



PATIENT

Mallory Rollins

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

9 years 3 months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Richard Hovis

INVOICE

12855

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Mallory has not been feeling well and not eating. Radiographs look clear, but want to make sure no cancer - Alkp 515, Platelets 59,000, HCT 32.5 1/3/25 Alkp 276

Meds: Started Prednisone 20mg 1 and 1/2 twice a day and Doxycycline 100mg 2 twice a day - Will have 300mg trazodone and 600mg gabapentin on board 9/2/25

Abnormal PE/Chem/CBC/UA Results: RBC 5.12 Hct 33.2% Hemoglobin 12 WBC 1.85 Platelets 101 K/uL ALT 262 Alkp 1,974

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 6.5 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.7 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 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, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The visualized segments of the small intestine exhibited intact wall layering with normal wall layer ratio. Empty intestinal lumen.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

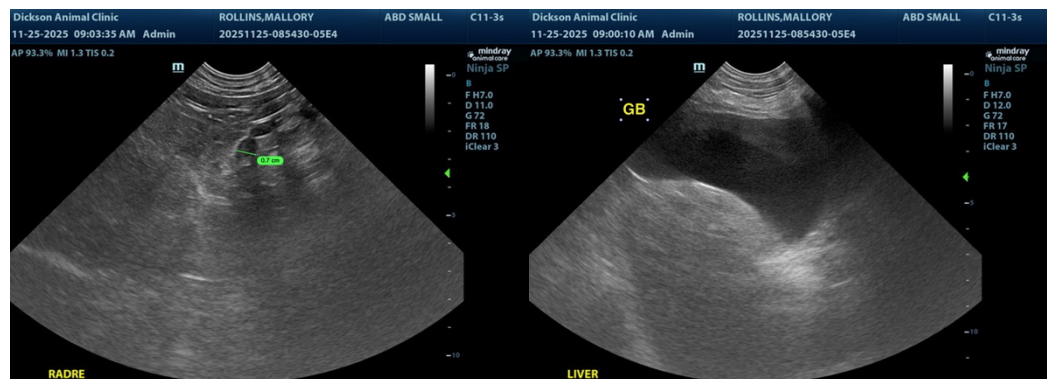
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild, non-organized gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with non-shadowing gastric ingesta – consistent with food echogenicity
- Normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. The hepatopathy is most consistent with benign criteria with steroid or vacuolar hepatopathy in conjunction with patient history, inflammatory hepatopathy, non-obstructive cholestasis, all potentials, No evidence of intraabdominal neoplastic criteria. Hepato-supportive medications may prove beneficial.





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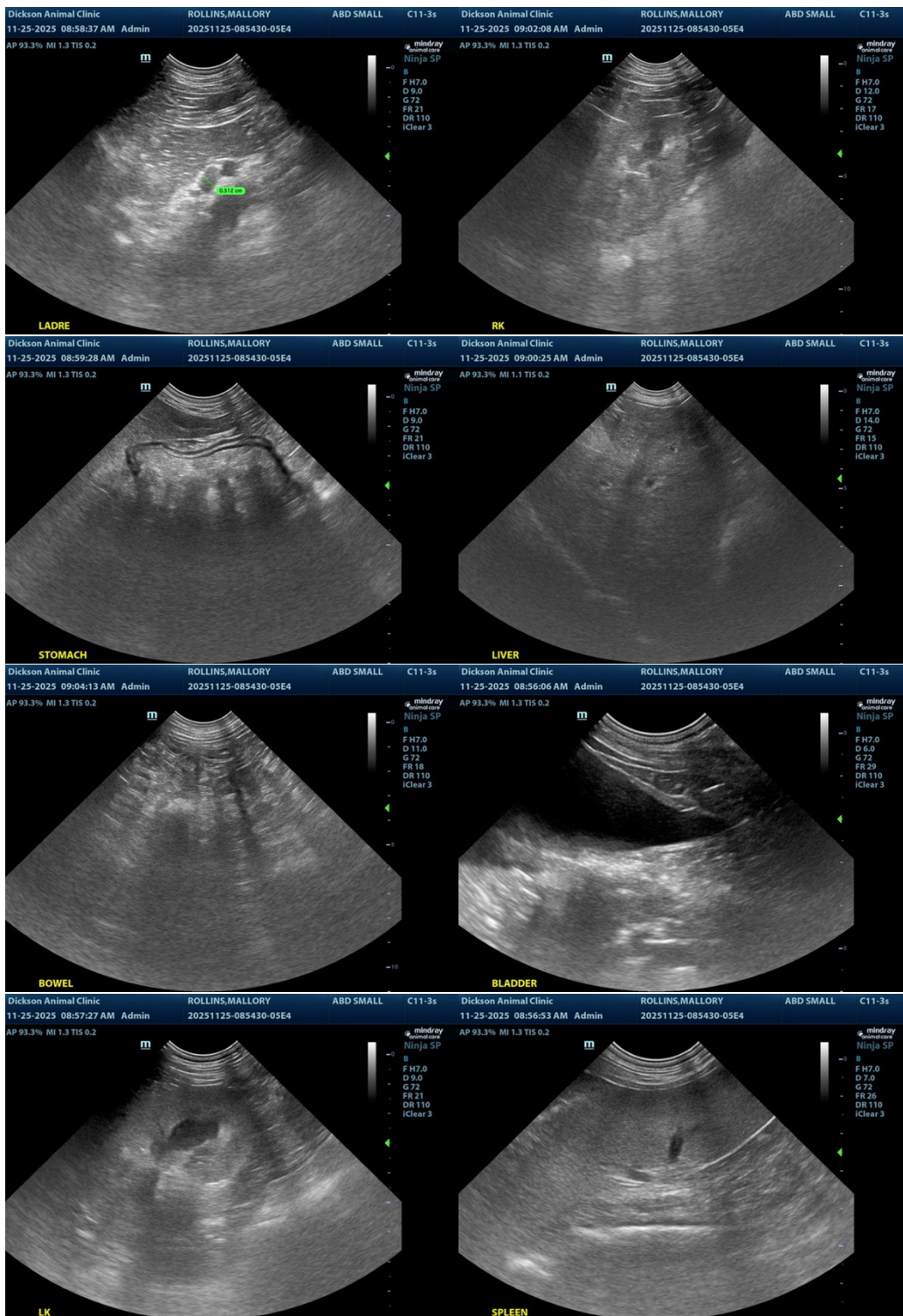
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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