



**PATIENT**

Bubba Kemp

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

2016

**WEIGHT**

68

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Aloha Animal Hospital

**REFERRING VET**

Dr. Freese

**INVOICE**

12702

**DATE**

12/15/25

**PRESENTING CLINICAL SIGNS**

Dermatologist recommended ultrasound evaluation of gallbladder

Medication: Clavamox, Gabapentin, Apoquel

Labs: ALP 2059 Platelet 489 Urinalysis Protein 1+ Urine specific gravity 1.023

**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 urine mineral or calculi. 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.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were visualized with pinpoint hyperechoic cortex foci which may indicate pinpoint areas of cortical micro infarction, mineralization or fibrosis. Small noncapsule deforming lateral cortical cyst was present. The left kidney measured 6.6 cm in length.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were visualized with pinpoint hyperechoic cortex foci which may indicate pinpoint areas of cortical micro infarction, mineralization or fibrosis. The right kidney measured 6.6 cm in length.

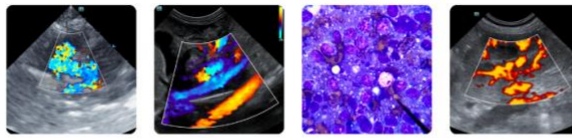
**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 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 0.56 cm width at the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small primarily perihilar hyperechoic nodules were present with an example measuring 0.62 cm in diameter. 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**



**PATIENT**

Bubba Kemp

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

2016

**WEIGHT**

68

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Aloha Animal Hospital

**REFERRING VET**

Dr. Freese

**INVOICE**

12702

**DATE**

12/15/25

The liver revealed subjective mild hepatomegaly. 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 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.

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

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy pattern- suggestive of vacuolar hepatopathy criteria.
- Sonographically normal gallbladder.
- Small hyperechoic splenic nodules- most suggestive of benign criteria i.e. myelolipomas, hyperplasia, possible emerging mineralization.
- Chronic renal changes exhibiting medullary mineral, hyperechoic cortex foci and small left kidney cortical cyst.
- Normal bilateral adrenal glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt evidence of adrenal pathology as a contributing factor to the hepatopathy in conjunction with no reported clinical signs suggestive of Cushing's syndrome. Adrenal screening or work up is warranted if clinical signs are nonreported or arise. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification primarily to assess for nonobvious inflammatory criteria. Hepatosupportive medications and monitoring if patient is nonclinical would be reasonable.



**PATIENT**

Bubba Kemp

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

2016

**WEIGHT**

68

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Aloha Animal Hospital

**REFERRING VET**

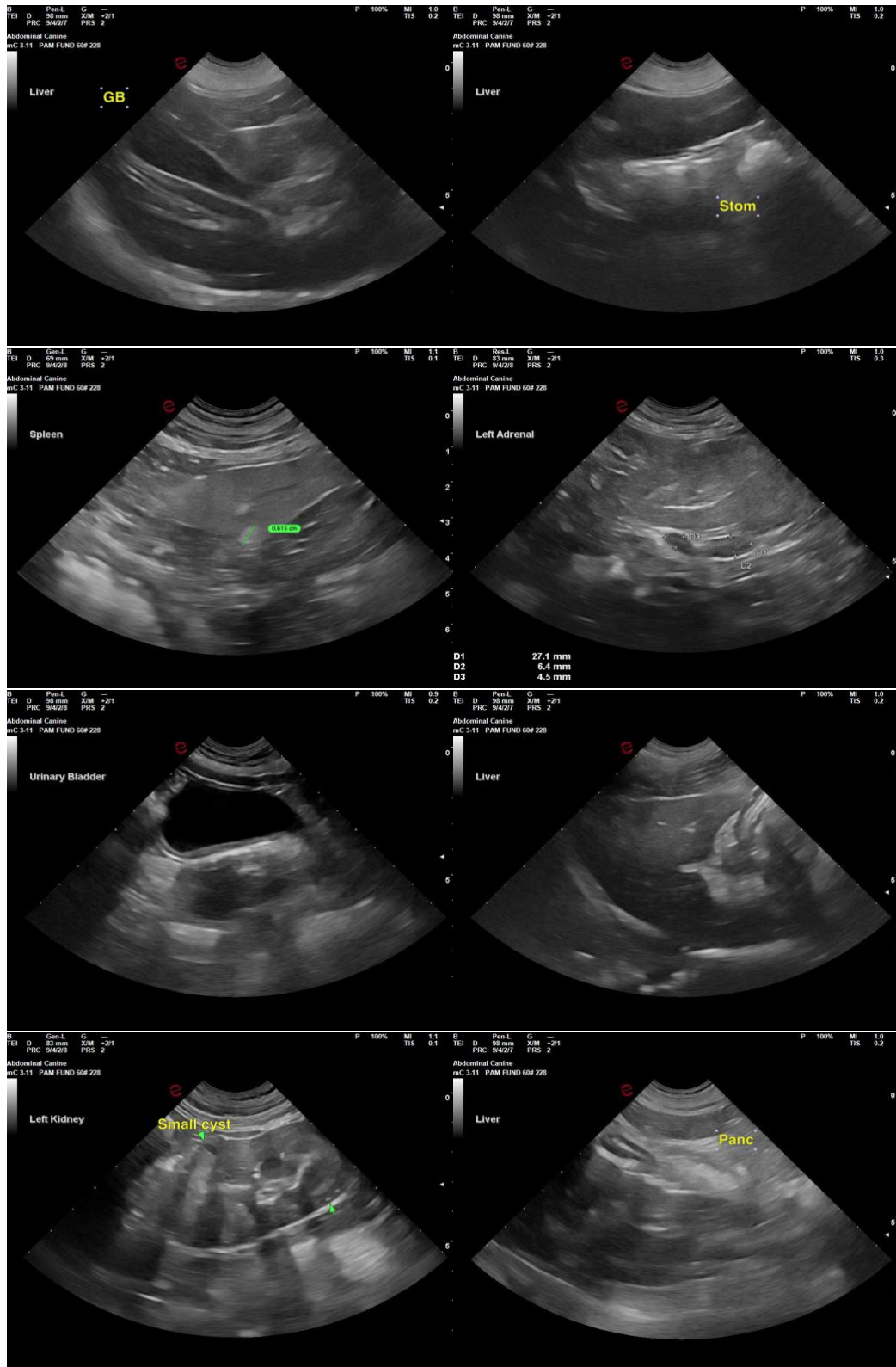
Dr. Freese

**INVOICE**

12702

**DATE**

12/15/25





**PATIENT**

Bubba Kemp

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Neutered Male

**AGE**

2016

**WEIGHT**

68

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Aloha Animal Hospital

**REFERRING VET**

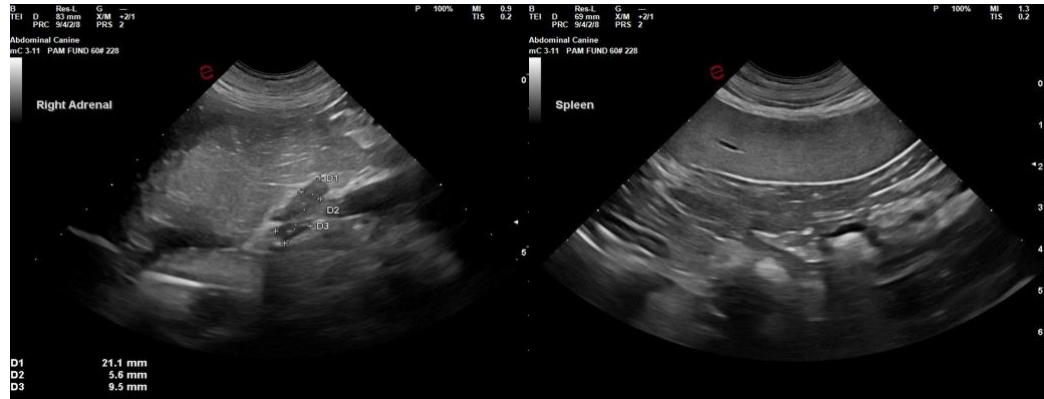
Dr. Freese

**INVOICE**

12702

**DATE**

12/15/25



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)