



## PATIENT

Fancy Rapp

## SPECIES

Canine

## BREED

Brussels Griffon

## SEX

Female Spayed

## AGE

8 y

## WEIGHT

14 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Griffin

## HOSPITAL NAME

Northside VC

## REFERRING VET

Griffin

## INVOICE

13027

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

History: Patient presented for diarrhea on 1/2/2026 and bloodwork was performed. Patient is doing well since. Last SonoPath ultrasound performed 6/12/2025.

Meds: sent home on metronidazole and denamarin.

Abnormal PE/Chem/CBC/UA Results: BUN 43, ALT >2000, ALKP 797, GGT 20, T. bili 1.3, Lipase 5696, CL 103

## 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 changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 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 0.53 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 0.59 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

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 non-dependent, mildly organized, variably echogenic bile debris occupying the lumen. The common bile duct was not visualized with no evidence of pericholecystic inflammation.



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## Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild to moderate retained anechoic fluid.

The intestinal walls demonstrated intact wall exhibiting propensity for prominent mucosa. Mild, non-obstructive duodenal ileus with primarily empty jejunum to the level of the colon. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling.

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

## Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

## Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Similar appearing hepatopathy – subjective benign
- Static gallbladder mucocele
- Nonspecific gastroenteropathy exhibiting mild, non-obstructive hypomotile stomach/duodenum and semi-formed fecal matter in colon
- Suspect mild pancreatitis
- Static chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, intermittent inflammatory bowel or antibiotic responsive enteropathy with less likely occult neoplasia, all potentials. Given improvement in clinical signs, continue gastrointestinal support which may include dietary trial, high colony count probiotics such as Provable, +/- empirical deworming with concurrent hepato-supportive medications and clinical monitoring would be reasonable. Recheck sonogram if recurrent or progressive gastrointestinal signs, hepatopathy or cranial abdomen/subxiphoid discomfort on palpation. Prophylactic cholecystectomy with hepato-gastrointestinal and +/- pancreatic biopsies, assuming normal clotting status, could be considered in this patient.



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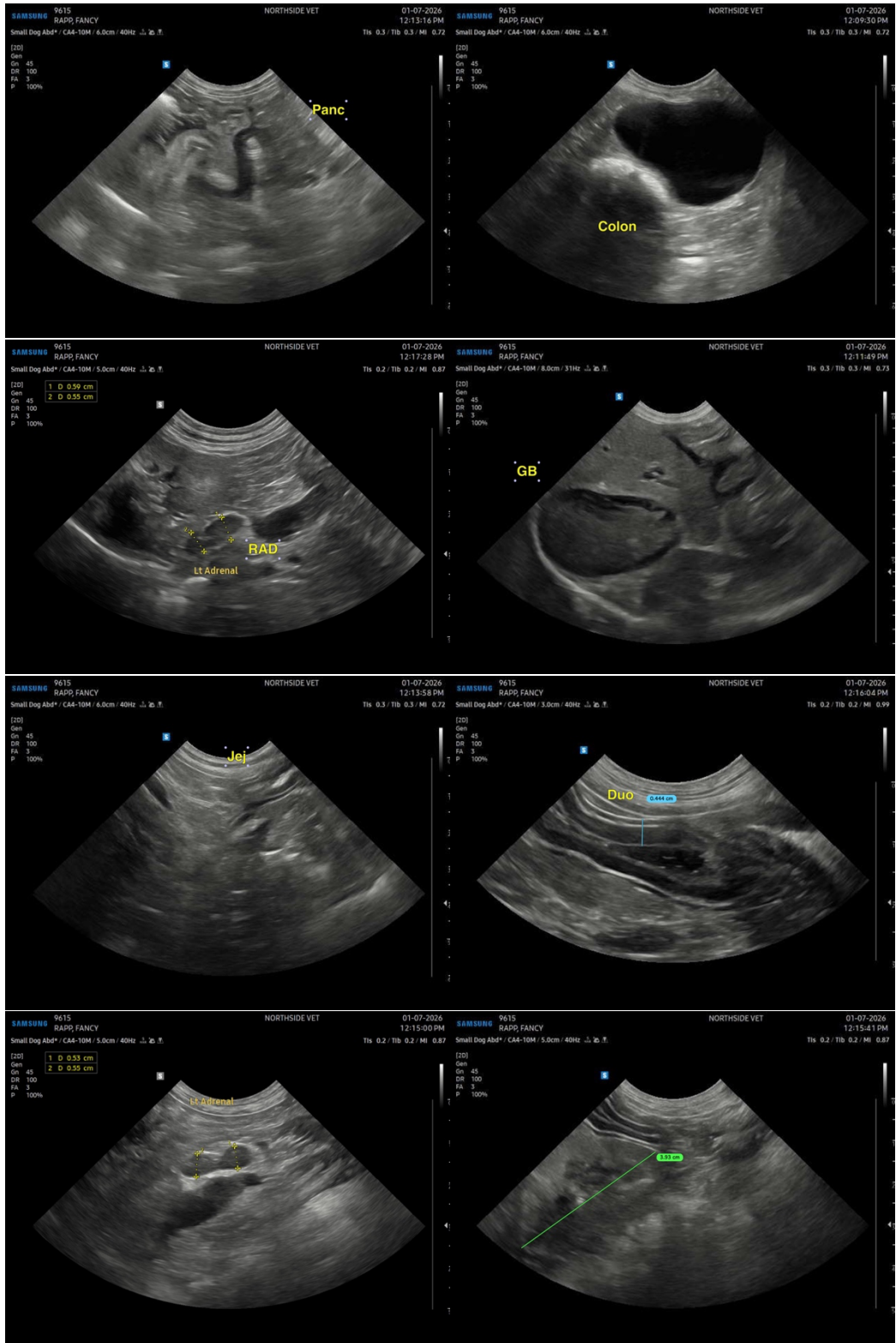
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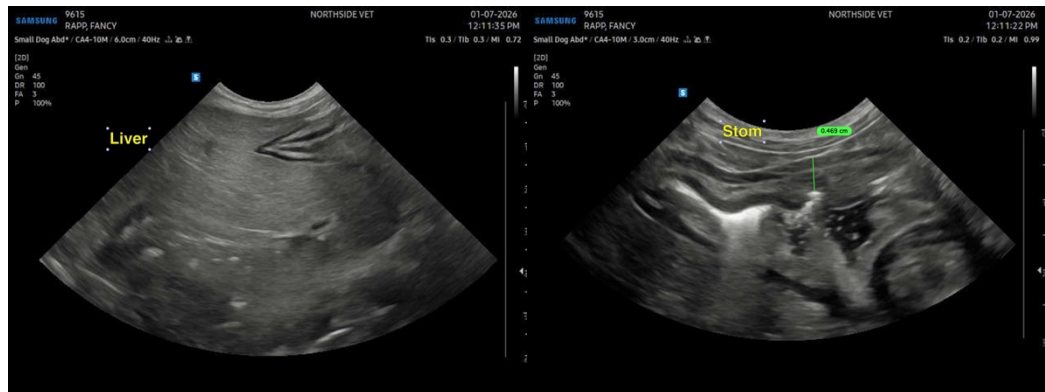
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)