



**PATIENT**

Precious Chappelle

**SPECIES**

Canine

**BREED**

Mini Australian Shepherd

**SEX**

FS

**AGE**

11yr

**WEIGHT**

33.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cordon Road  
Veterinary Clinic

**REFERRING VET**

Dr Rowland

**INVOICE**  
23329

**DATE**  
12/22/2025

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Discussed starting patient on NSAIDs for mobility issues in the future. Recommended yearly bloodwork to establish baseline and check liver/kidney function. **ABNORMAL** Labwork Values ALT 382 AST 75 Alk Phos 566 Current Medications Cytopoint, Nexgard.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate urine sediment and mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Minor left kidney pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**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 0.67 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in 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.

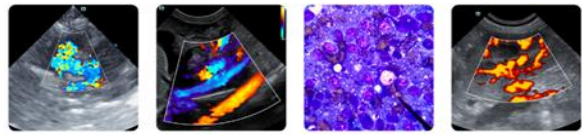
**Liver/Gallbladder**

The liver presented borderline enlarged in size. 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 mild non-organized debris. 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 mechanical/metabolic ileus, obstruction or foreign material.



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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes exhibiting mild left kidney pyelectasia
- Normal age-related adrenal glands
- Urinary bladder sediment and mild non-dependent lumen mineral

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is non-specific and consistent with benign criteria, vacuolar changes, inflammatory /immune mediated disease, hepatotoxicosis i.e. copper, hyperplasia, non-obstructive cholestasis or other hepatopathy possible, occult hepatic neoplasia considered less likely. Further assessment may include assuming normal clotting status, hepatic FNA cytology. No evidence of adrenal pathology as an obvious contributing factor.

Hepatosupportive medications including Denamarin and ursodiol if tolerated may prove beneficial. Hepatic biopsies would be required for a definitive diagnosis. A urinary workup including US, C/S if inflammatory sediment or UPC level if non-inflammatory proteinuria is recommended.



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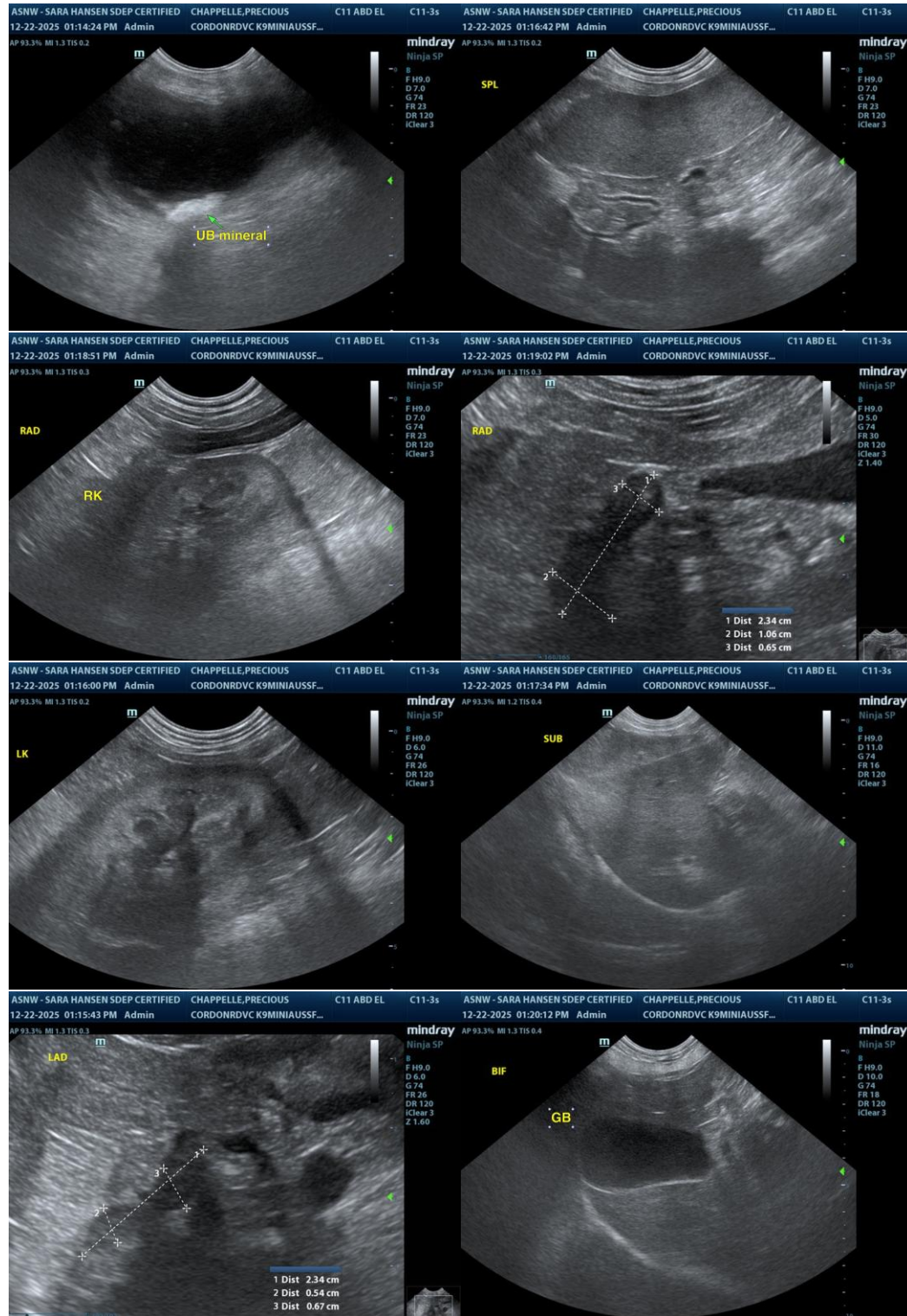
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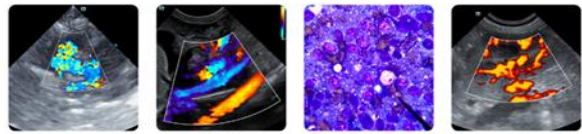
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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