra-hepatic macroscopic shunt visualized. Concurrent bile acid profile to assess hepatic function is warranted.

Although current clinical signs are not suggestive of Cushing's syndrome, adrenal workup, if clinically indicated, may be considered with serial monitoring of systemic BP for evidence of hypertension, which may allude to left pheochromocytoma. A GI panel to include PLI, TLI, cobalamin and folate, and three view chest radiographs to assess for occult disease in correlation with the pancreas is recommended. Urinalysis and urine culture and sensitivity on sterile urine sample is recommended.





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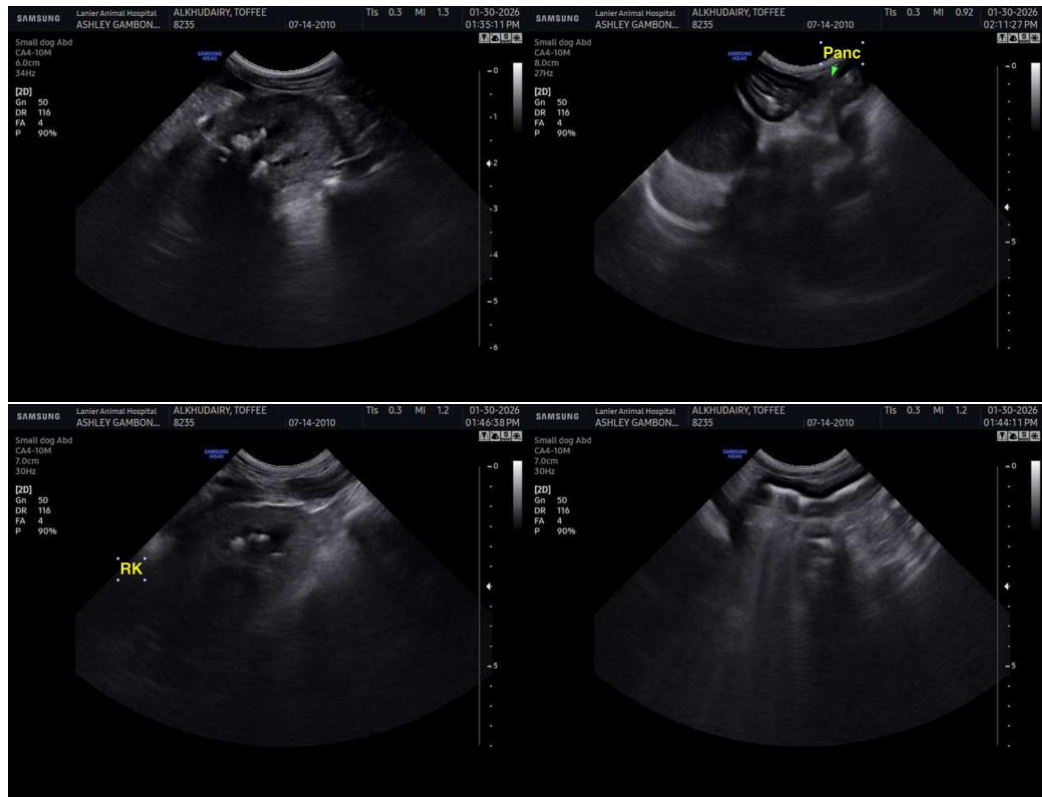
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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