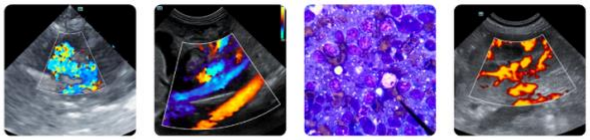


PATIENT

Link Fisher

SPECIES

Canine

BREED

Dalmatian

SEX

Neutered Male

AGE

8

WEIGHT

27.9

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jessica Morgan RVT

HOSPITAL NAME

Oxford County Veterinary Clinic

REFERRING VET

Dr. Paisley Canning

INVOICE

12227

DATE

11/11/25

PRESENTING CLINICAL SIGNS

7 year old mn dalmatian, is on derm complete hills food - history of urate crystals hwne younger (none since), history on pancreatitis in last year. presented for decreased appetite nov 11, slightly jaundiced, elevated liver enzymes on bloodwork and urine. concerned for possible copper hepatopathy?

Abnormal PE/Chem/CBC/UA Results: cbc normal, chem all normal except for: ALT 1500, ALKP 500 u/L CPL normal UA - high rbc, high ubg, high bil, no crystals, ph 7, USG 1012

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. Mild dependent lumen mineral to small calculi was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory criteria or tumors were noted.

No obvious pathology in the area of the residual prostate.

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. The left kidney measured 6.7 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized with no evident pathology.

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.

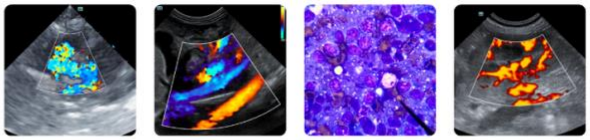
Spleen

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

The liver presented subjective mildly 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 congestion.

The gallbladder was indistinctly visualized with no evidence of gallbladder overdistention, inflammation or mucocele criteria. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented with normal intact visible wall. The stomach exhibited moderate distention with retained echogenic nonshadowing fluid and mild chyme extending into the area of the pyloric outflow. No visualized evidence of obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestine lumen.

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

- Nonspecific yet subjective benign hepatopathy- nonspecific hepatitis, hepatotoxicosis i.e. copper given primarily elevated ALT, vacuolar changes, nonobstructive cholestasis or other with hepatic neoplasia considered unlikely.
- Indistinctly visualized yet sonographically normal gallbladder.
- Hypomotile stomach- subjective nonobstructive.
- Generalized empty small intestine.
- Normal bilateral kidneys.
- Mild urinary dependent lumen mineral/small calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology may be considered initially to possibly identify inflammatory cell type. Hepatic biopsy with histopathology and copper assessment are likely required for a definitive diagnosis. No evidence of intrahepatic or extrahepatic macroscopic shunt or posthepatic obstruction. Metabolic gastric ileus potentially secondary to hepatopathy is favored without overt visualized pyloric or upper intestinal obstructive criteria which is thought less likely. Gastrointestinal support with consideration for documented 12 hour fast and sonographic reassessment of the stomach for evidence of resolved retained fluid or persistent gastric stasis is recommended.

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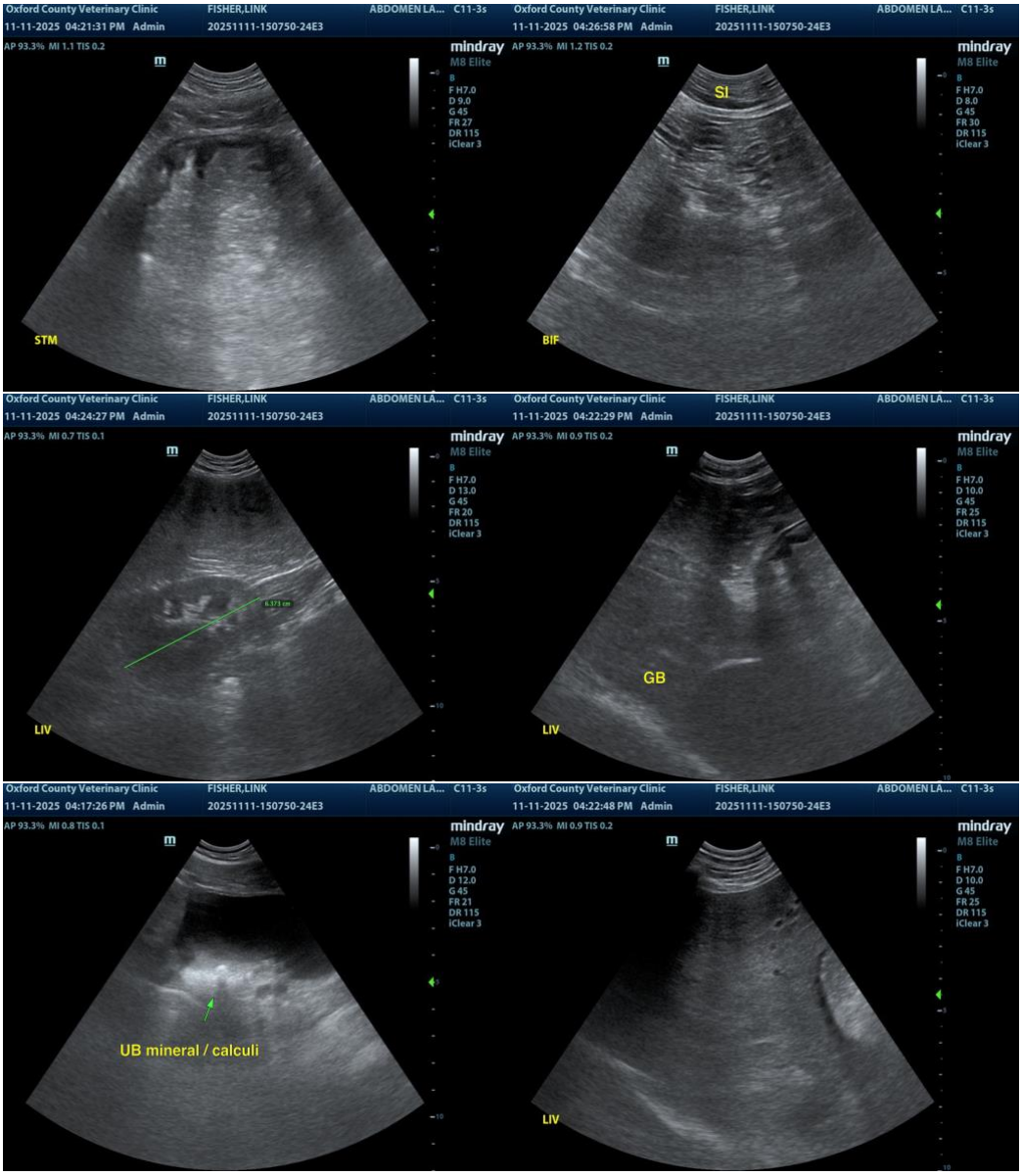

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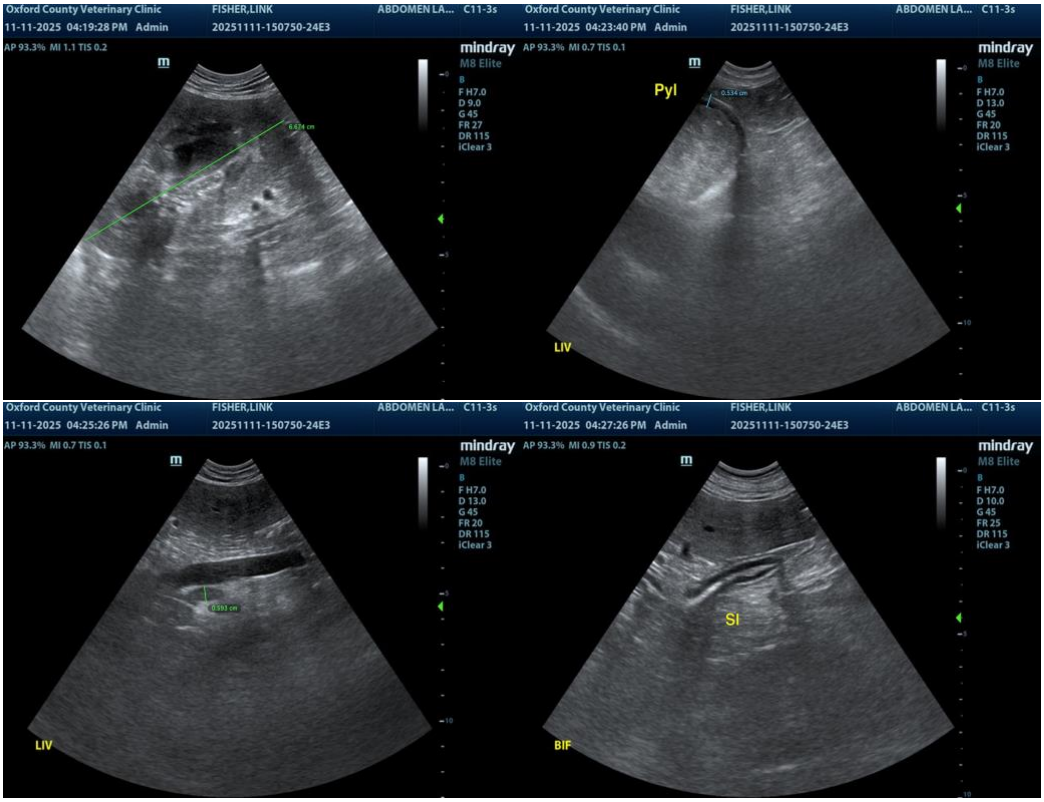

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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