

PATIENT

Charlie D'Andrea

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

9

WEIGHT

52.4

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Salazar

INVOICE

12411

DATE

11/22/25

PRESENTING CLINICAL SIGNS

Elevated liver values after starting 2 weeks of Prednisone for suspected IVDD weight loss of 3 lb since starting Pred /strict restrictions but increased appetite Current meds Pred 15mg SID Gaba 300mg BID

Abnormal PE/Chem/CBC/UA Results: ALT 571 ALP >2000 GGT 18 findings were WNL 2 weeks ago sample was not hemolyzed of lipemic Chol 386

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, 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.

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 5.9 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized likely secondary to steroid therapy with no obvious pathology. The left adrenal gland measured 0.59 cm width at the caudal pole.

The right adrenal gland was not definitively visualized likely owing to steroid therapy.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented moderately 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 non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta (consistent with food echogenicity) 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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- vacuolar, steroid or metabolic hepatopathy, inflammatory disease, hyperplasia, nonobstructive cholestatic hepatopathy, occult neoplasia (thought less likely) possible.
- Mild gallbladder debris (non-mucocele).
- Benign splenic nodules- consistent with myelolipomas.
- Normal gastrointestinal tract with mild gastric ingesta- ingesta consistent with food echogenicity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

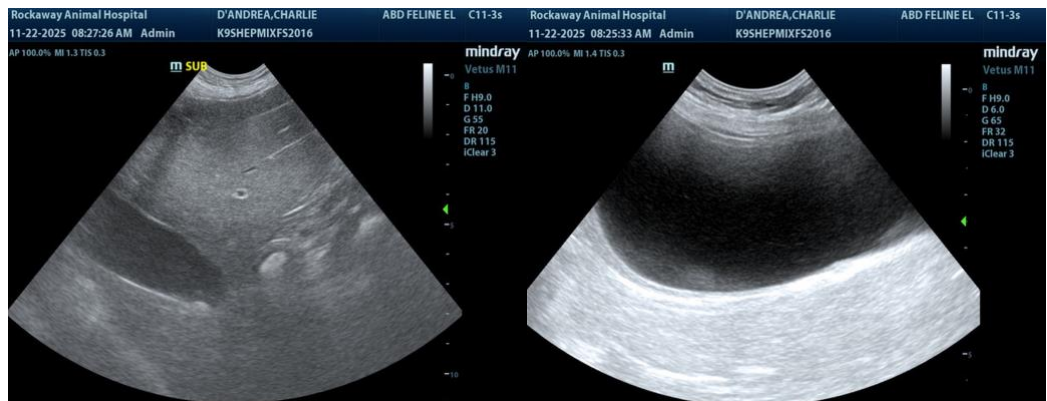
Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification although, no overt sonographic evidence of hepatic neoplastic criteria. A GI panel to include PLI, TLI, cobalamin and folate, three view chest radiographs in conjunction with neurological/musculoskeletal examination to assess for evidence of occult non-hepatic pathology as a contributing factor to the weight loss may be considered. Hepatosupportive medications are recommended.

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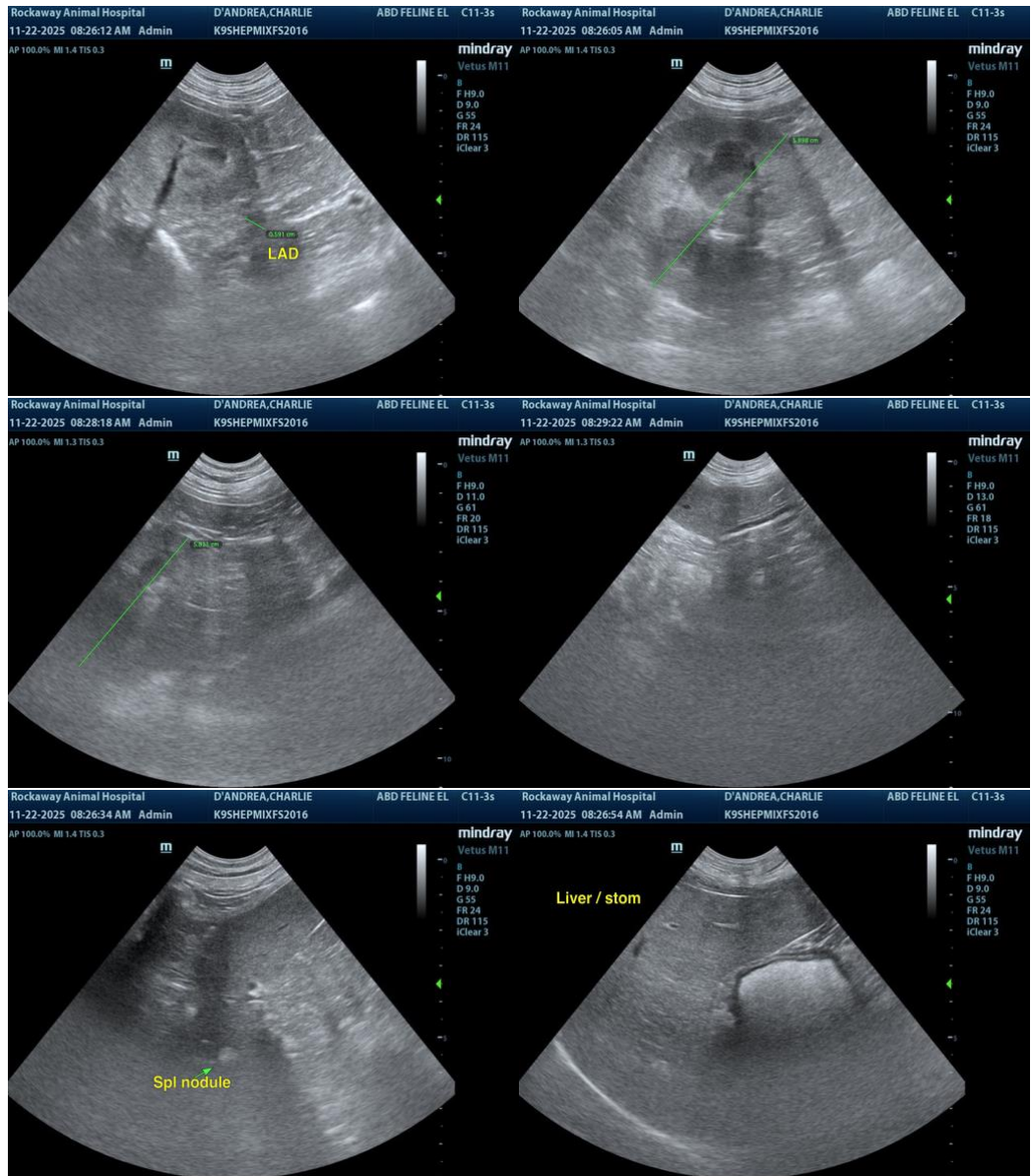
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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