



PATIENT

Abby Wilkinson

SPECIES

Canine

BREED

Pug X

SEX

Female Spayed

AGE

11 y

WEIGHT

8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Jocelyn Chalifour

INVOICE

12939

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Hyporexic and intermittent lethargy for past 3 weeks. No change in diet. No vomiting or diarrhea. Had TPLO sx RH 1mo ago. Was on 0.1mg/kg Meloxicam PO SID post-op, but discontinued medication since Dec 3rd with no improvement of clinical signs. Physical exam unremarkable. CBC WNL. Moderately elevated ALT and ALKP on chemistry. U/A unremarkable. TPLO sx RH Nov 6, 2025

Current meds: 7.5mg Mirtazapine PO q24h PRN 100mg Gabapentin PO q12h Librela 5mg SC q4wks 1-tab Aventi liver PO q24h 2mg/kg Cerenia PO q24h PRN for nausea (no improvement)

Abnormal PE/Chem/CBC/UA Results: ALP 1253 (H) ALT 818 (H) GGT 0 (N) TBili 6 (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine. The trigone, cystourethral junction, and visible pelvic urethra 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.

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 mild increased echogenicity and mild enhanced to indistinct loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 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 0.47 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology exhibiting subjective normal size, position and shape measuring 0.45 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented subjective mildly 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



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congestion. The gallbladder was non distended in size with mild, mild, congealed, echogenic, nonmineralized biliary sludge in the caudal lumen area of the gallbladder neck. No evidence of gallbladder inflammation. The common bile duct was not visualized.

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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, foreign material or evidence of obstruction to pyloric outflow. Gastric body wall measured 0.50 cm. Pylorus wall measured 0.37 cm.

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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. Duodenum wall measured 0.56 cm and jejunum wall measured 0.40 cm.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Congealed, non-obstructive gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract
- Pancreatic remodeling
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is nonspecific and most consistent with benign hepatopathy criteria, vacuolar hepatopathy, inflammatory/immune mediated disease, hepatotoxicosis, hyperplasia, non-obstructive cholestasis or other with hepatic neoplasia thought less likely. Further assessment may include, assuming normal clotting status, hepatic FNS cytology and +/- leptospirosis titer/PCR. Hepato-gastrointestinal support is recommended. Definitive diagnosis may require biopsies for histopathology. A spec cPL warranted to assess for mild to chronic pancreatitis.

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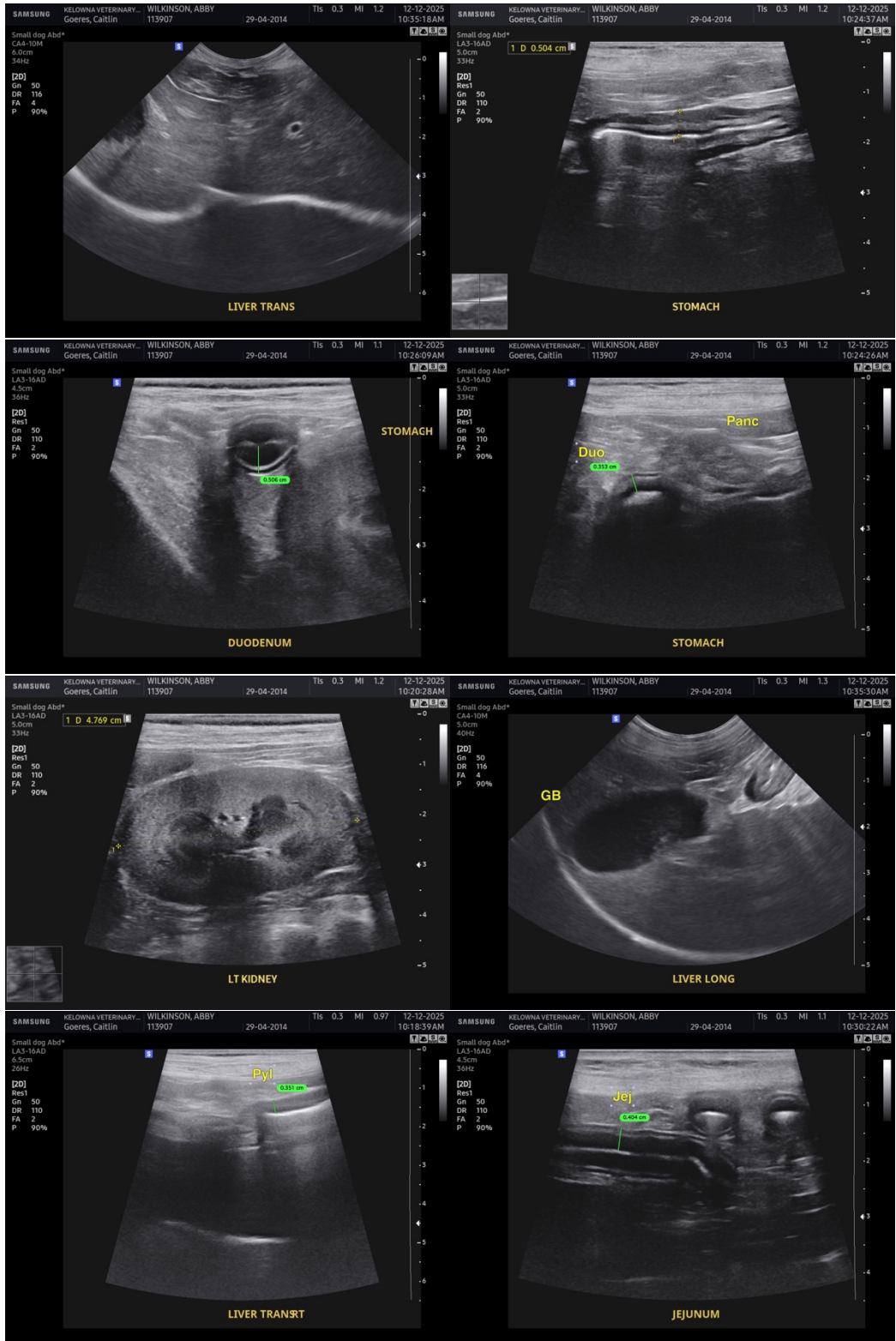
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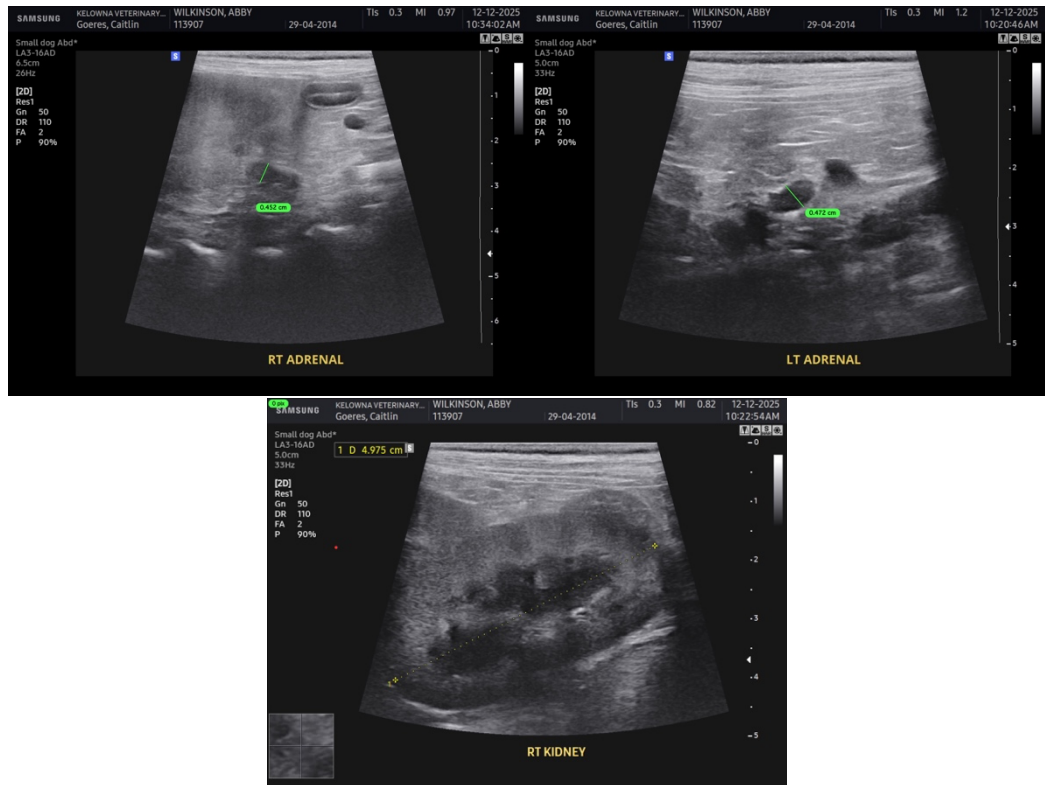
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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