



PATIENT

Furgie Small

SPECIES

Canine

BREED

Terrier Mix

SEX

Femassle Spayed

AGE

15y

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Kaeli Witmer, DVM

INVOICE

13034

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Patient presented for yearly wellness exam with concern for weight loss and "slowing down" at home. Bloodwork recommended following exam - P noted to have dental disease, but no other obvious physical exam changes. Ultrasound recommended due to liver enzyme elevations noted on bloodwork.

Abnormal PE/Chem/CBC/UA Results: ALT 209 (18 - 121 U/L) ALP 1,239 (5 - 160 U/L) GGT 38 (0 - 13 U/L) Potassium 5.6 (4.0 - 5.4 mmol/L) Na: K Ratio 26 (28 - 37)

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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic 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. No evidence of pelvic dilation was present. The left kidney exhibited focal areas of medullary mineral. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 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 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 exhibited generalized hepatomegaly with symmetrical rounded contour and diffuse, hyperechoic hepatic parenchyma. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, discrete, non-capsule deforming, hypoechoic nodules were present with an example measuring 0.94 cm in diameter. The gallbladder was non distended in size with moderate, non-dependent, congealed yet non-organized, echogenic, nonmineralized biliary sludge occupying majority of the lumen. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing 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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver with discrete, hypoechoic nodules
- Congealed gallbladder debris/immature gallbladder mucocele
- Mild chronic renal changes
- Normal bilateral adrenal glands
- Normal gastrointestinal tract with mild gastric ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include chronic vacuolar hepatopathy, areas of discrete hyperplasia or hematopoiesis, inflammation, fibrosis, lipidosis, non-obstructive cholestatic hepatopathy with hepatic neoplasia thought less likely yet not excluded. No obvious evidence of adrenal pathology as a contributing factor. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and if accessible, nodule FNA cytology for further clarification could be considered. Hepato-supportive medications with sonographic reassessment of the liver or gallbladder if progressive hepatopathy or cholestasis would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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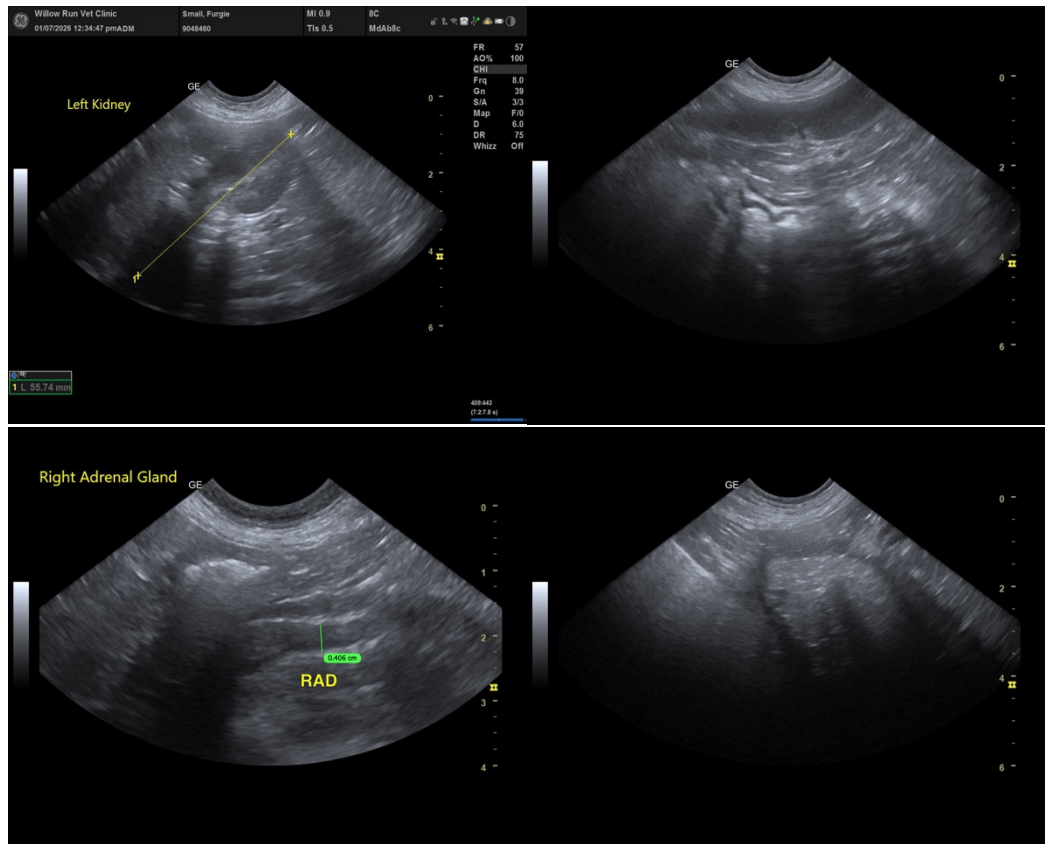
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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