



PATIENT

Brandy Spezia

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

15 Years

WEIGHT

17.6 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Michelle Mack

INVOICE

12802

DATE

12/22/25

PRESENTING CLINICAL SIGNS

P has history of elevated liver values, P has been on Denamarin

Abnormal PE/Chem/CBC/UA Results: BUN 30 ALT 458

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. Mild medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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.

Liver

The liver revealed mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent well demarcated nondisruptive hyperechoic hepatic nodules were present with an example measuring 0.80 cm in diameter.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.



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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, 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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

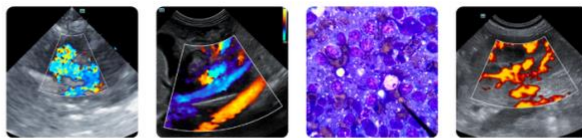
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with small hyperechoic intraparenchymal nodules.
- Immature gallbladder mucocele.
- Chronic renal changes exhibiting mild medullary mineral.
- Mild enlarged caudal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy and hepatic nodules are most suggestive of benign criteria with considerations including nonspecific inflammatory hepatopathy, fibrosis, probable areas of nodular hyperplasia or small lipogranulomas or other hepatopathy with hepatic neoplasia thought less likely. No evidence of intrahepatic or extrahepatic macroscopic shunt.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology primarily to assess for inflammatory cell type. The mild enlarged caudal left adrenal gland is nonspecific and of unclear clinical significance without reported clinical signs suggestive of adrenal disease. Adrenal screening is warranted if clinical signs consistent with adrenal disease arise or are nonreported. Emerging adrenal tumor is considered unlikely. If patient is nonclinical, hepatosupportive medications including Denamarin and Ursodiol if tolerated with clinical and sonographic monitoring of the liver, gallbladder and left adrenal gland for evidence of progression would be reasonable.



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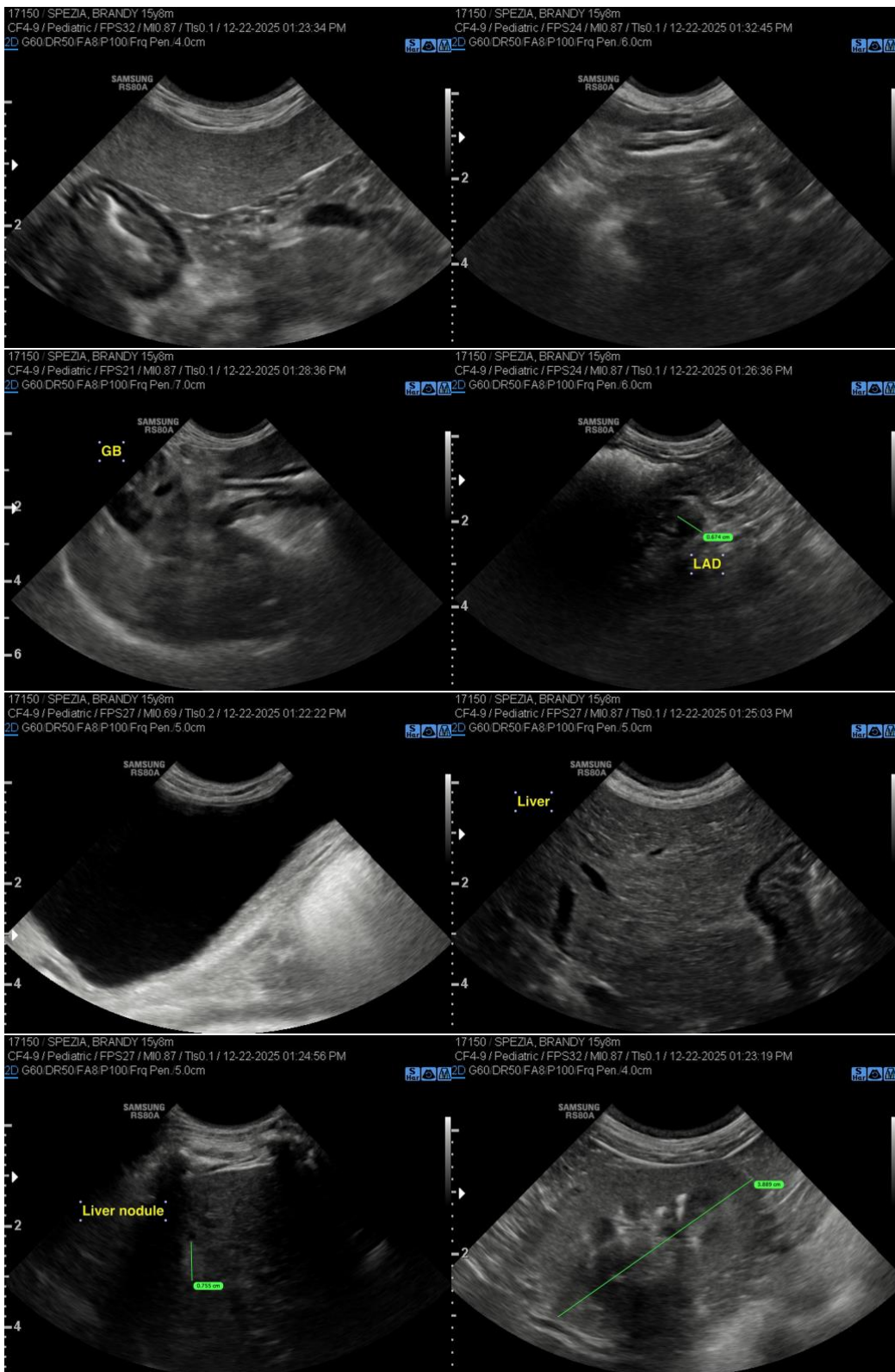
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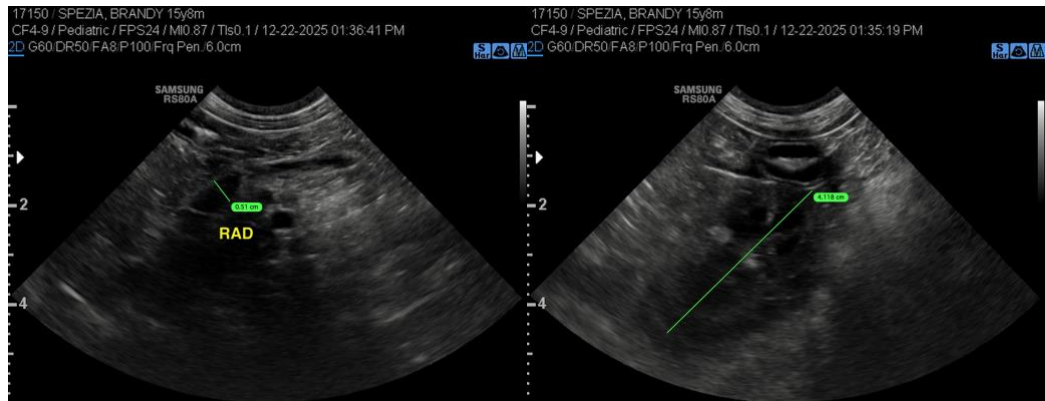
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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