



PATIENT

Maggie Egerer

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

5

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE

23462

DATE

01/06/2025

PRESENTING CLINICAL SIGNS

Liver enzymes continue to go up despite being on Denamrin

Abnormal PE/Chem/CBC/UA Results: TP 9.4 Alb 4.9 ALT 153 ALP >10 T bili 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No evidence of renomegaly, mineral or calculi. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no obvious pathology in the area of the right adrenal gland. The right adrenal gland subjectively 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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 mechanical/metabolic ileus, obstruction or foreign material.



PATIENT

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

Maggie Egerer

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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Havanese

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

FS

- Sonographically unremarkable subjective normal volume liver
- Normal gallbladder
- Normal kidneys and urinary bladder-no evidence of renal or urinary bladder mineral /calculi

AGE

5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant hepatobiliary pathology. Primary parenchymal disease, i.e. mild nonspecific inflammatory disease with potential for portal hypoplasia or microvascular dysplasia is favored. A definitive intrahepatic or extrahepatic macroscopic shunt was not obvious.

WEIGHT

14.5

Correlation with bile acid profile and consideration for screening hepatic FNA cytology primarily to assess for inflammatory criteria is recommended. Definitive diagnosis may require hepatic biopsies for histopathology. Assuming patient is non-clinical, continued hepatosupportive medications and monitoring would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE

23462

DATE

01/06/2025



PATIENT

Maggie Egerer

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

5

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

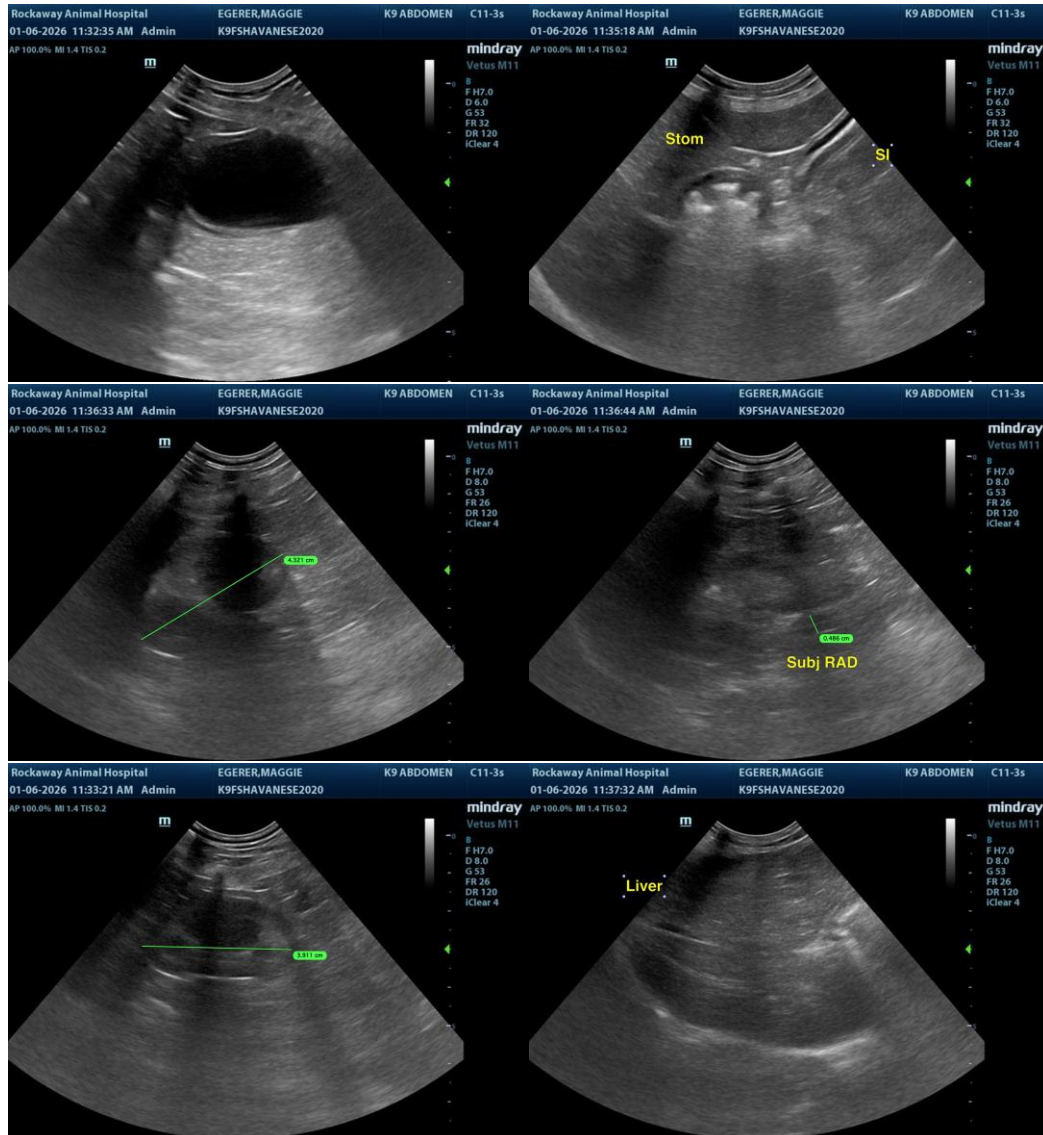
Dr Salazar

INVOICE

23462

DATE

01/06/2025





PATIENT

Maggie Egerer

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

5

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

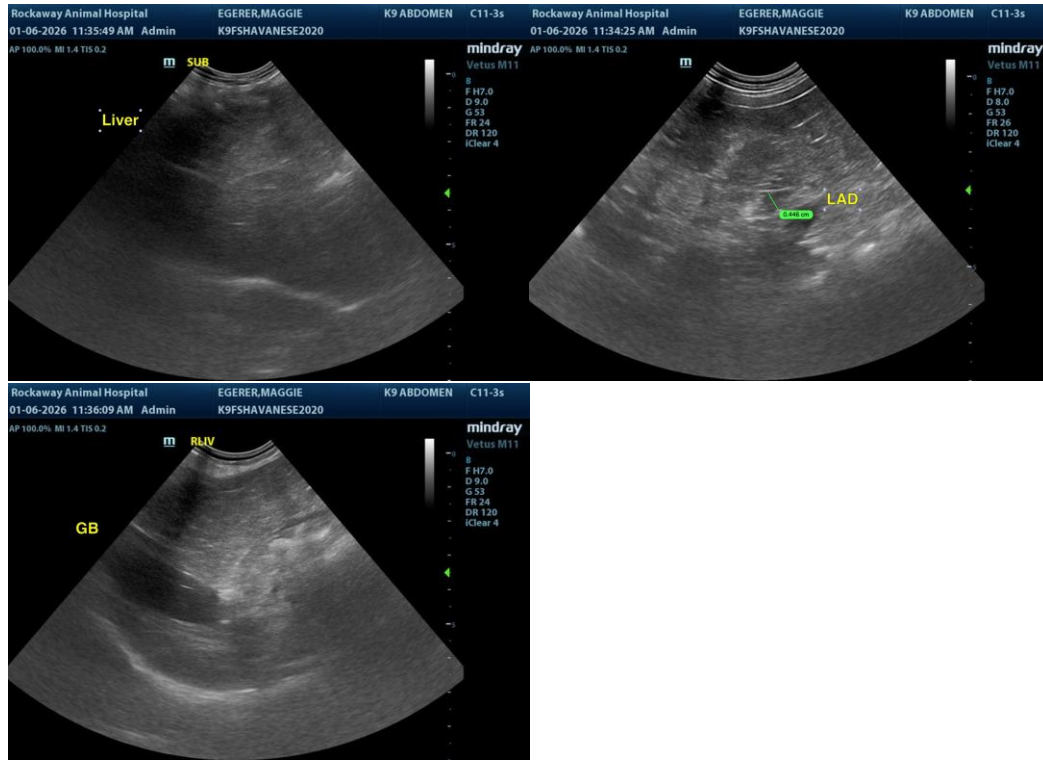
Dr Salazar

INVOICE

23462

DATE

01/06/2025



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