



PATIENT

Dollar Dejesu

SPECIES

Canine

BREED

Maltese

SEX

M

AGE

10

WEIGHT

7.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr Sharkawy

INVOICE

22929

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

History: Dysuria

Abnormal PE/Chem/CBC/UA Results: Bw- sever elevated ALT, ALPK, AST, GGT, elevated Bilirubin UA- urate crystals Jaundice Urinary catheter is placed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended to mildly subnormal in size. A urinary catheter was present in the urinary bladder lumen along with several to multiple primarily small lumen calculi, dependent mineral and non-dependent particulate sediment. An example of a urinary bladder calculus measured 0.4 cm in diameter

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.7 cm in diameter.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 asymmetrically enlarged exhibiting potential for variable lobar swelling and associated mild hepatic capsule distortion. Significant heterogeneous to indistinctly nodular hepatic parenchyma and indistinct portal vascular borders were present. The visualized portal vein appeared to exhibit subjective similar volume to the adjacent caudal vena cava.

The gallbladder was indistinctly visualized and subnormal in size containing minimal anechoic bile with possible mild thickened to hyperechoic gallbladder wall. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic focally shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized primarily non-shadowing intestinal ingesta was present without overt obstructive pattern to the level of the colon. Indistinct hyperechoic segmental intestinal mucosal speckling was present.

Normal visible colon wall layers were present with subjective soft feces in lumen.

Pancreas

The left pancreas exhibited mild prominent size and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Peritoneal effusion and mild omental hyperechogenicity were present.

No obvious visualized significant omental lymphadenopathy

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous indistinctly nodular liver
- Subnormal gall bladder
- Urinary bladder mineral / calculi with catheter
- Bilateral chronic renal changes
- Gastrointestinal ingesta with possible non-specific enteritis
- Mildly prominent non-homogenous hypoechoic left pancreas
- Peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant chronic to acute on chronic hepatopathy with considerations including inflammatory disease, hyperplasia, fibrosis, vacuolar changes, cholestasis or neoplasia probable. A definitive intrahepatic or extrahepatic macroscopic shunt was not obvious yet not technically excluded. Given current ALB, effusion secondary to portal hypertension, non-specific peritonitis or neoplasia all potentials.

Further assessment may include assuming normal clotting status, hepatic FNA cytology, bile acid profile and effusion analysis. Concurrent urinary workup including C/S +/- UPC level if non-inflammatory sediment is recommended. No overt post-hepatic obstruction. Pending additional diagnostics, hepatogastrointestinal support is recommended. A spec CPL could be considered to assess for concurrent mild pancreatic inflammation.



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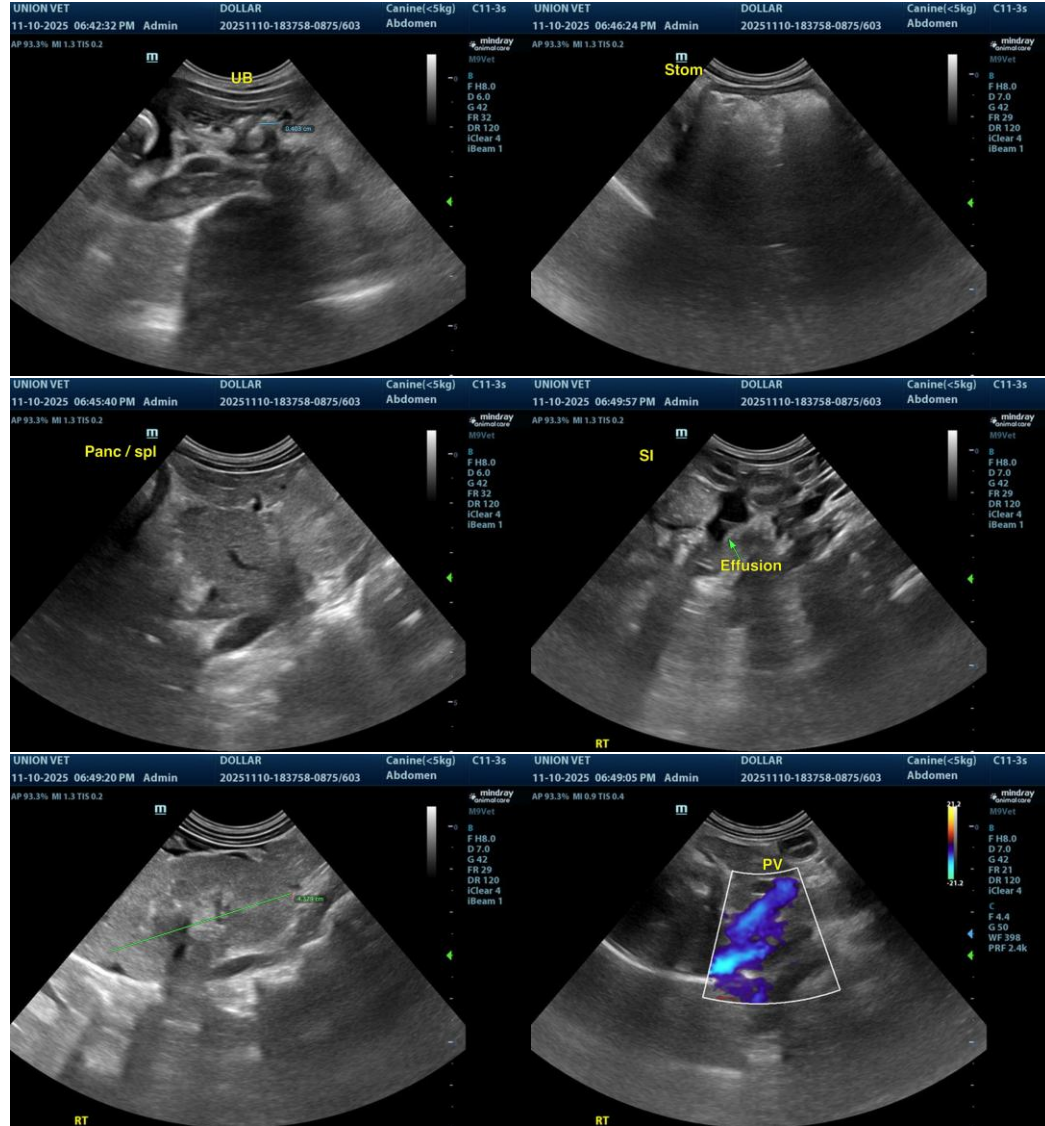
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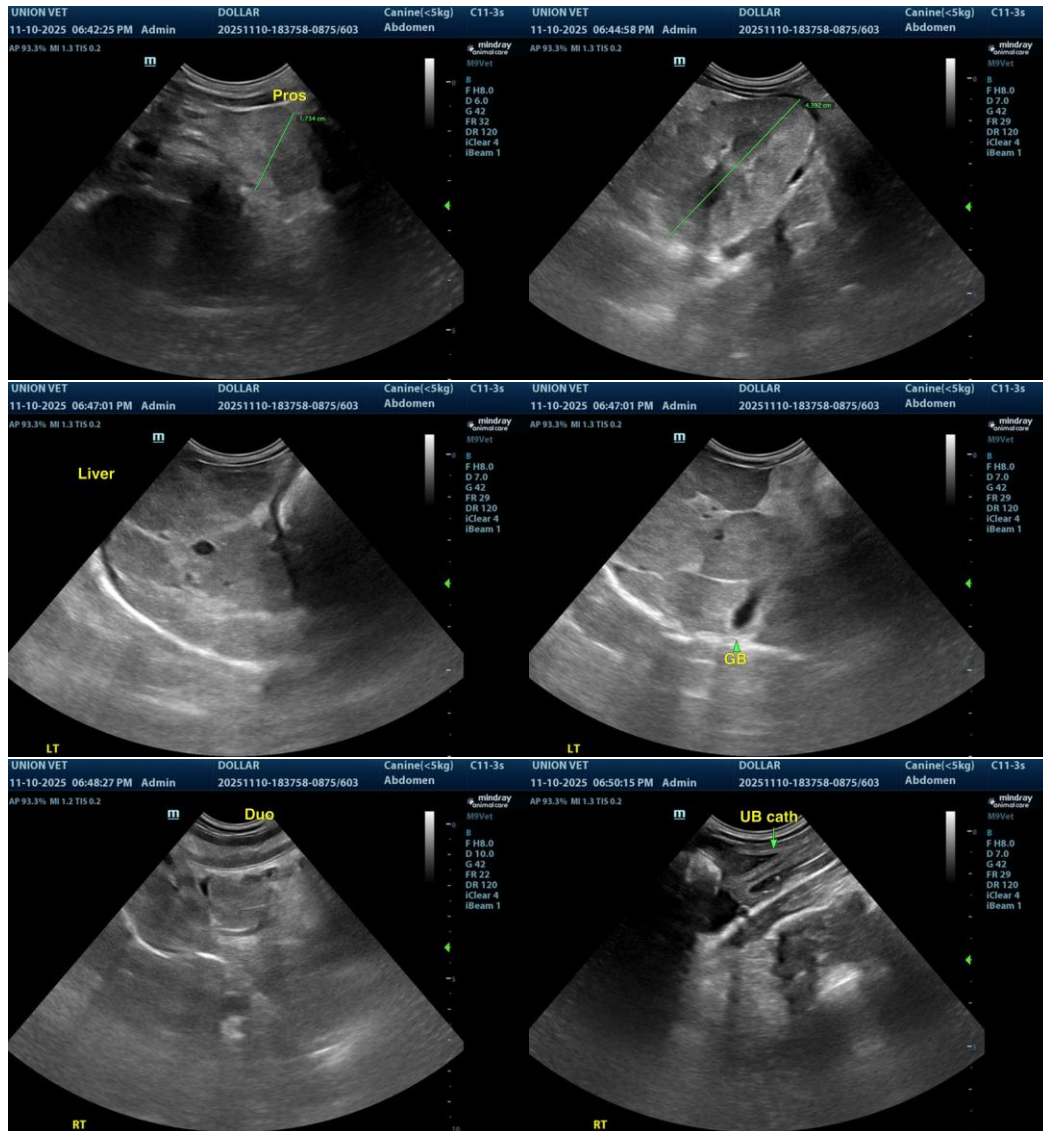
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com