



PATIENT

Angel Coulter

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

35.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Meg Verbeek

INVOICE

13031

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Angel is a patient presenting for a planned dental procedure, which is pending further evaluation due to a history of elevated liver enzymes and current abdominal tenderness. A previous blood panel, performed sometime after October, revealed a mildly elevated ALT of 565 and an ALP of 328. Other findings from that time included a urine specific gravity of 1056, a pH of 6.5, a small number of white blood cells in the urine, and a normal T4 level. Due to these historical findings and the patient's current tenderness on abdominal palpation, an ultrasound is being considered before proceeding with anesthesia for the dental work. Bloodwork was completed October 16th 2025, there has been a history of elevated liver enzymes, and this confirmed persistent elevations. There was abdominal tenderness upon palpation, unsure if this is related to hepatobiliary disease or just a behavioral response to handling.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

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. A caudal pole cyst was observed in the left kidney measuring 1.0 cm in diameter. The left kidney measured 7.9 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly swollen at the cranial pole measuring 1.2 cm. The left adrenal gland measured 0.89 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 0.75 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 borderline to possibly mildly enlarged in size with mild heterogeneous remodeled parenchyma exhibiting moderate to variable coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules were evident.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained 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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Mild age-related renal changes with left kidney cortical cyst.
- Mildly swollen cranial left adrenal gland.

Secondary Findings

- Gastric ingesta- consistent with food echogenicity.

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 chronic vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, mild fibrosis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. There is no evidence of intrahepatic or extrahepatic macroscopic shunt.

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.

Adrenal workup could be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise. No overt hepatic or abdominal anesthetic contraindications assuming normal albumin, glucose, BUN, and cholesterol levels.



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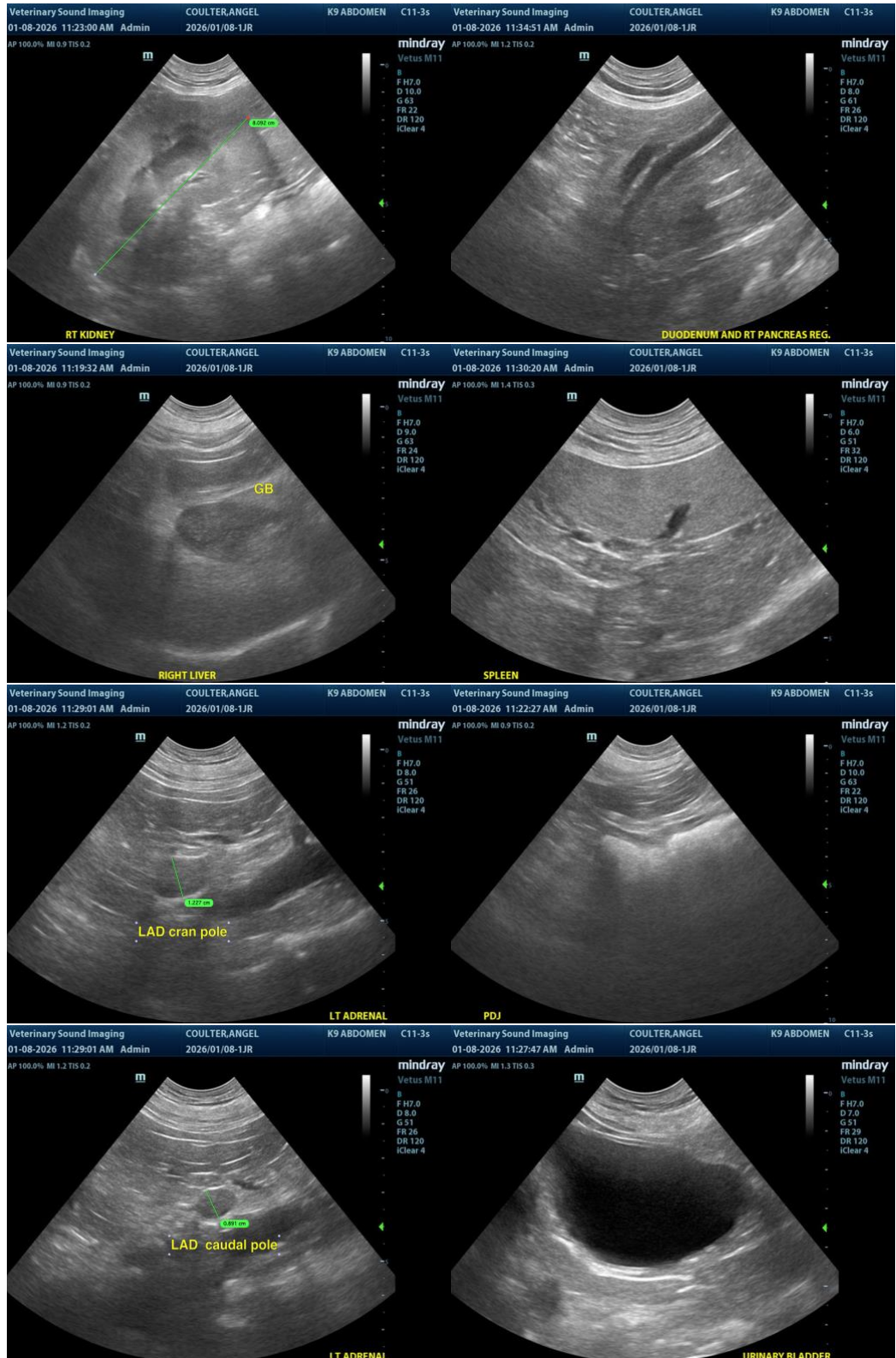
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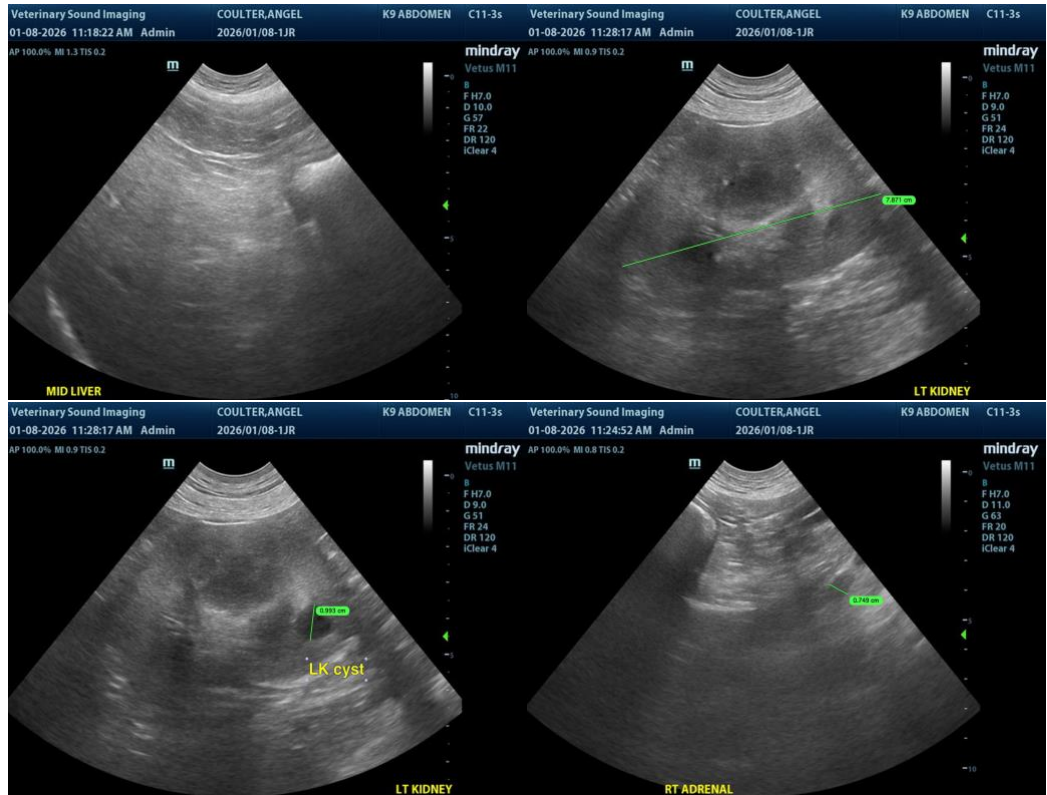
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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