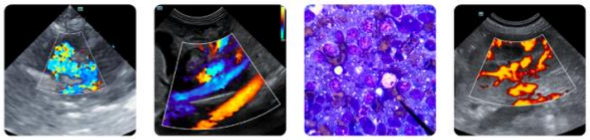


PATIENT

Jenny Morgan

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5 Years

WEIGHT

14 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13029

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

History of suspected chronic cholangiohepatitis. Diagnosed with unknown hepatopathy in Aug 2025. AUS showed changes consistent with chronic cholangiohepatitis. Treated with Clavamox/metronidazole along with Denamarin. Liver values normalized in Oct 2025. Presented 1/8 to pDVM for vomiting. Dehydrated w/ diffusely icteric mm/skin Marked nausea upon abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: VCA DX: Chem: Albumin 3.0 (2.5 - 4 g/dL) Globulin 4.6 Cholesterols: 490 ALT (GPT) 819 ALP 1946 GGT 26 Total bilirubin 18.9 Rads: Microhepatica, no obvious pulmonary consolidation/metastasis noted HAEC 1/9: EPOC: Na 152 (H), BUN 5 (L), HCT 59% (H) Catalyst pancreatic lipase: 182

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation, mineral or calculi. The left kidney measured 5.9 cm in length. The right kidney measured 5.7 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 0.49 cm width at the caudal pole.

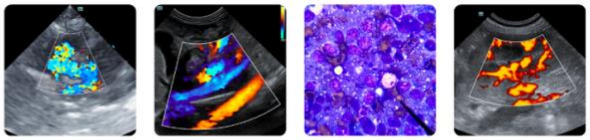
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

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 & Gallbladder

The liver presented with subjective adequate size to possible borderline subnormal size with symmetrical areas of mild asymmetrical hepatic capsule contour and generalized mild heterogeneous hepatic parenchyma exhibiting mild to moderate coarse echotexture. Adequate vascular volume was observed without masses or nodules.



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The gallbladder was non-distended in size with nonedematous wall. The gallbladder contained peripheral lumen hyperechoic to possibly mineralized debris along with mild nondependent particulate debris. No evidence of posthepatic obstruction.

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 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 visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting normal to possible borderline subnormal liver size with adequate vascular volume- subjective benign.
- Nonorganized possible peripheral mineralized to adhered gallbladder debris/mineral- no evidence of post hepatic obstruction.
- Sonographically normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory hepatobiliary disease i.e. nonspecific hepatitis or cholangiohepatitis (viral, bacterial, leptospirosis), hepatotoxicosis i.e. copper or other, emerging hepatic fibrosis, non-obstructive cholestatic hepatopathy with concurrent vacuolar changes are all potentials with occult hepatic neoplasia thought less likely. If normal clotting status, initial hepatic FNA cytology could be considered primarily to assess for inflammatory cell type. A definitive diagnosis would require hepatic biopsies for histopathology and copper assessment. No obvious evidence of intra-hepatic or extra-hepatic macroscopic shunt.

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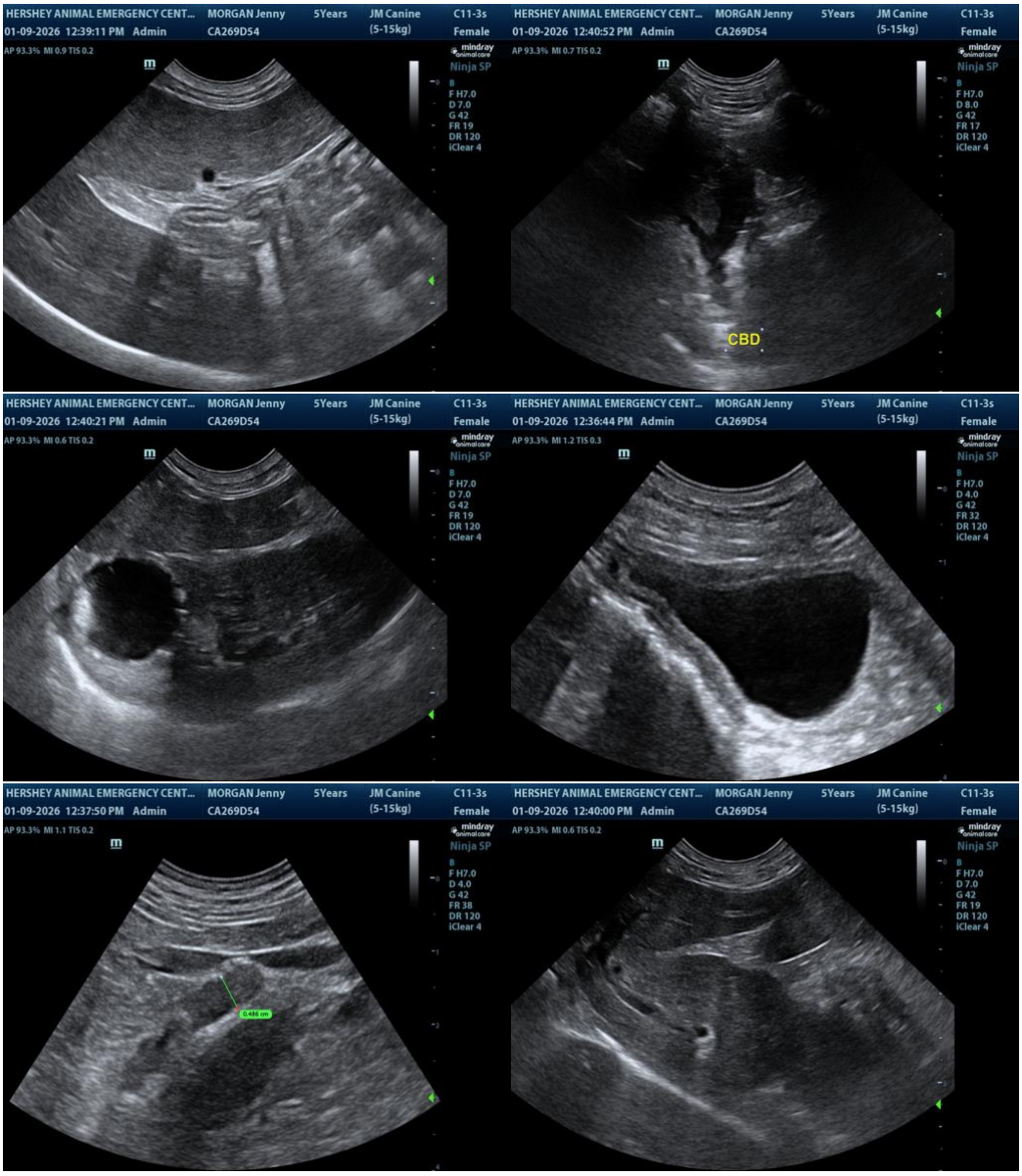

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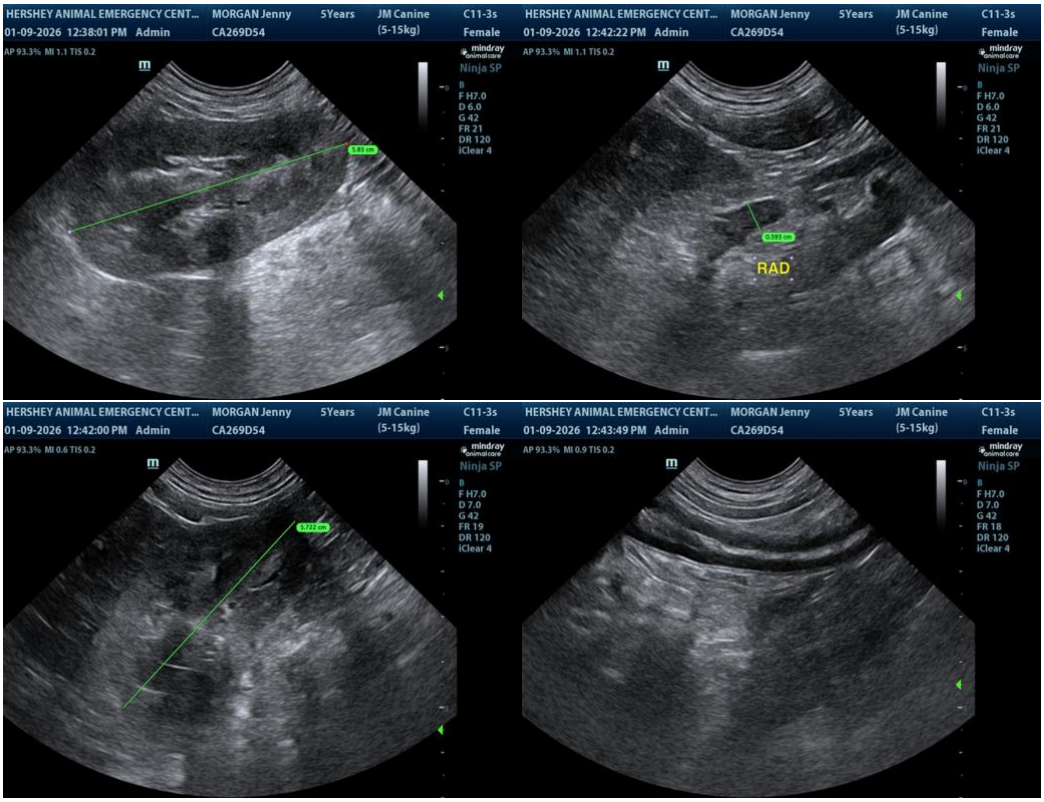

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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