



## PATIENT

Owen Neary

## SPECIES

Canine

## BREED

Mix

## SEX

Male Neutered

## AGE

12 yrs

## WEIGHT

55 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sorbo

## HOSPITAL NAME

JM Pet Resort &  
Veterinary Clinic

## REFERRING VET

Sorbo

## INVOICE

12853

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: Atypical Addison's, ALT elevation.

Meds: on prednisolone 2.5mg PO SID

Abnormal PE/Chem/CBC/UA Results: The lab values show quite an elevation in ALT (alanine transaminase), which is a liver-specific enzyme. In the past, Owen's ALT has been elevated, around 200-300 units/L. Normally, it should be below 100. This time, the enzyme is up to over 800, which is a very significant elevation. I cannot make sense of it. I would like to discuss our options going forward.

## 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. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 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. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized likely owing to subnormal size consistent with patient history.

### Spleen

The spleen was overall normal in size and contour with primarily homogeneous parenchyma. Mildly expansive, non-homogeneous, centrally cystic to cavitated cranial splenic mass facing the caudal liver measuring 3.6 cm in diameter.

### Liver

The liver exhibited subjective borderline mild hepatomegaly with normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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

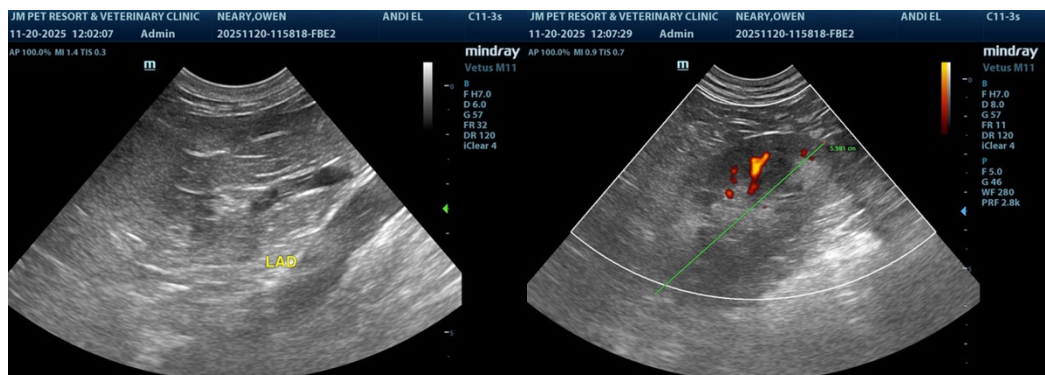
No visualized significant omental lymphadenopathy, generalized normal omental echogenicity or peritoneal effusion/hemoabdomen was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – consistent with benign criteria, although nonspecific
- Normal gallbladder
- Cranial splenic mass – hyperplasia, hematopoiesis, granuloma, neoplasia, i.e. sarcoma possible
- Age-related renal changes
- Non-visualized adrenal glands – consistent with patient history

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no pathology on 3-view chest radiographs and if atypical Addison's disease is stable, diagnostic and prophylactic splenectomy with concurrent hepatic biopsies, assuming normal clotting status, is warranted. Screening hepatic FNA cytology, primarily to assess for inflammatory criteria. Hepato-supportive medications and serial sonographic monitoring of the splenic mass for evidence of progression would be a more conservative approach. No obvious sonographic evidence of intraabdominal major organ metastasis.





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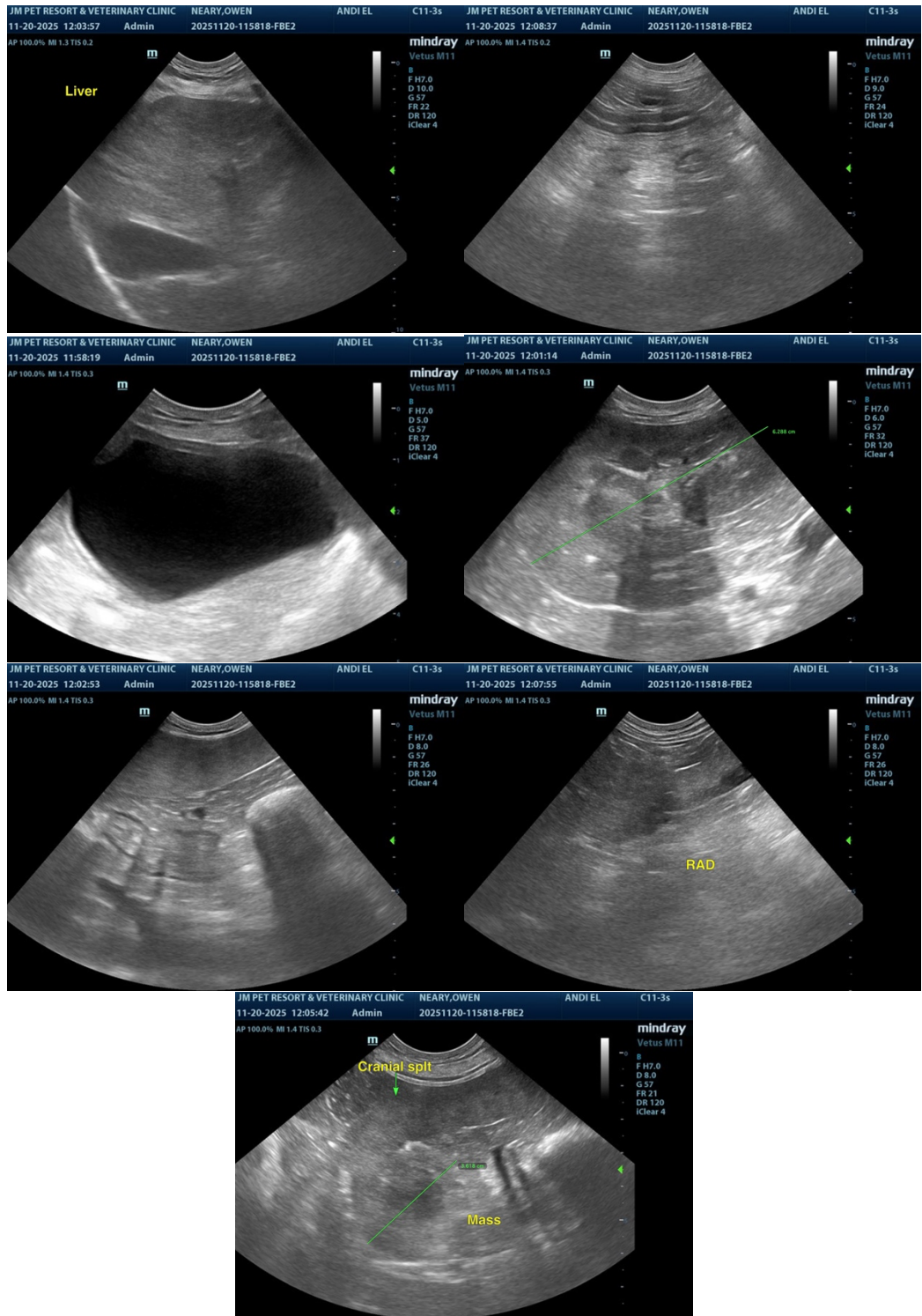
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)