



**PATIENT**

Sparky Fusco

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

MN

**AGE**

13y, 1m

**WEIGHT**

50.1 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA AVH Animal  
Hospital

**REFERRING VET**

Dr. K. Kaulius, VMD

**INVOICE**

10361

**DATE**

11/18/25

**PRESENTING CLINICAL SIGNS**

Further eval. of elevated LE's & hypercalcemia. Hx of EPI. Hx of elevated LE's that are climbing. Some cognitive dysf. & OA signs. Prev on Rovera/Carprofen (discontinued); Receiving Epizyme; Gabapentin; Librela inj's

Abnormal PE/Chem/CBC/UA Results: 10/24/25 labs: HCT 52%; ALT 317; ALP 1504; GGT 22; Ca 11.6; Chol 376; Trig 373; Amyl 281; PSL 20 ; T4 & Tbili 2.2 wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine 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.

The residual prostate was sonographically normal.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 moderate indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands exhibited mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland exhibited mild enlargement at the caudal pole, measuring 0.91 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/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. Subjective adequate hepatic vascular volume was present. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended



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in size containing primarily anechoic content with mild, nonorganized gallbladder 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 mild echogenic fluid and nonshadowing ingesta / chyme without evidence of 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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic hepatopathy
- Mild nonorganized gallbladder debris (non mucocele)
- Bilateral chronic renal changes
- Subjective age-related adrenal glands with mild right adrenomegaly - subjective benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The chronic hepatopathy, although nonspecific, is sonographically suggestive of benign criteria with considerations including chronic vacuolar or nonobstructive cholestatic hepatopathy, nonspecific inflammatory disease, hepatotoxicosis, i.e., copper, fibrosis, or other, with hepatic neoplasia considered less likely.

There is no overt evidence of intrabdominal neoplastic criteria. Further assessment may include, assuming normal clotting status, hepatic FNA cytology. Whereas biopsies with histopathology are required for a definitive diagnosis. Hepatosupportive medications may prove beneficial.

Functional adrenal disease is considered less likely, given no reported clinical signs, i.e., PU/PD, polyphagia. Sonographic monitoring of the liver, if evidence of progressive hepatopathy, as well as sonographic monitoring specifically of the right adrenal gland for evidence of progressive enlargement, is recommended.



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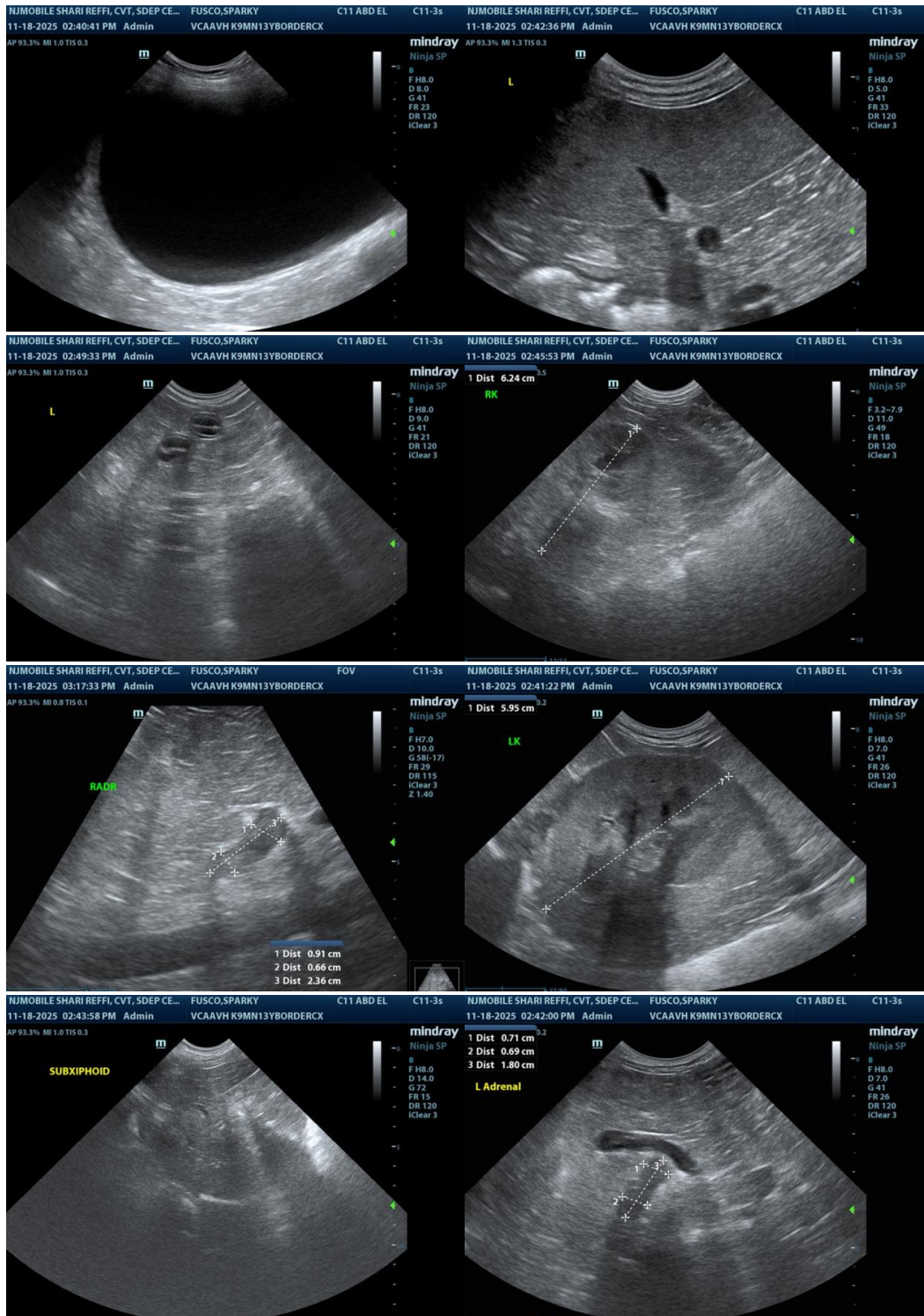
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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(Canine and Feline)

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[info@sonopath.com](mailto:info@sonopath.com)

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