



PATIENT

Rosie Leblanc

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

11 Years

WEIGHT

1.85 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Sunridge Vet Clinic

REFERRING VET

Sunridge Vet Clinic

INVOICE

12322

DATE

11/18/25

PRESENTING CLINICAL SIGNS

2 week history of jaundice, elevated liver values. Clinically apparently well at home. Has been on metronidazole, clavaseptin, and a prednisone

Abnormal PE/Chem/CBC/UA Results: Moderate ALT elevation 503, marked ALP elevation 9487, marked GGT and total bilirubin elevations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, urine mineral, calculi 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. Areas of mild medullary mineral were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size while the right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm in length x 0.75 cm width in the caudal pole. The right adrenal gland measured 1.5 cm in length x 0.41 cm width in 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 revealed generalized hepatomegaly, symmetrical mildly swollen hepatic capsule contour and homogenous mildly hypoechoic parenchyma compared to adjacent omentum. Normal vascular volume was maintained. No mass or nodules were evident.

The gallbladder was non-distended in size with nonedematous walls and mild nonorganized bile sediment. 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.



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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. Segmental mild hyperechoic nonspecific mucosal speckling.

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Normal visible colon wall layers were present with semi formed fecal matter in lumen.

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Pancreas

The pancreas exhibited mild prominent, mild asymmetrical capsule contour and nonhomogenous mild to variably hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Scant to minor pockets of peritoneal effusion were present. Mild increased perihepatic to cranial abdomen omental echogenicity. Intermittent mildly hypoechoic to swollen hepatic or pancreaticoduodenal lymph nodes were visualized with an example measuring 2.0 cm x 0.83 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy- suspect acute on chronic hepatopathy.
- Nondistended nonedematous gallbladder with mild nonorganized bile sediment (non-mucocele).
- Prominent nonhomogenous hypoechoic pancreas- inflammation, edema, parenchymal remodeling.
- Sonographically normal empty gastrointestinal tract with mild nonspecific intestinal mucosal speckling- patient/incidental variant, mild enteritis may exhibit mucosal speckling.
- Age-related kidneys with mild medullary mineral.
- Age-related adrenals with mild left adrenomegaly- subjective benign.
- Mildly hypoechoic to swollen hepatic/pancreaticoduodenal lymph nodes- hyperplasia, lymphadenitis, early neoplasia are possible.
- Perihepatic/cranial abdomen mild hyperechoic omentum and scant peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic vacuolar changes, nonobstructive cholestasis, nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), hyperplasia, noncardiogenic congestion, occult neoplasia are all potentials. Further assessment may include (assuming normal clotting status) hepatic FNA cytology +/- leptospirosis titers/PCR. Adrenal screening or work up may be considered if clinical signs are consistent with Cushing's syndrome. Hepatic support, consideration for empirical hepatitis therapy, clinical monitoring and sonographic reassessment are indicated if progressive hepatopathy or cholestasis.

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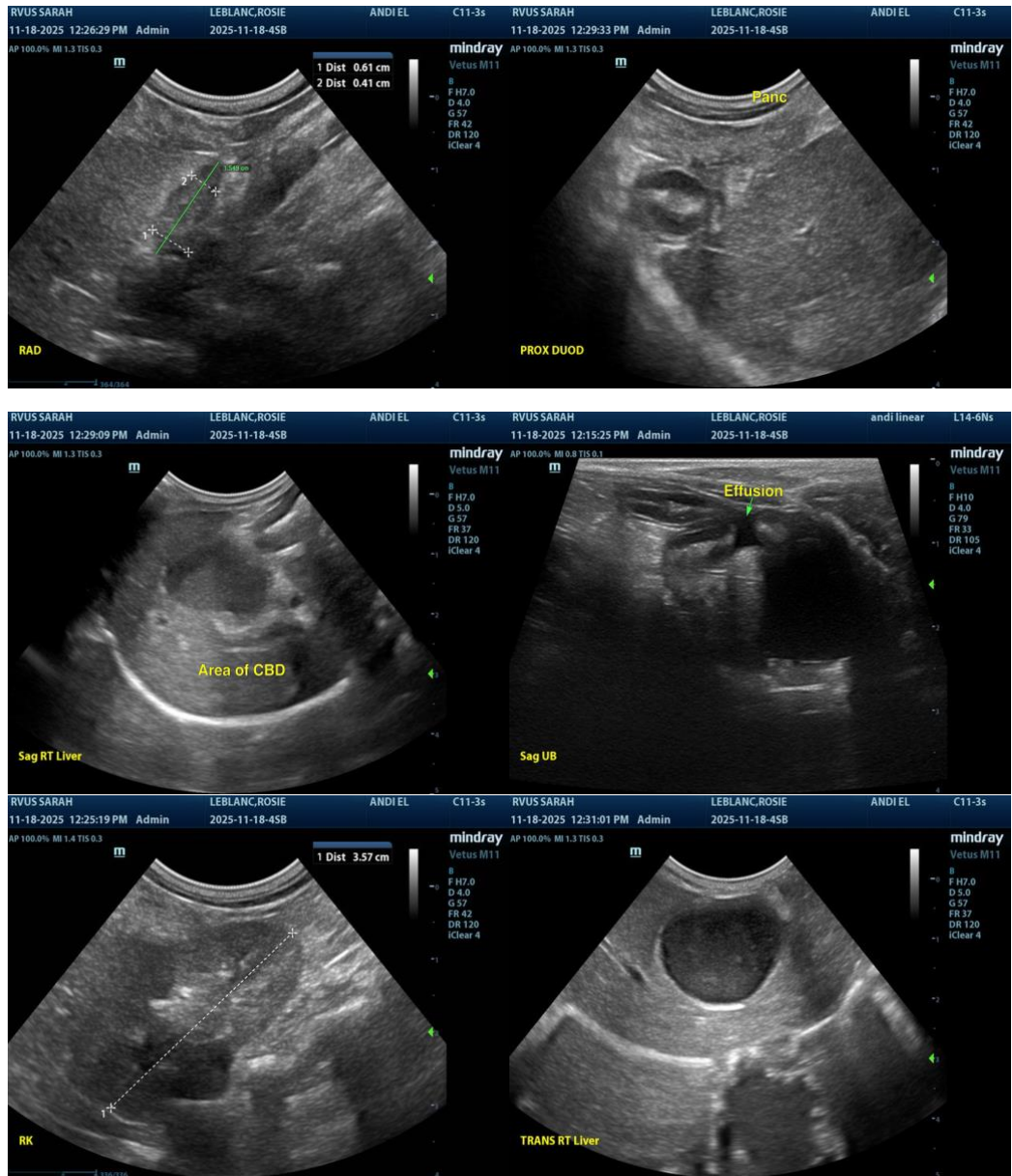
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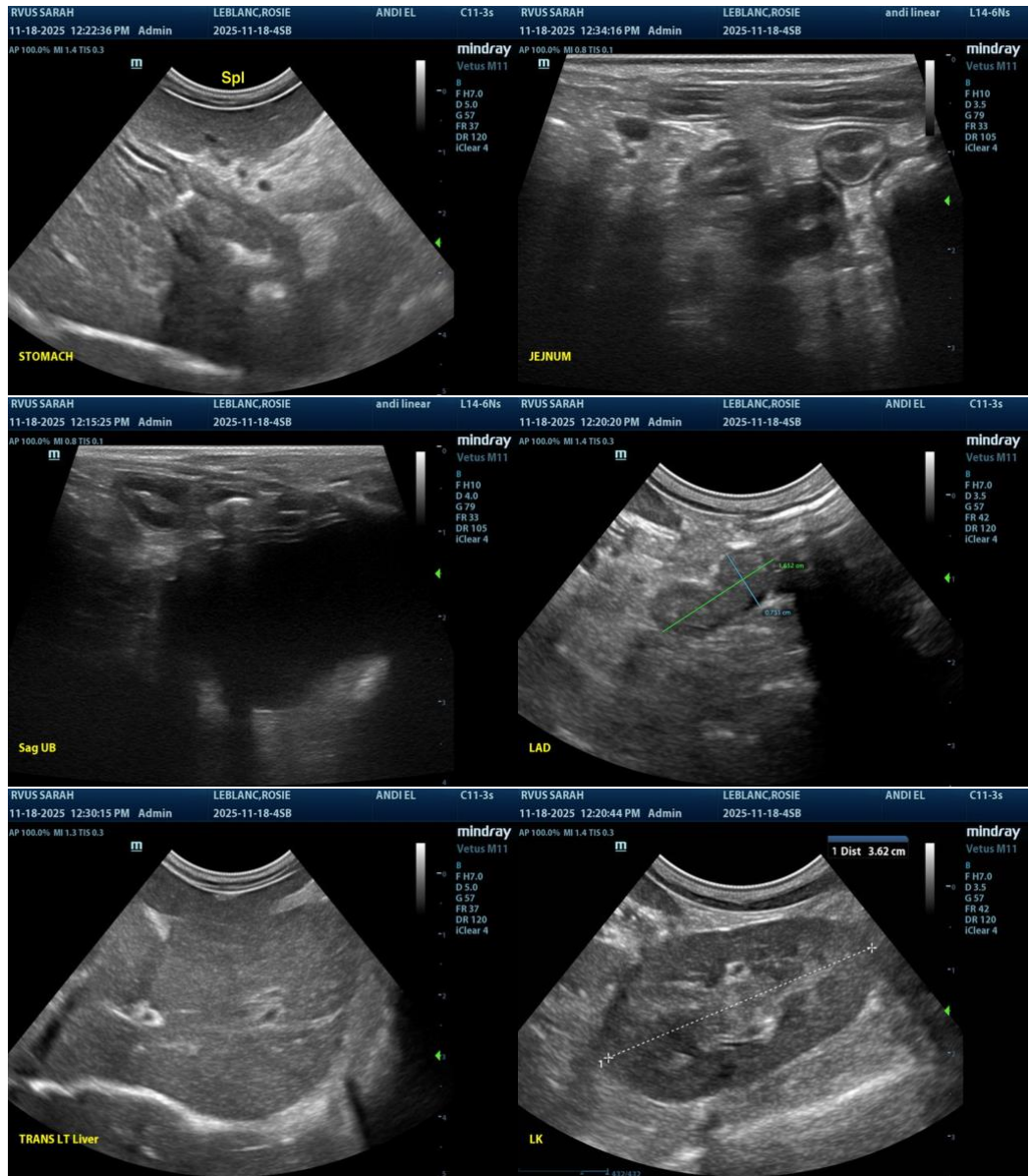
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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