



PATIENT

Toonie Orris

SPECIES

Canine

BREED

Labrador

SEX

Female Spayed

AGE

8y 11m

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

12960

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Monitoring due to chronically mildly elevated liver enzymes for last 1-1.5 years Bile acids performed 6/2025: normal (being repeated today) Most recent liver enzymes: 9/22/25: ALT: 296, AST: 62 rest of cbc/chem/lytes within normal limits has occasional vomit and diarrhea episodes.

Current meds: denamarin, gi biome food

Sonopath ultrasounds performed: 6/19/25: sonographically normal liver, static myelolipomas, static pancreatic cyst 1/10/25: sonographically normal liver, splenic myelolipomas, heterogenous pancreas with subjective benign pancreatic cyst (pancreatic lipase blood test normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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 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 6.1 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was overtly normal in size, position and shape measuring 0.78 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. Intermittent, static, non-capsule deforming, hyperechoic nodules were present with an example measuring 0.64 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gastric fluid.

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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.

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

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Pancreas

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. Previously noted cyst area of pancreas base, caudal to the stomach measuring 2.2 cm in diameter. The cyst was thinly walled containing anechoic fluid.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver
- Normal gallbladder
- Static benign splenic nodules consistent with myelolipomas
- Static pancreatic cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive hepatopathy or intrahepatic/extrahepatic macroscopic shunt. Nonspecific inflammatory hepatic disease, i.e. nonspecific hepatitis, hepatotoxicosis, i.e. copper or other in conjunction with ALT/AST elevation possible. If patient remain non-clinical, continued hepatitis support medications and monitoring would be reasonable. Definitive diagnosis would require hepatic biopsies for histopathology and copper assessment. A spec cPL could be considered if clinical signs consistent with chronic pancreatitis.

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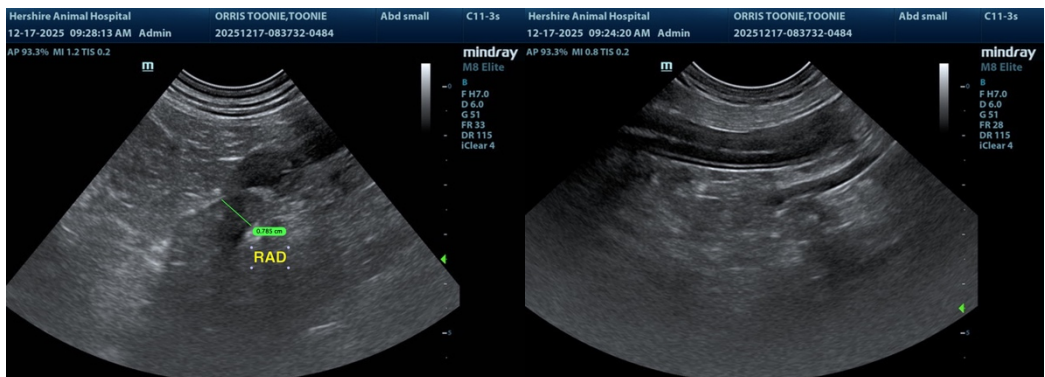
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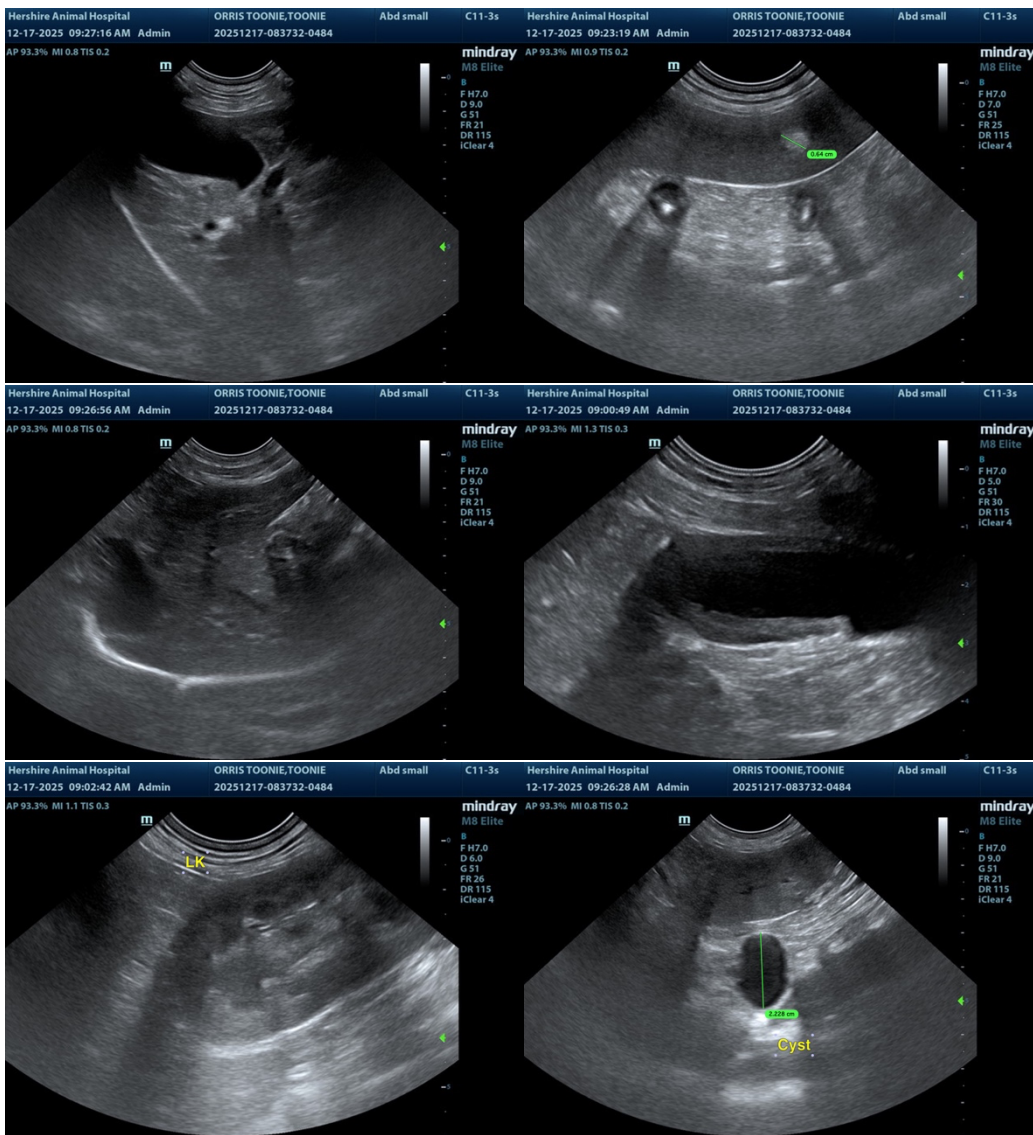
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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