



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zeke Petecca	Vomiting/diarrhea for a few days, decreased appetite
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE: BCS 6/9 CBC wnl CHEM: ALT unable to read, ALKP 1806, TBILI 6.1
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Lab	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, 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.
<b>SEX</b>	No obvious pathology in the area of the residual prostate.
Neutered Male	<b>AGE</b>
	11
<b>WEIGHT</b>	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 6.4 cm in length. The right kidney measured 7.7 cm in length.
92.3	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left and right adrenal glands were not definitively visualized.
R. McKenzie Daniel, DVM, DABVP	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Chelsea Pastor	<b>Liver</b>
<b>HOSPITAL NAME</b>	The liver presented with adequate to subjective subnormal size, symmetrical contour and mild hypoechoic parenchyma with mild increased to indistinct portal vascular border prominence.
Fredon Animal Hospital	<b>REFERRING VET</b>
<b>REFERRING VET</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Bednar	<b>Gastrointestinal</b>
<b>INVOICE</b>	The stomach was indistinctly visualized with no evidence of gastric distention, significant retained ingesta, fluid or foreign material.
12118	<b>DATE</b>
<b>DATE</b>	The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestine lumen to the level of the colon.
11/06/25	The visualized colon exhibited intact wall layering and nondistended size with semi formed to soft fecal matter and lumen gas.



**PATIENT**

**Pancreas**

Zeke Petecca

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Lab

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting normal to borderline subnormal liver size.
- Normal gallbladder.
- Overall, sonographically normal visualized gastrointestinal tract with semi formed to soft fecal matter in the colon.
- Age-related renal changes.

**AGE**

11

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

92.3

Considerations for the hepatopathy may include potentially acute nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis i.e. copper, vacuolar/nonobstructive cholestatic hepatopathy or other with occult hepatic neoplasia thought less likely. No obvious intrahepatic or extrahepatic macroscopic shunt criteria. Further assessment may include, if accessible and assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory cell type, leptospirosis titers/PCR and bile acid profile. Concurrent nonspecific gastroenterocolitis is suspected. Hepatic biopsies with histopathology and copper assessment are likely required for a definitive diagnosis.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

Hepatogastrointestinal support, empiric coverage for nonspecific hepatitis and clinical monitoring would be reasonable. Sonographic reassessment may be indicated if progressive hepatopathy or gastrointestinal signs. A concurrent GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult non-hepatic disease as a contributing factor may be considered.

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal Hospital

**REFERRING VET**

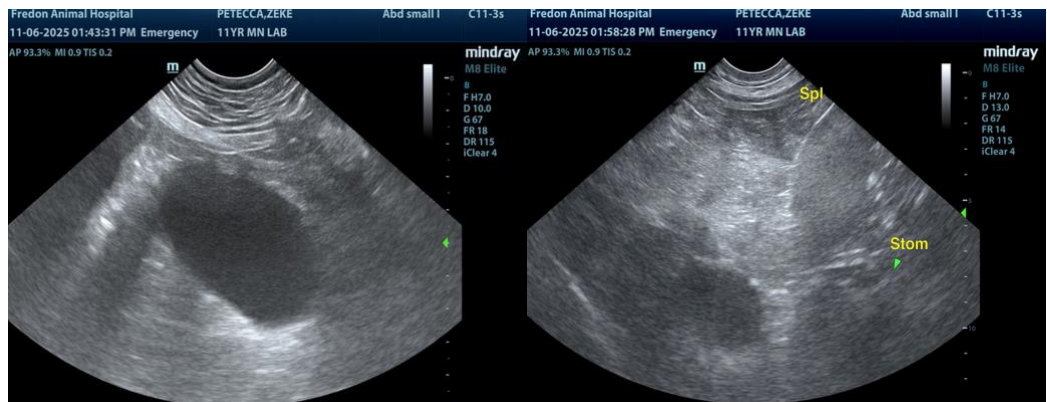
Dr. Bednar

**INVOICE**

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**DATE**

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**PATIENT**

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**SPECIES**

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**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

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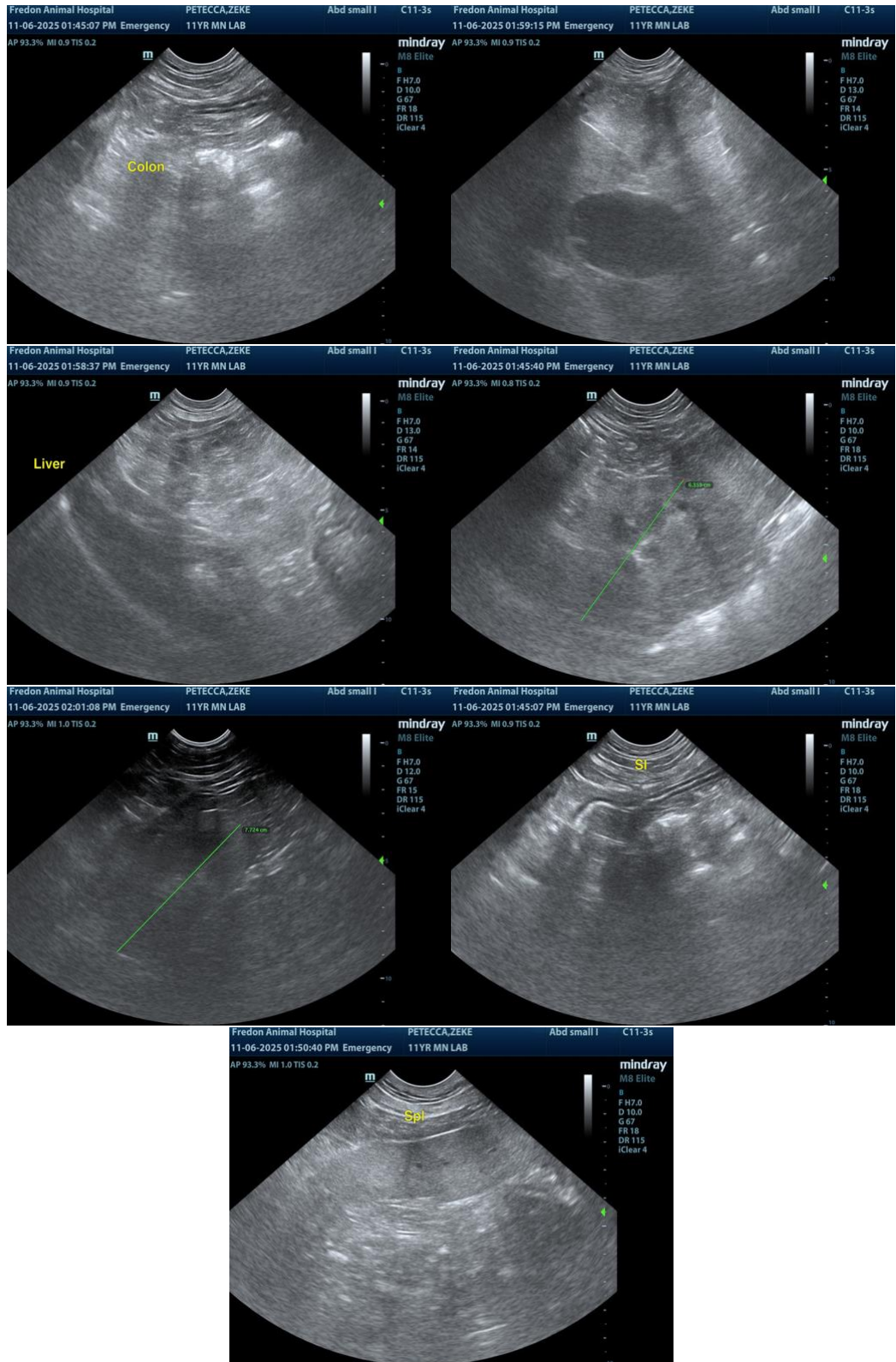
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Zeke Petecca

## SPECIES

Canine

## BREED

Lab

## SEX

Neutered Male

## AGE

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## WEIGHT

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## DATE

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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)