



PATIENT

Tucker Stokes

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

7yr

WEIGHT

6.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Lindsay Smith DVM

INVOICE 22927

DATE
11/10/2025

PRESENTING CLINICAL SIGNS

Reason for scan -- hepatopathy Recent clinical signs -- History of IVDD suspected at previous Veterinary Clinic. They were using carprofen, but then noted significant liver elevations, and switched to Galliprant. Seems to tolerate galliprant well and not having any active back issues A dental was performed on 7/2/25 Patient has been on Denamarin since August 2025 Repeated chemistry after 30 days of Denamarin and some improvement in liver values Galliprant was discontinued and Denamarin used for six weeks with repeated labs in October as listed below Patient required Dexdomitor and butorphanol in order to facilitate abdominal ultrasound

Abnormal PE/Chem/CBC/UA Results: 4/6/24: ALT= >1000 ALP= 255 7/25 pre dental lab work PCV = 37.2(L) PMN = 14.27 MONO = 1.17 ALT = 311 8/14/25 ALT =245 ALP < 10 CBC normal 10/25 ALT = 230 AST = 73 ALP = 22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.50 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 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



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congestion. The gallbladder was non-distended in size with mild congealed non-organized debris. The cystic and common bile ducts were normal.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific benign hepatopathy pattern
- Mild congealed gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the benign hepatopathy include favored nonspecific inflammatory disease with considerations including nonspecific hepatitis, copper storage hepatopathy, or other. No evidence of hepatobiliary neoplastic criteria or evidence of adrenal pathology as a contributing factor. No evidence of intrahepatic or extrahepatic macroscopic shunt.

Further assessment may include initial screening FNA cytology of the liver primarily to assess for inflammatory cell type. A bile acid profile is recommended if evidence of hepatic dysfunction or evidence of clinical hepatopathy. Definitive diagnosis would require hepatic biopsies for histopathology and copper assessment.

If the patient is non-clinical, continued hepatosupportive medications, including ursodiol if tolerated and owing to its antioxidant and immunomodulatory effects within the liver with clinical monitoring would be reasonable.



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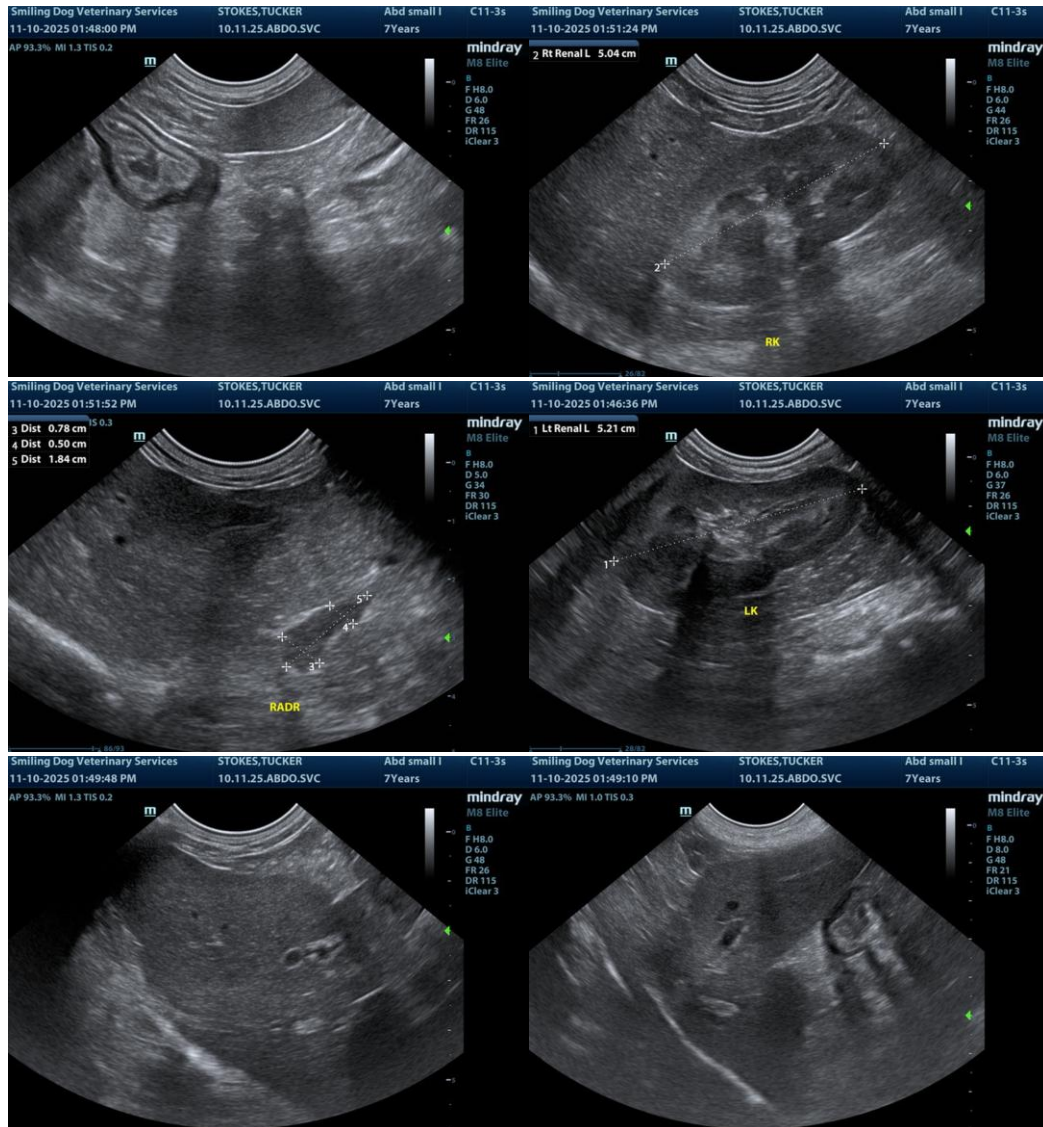
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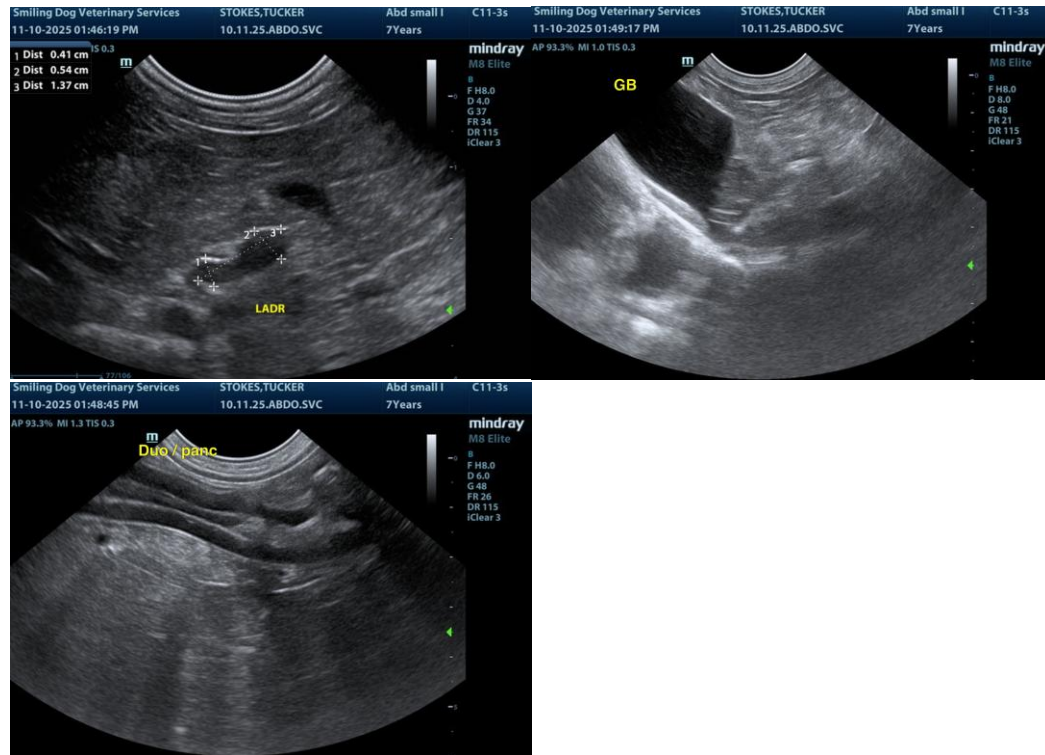
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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