



PATIENT

Kai Hara

PRESENTING CLINICAL SIGNS

On/ Off Vomiting. PE NSF. Meds: Rimadyl PRN

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALB 2.6, AST 101, ALT 415, ALP 266, GGT 17, BUN 34, Creat 2.1 Urine: July 25, UPC 0.5, USG 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney mild to moderate pyelectasia was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

27lb

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width in the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebecca Hamilton

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

HOSPITAL NAME

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Hospital

REFERRING VET

Dr Gannon

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.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Canine

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Primary

- Chronic renal changes with left kidney pyelectasia
- Normal age-related adrenal glands
- Chronic hepatopathy with non-homogenous parenchyma
- Minor gallbladder debris
- Sonographically normal gastrointestinal tract / area of pancreas

AGE

14yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

27lb

Monitoring of UPC +/- C/S, if inflammatory sediment on UA is recommended. The hepatopathy may indicate chronic hepatitis, vacuolar changes, hyperplasia, fibrosis, non-obstructive cholestasis with hepatic neoplasia thought less likely.

INTERPRETED BY

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(Canine and Feline)

Further assessment may include assuming normal clotting status, FNA cytology. A spec CPL could be considered to assess for mild to chronic pancreatitis, which may present sonographically normal. Hepatogastrointestinal and renal support is indicated with clinical monitoring.

**IMAGING
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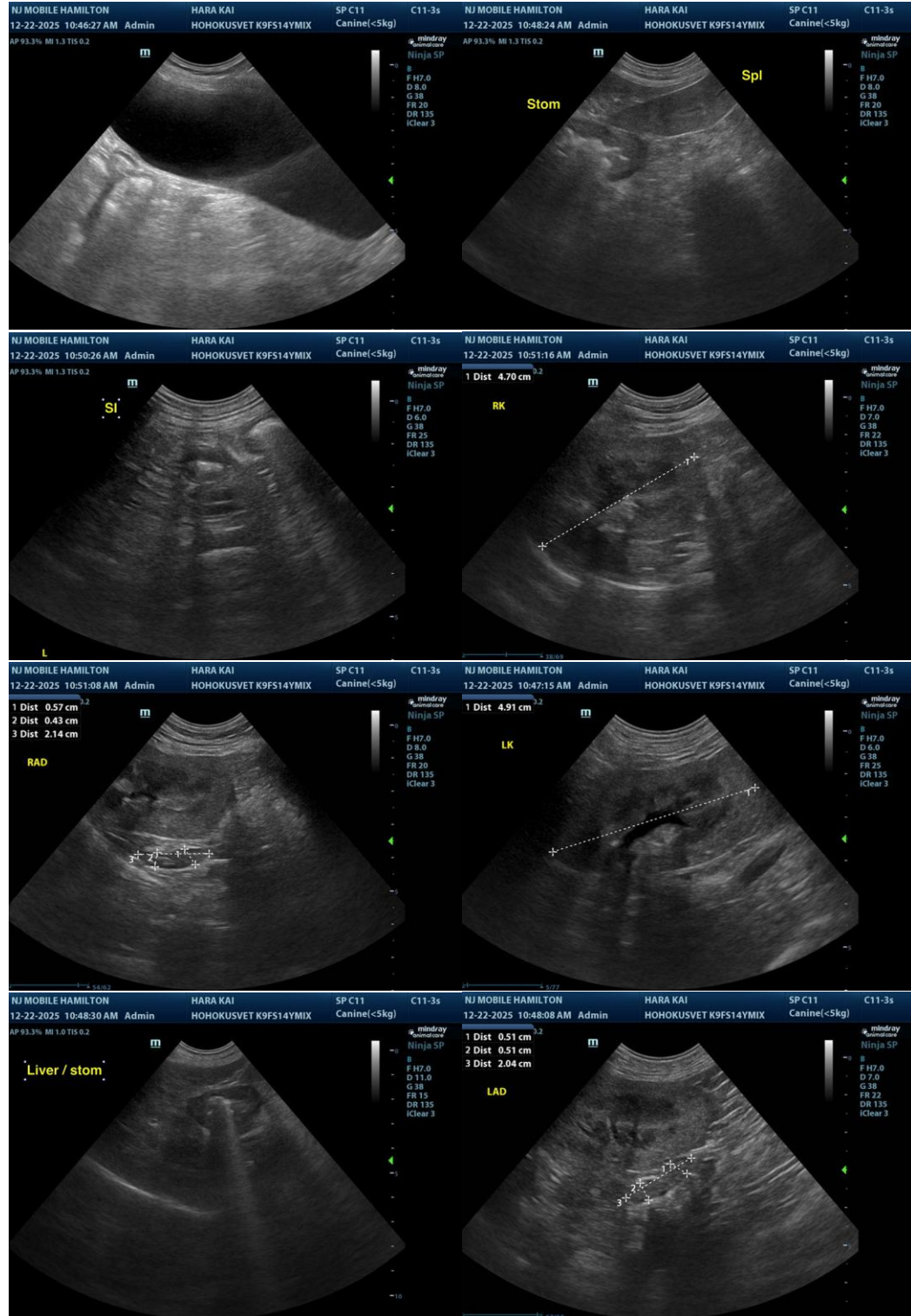
Dr Gannon

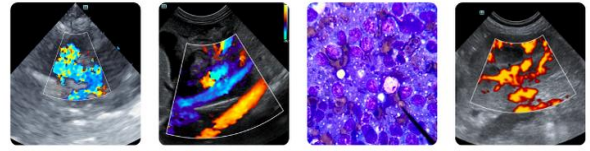
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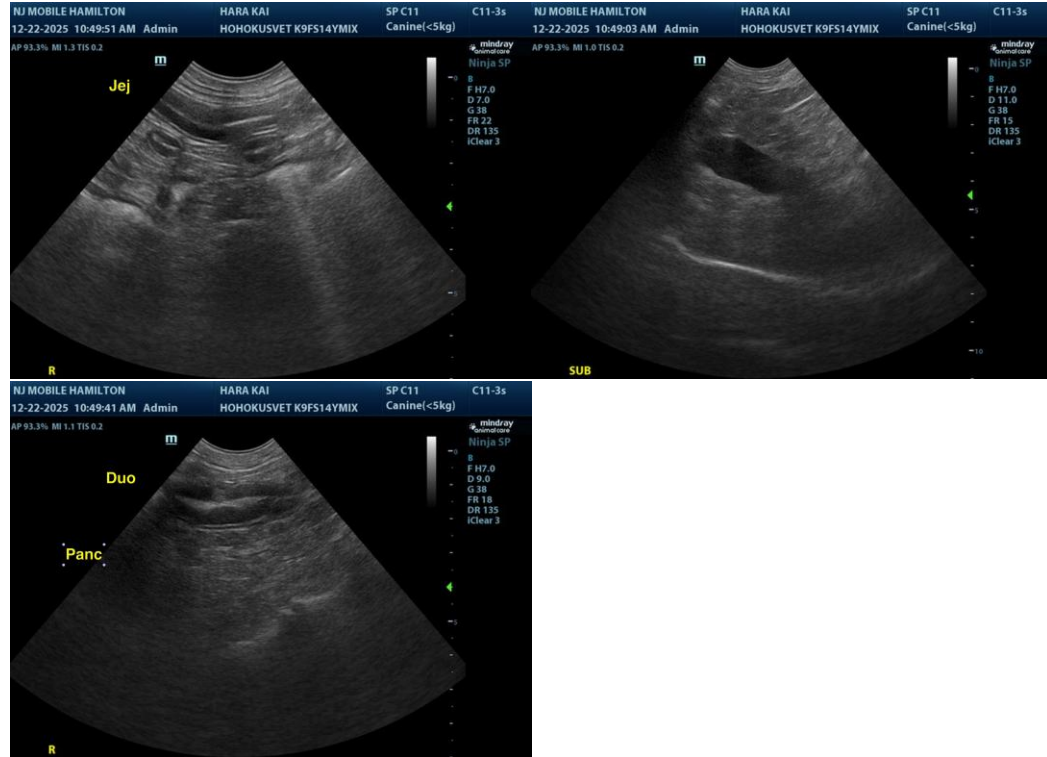
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebecca Hamilton

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