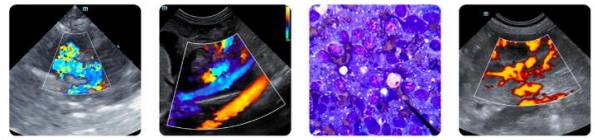




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Molli Kametz	Last AUS 8/21/25 for monitoring of elevated liver enzymes. Results--benign hepatopathy criteria, gall bladder debris not consistent with mucocele. Added in ursodial in addition to previous denamarin and BW monitoring elected. Most recent 12/8--AST 114, ALT 718, ALP 2926, GGT 27, Tbili 0.8, Alb 2.6, glu normal and cholesterol elevated. UA--USG 1.036, UPC 0.2, quiet otherwise. Smaller panel in Oct ALT 619, ALP>2000. Only smaller panels have been run since Jan so no AST, GGT, Tbili for comparison. 1st AUS was 6/2024. P is clinically doing fine at home but given new info with the GGT, Tbili electing recheck AUS.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Jack Russell Terrier	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder was nondistended with urine, exhibiting overall normal urinary bladder wall without evidence of tumors. No evidence of urine mineral or calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
13y3m	
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
23.2 lbs.	Normal size and margination were 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 4.7 cm in length. The right kidney measured 5.0 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 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 0.60 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Heather Platzer	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, non-capsule deforming, 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
<b>HOSPITAL NAME</b>	
Hershire AH	
<b>REFERRING VET</b>	
Susan Zhang, DVM	
<b>INVOICE</b>	
10474	
<b>DATE</b>	
12/17/25	



<b>PATIENT</b>	<b><i>Liver/ Gallbladder</i></b>
Molli Kametz	<p>The liver was normal in size with areas of mild asymmetrical caudal hepatic capsule contour and adequate vascular volume. Mild nonhomogeneous coarse parenchyma exhibiting mild parenchymal remodeling was noted. Indistinct portal vascular borders were present. There were no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, congealed, nonorganized gallbladder debris. The common bile duct was not definitively visualized.</p>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Jack Russell Terrier	<p>The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.</p> <p>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.</p> <p>Normal visible colon wall layers were present with apparent formed feces in lumen.</p>
<b>SEX</b>	
FS	
<b>AGE</b>	<b><i>Pancreas</i></b>
13y3m	<p>The pancreas was normal in size and contour with isoechoic heterogeneous mild remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.</p>
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
23.2 lbs.	<p>No overt lymphadenopathy or peritoneal effusion was present.</p>
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Static appearing hepatopathy and nonorganized gallbladder debris (non mucocele)</li> <li>• Static benign splenic nodules - consistent with myelolipomas</li> <li>• Static heterogeneous remodeled pancreas</li> <li>• Static age-related renal changes</li> <li>• Normal bilateral adrenal glands</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Heather Platzer	<p>No evidence of progressive hepatopathy or post hepatic obstruction. The liver is still suggestive of chronic benign hepatopathy criteria. Considerations may include vacuolar changes, nonobstructive cholestasis, nonspecific hepatitis, hepatotoxicosis, i.e., copper, or other with possible mixed etiologies. No evidence of intrahepatic or extrahepatic macroscopic shunt. Definitive diagnosis would require hepatic sampling with Gold Standard biopsy with histopathology. Continued hepatosupportive medications and monitoring if the patient is nonclinical would be reasonable.</p>
<b>HOSPITAL NAME</b>	
Hershire AH	
<b>REFERRING VET</b>	
Susan Zhang, DVM	
<b>INVOICE</b>	
10474	
<b>DATE</b>	
12/17/25	



**PATIENT**

Molli Kametz

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FS

**AGE**

13y3m

**WEIGHT**

23.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Heather Platzer

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

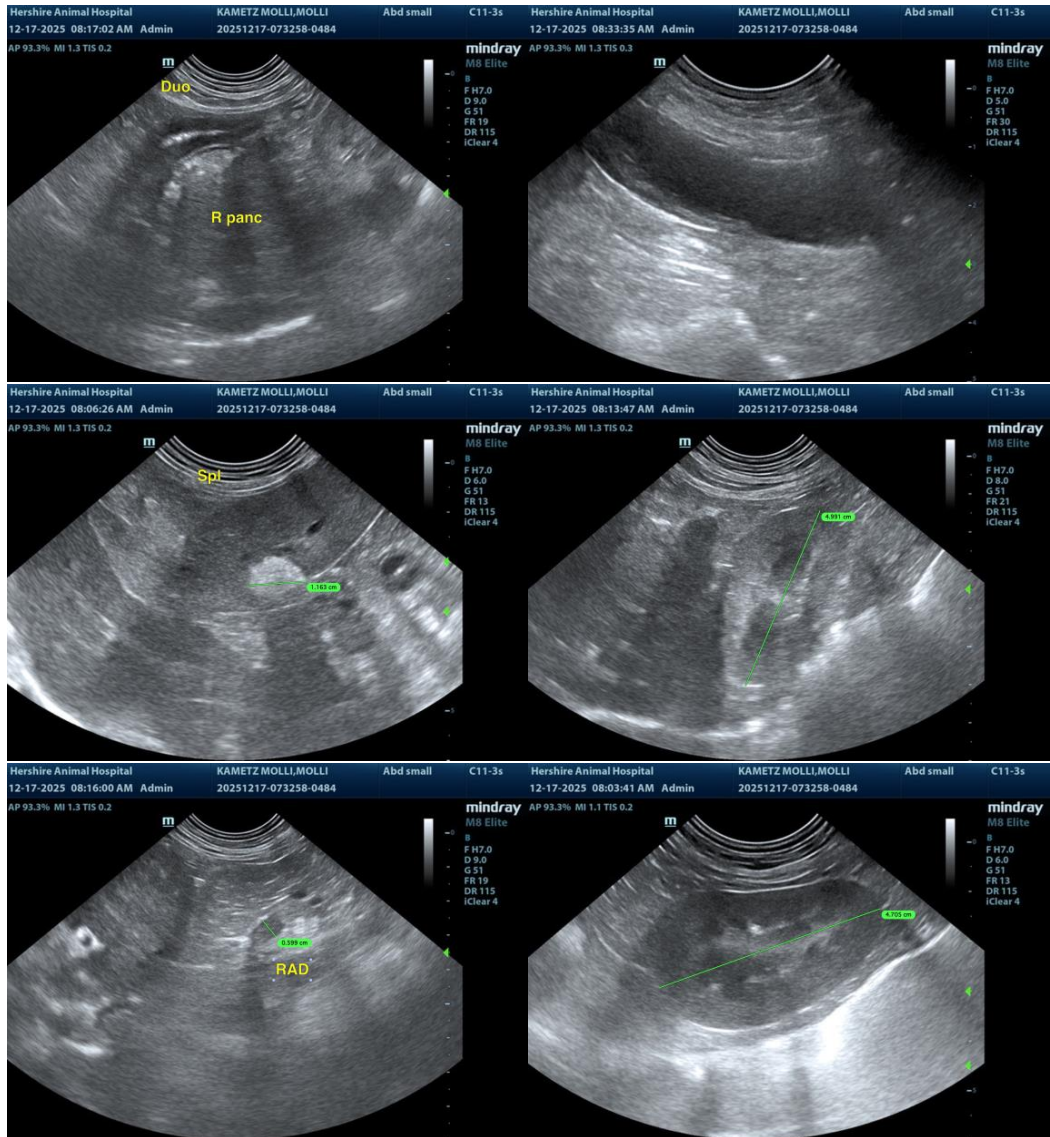
Susan Zhang, DVM

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10474

**DATE**

12/17/25





## PATIENT

Molli Kametz

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

FS

## AGE

13y3m

## WEIGHT

23.2 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire AH

## REFERRING VET

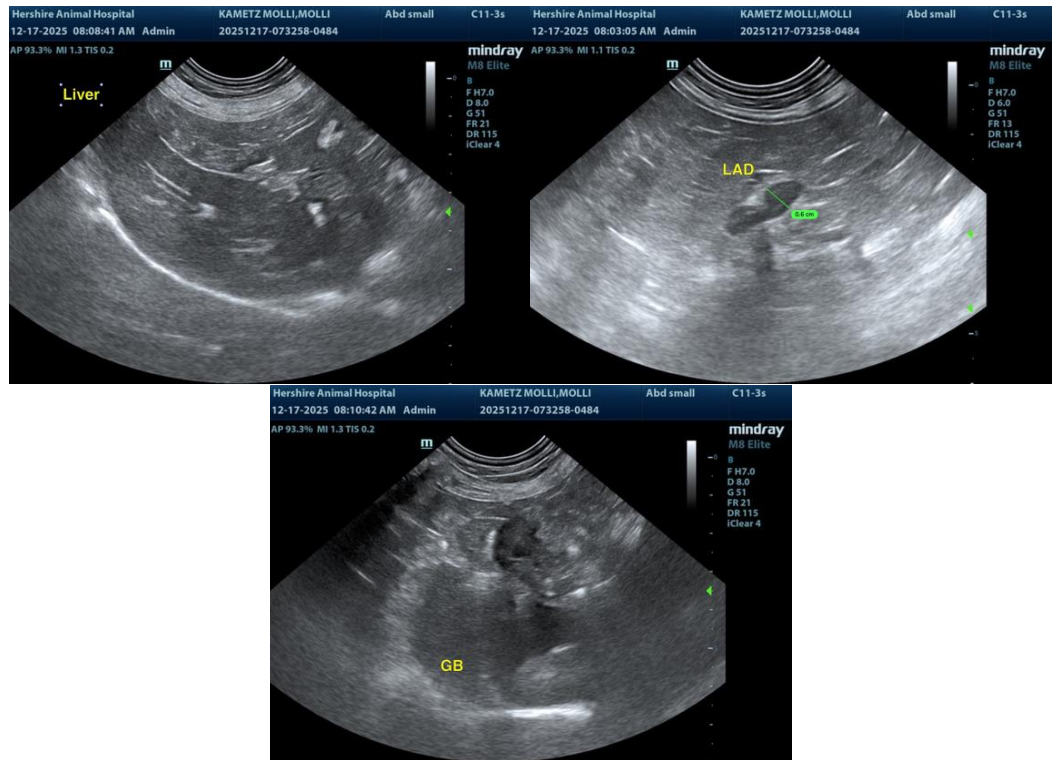
Susan Zhang, DVM

## INVOICE

10474

## DATE

12/17/25



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)