



**PATIENT**

Ellie Holt

**SPECIES**

Canine

**BREED**

American Cocker  
Spaniel

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

28.8 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Lilan Hauser DVM

**INVOICE**

12824

**DATE**

12/23/25

**PRESENTING CLINICAL SIGNS**

Increasing ALKP for past 3 years, now 1373. No clinical signs. Needs to be on NSAID for DJD and stifle effusion (Carprofen 25 mg q12h. On RC HP diet long term for allergies. Has been on Compounded Otic (Enrofloxacin/Miconazole/Dexamethasone) 0.5 mL UA q12h. Has long history of ear meds containing dexamethasone from veterinary dermatologist

**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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The visualized medial iliac lymph nodes were sonographically normal.

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 5.3 cm in length. The right kidney measured 5.4 cm in length.

*Adrenal Glands*

The left and right adrenal glands were subnormal to flattened in appearance with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole. The right adrenal gland measured 0.27 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 to possible moderate generalized hepatomegaly. 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 to moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

*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 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**

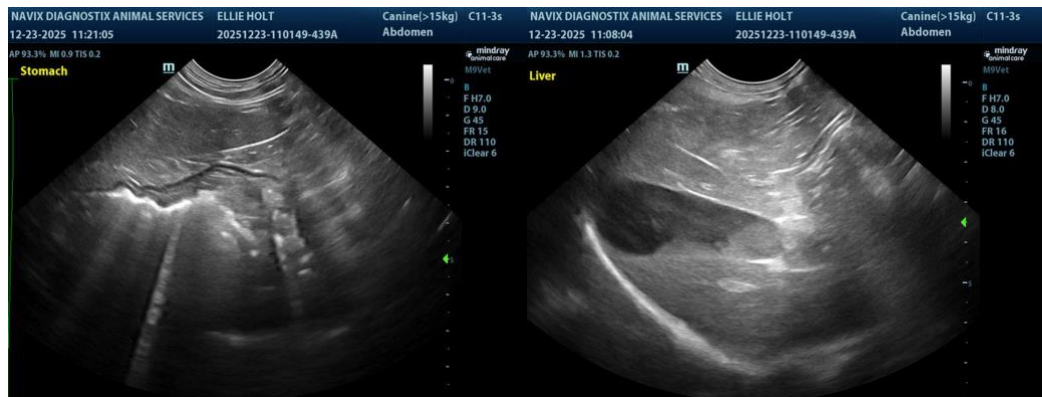
No overt lymphadenopathy or peritoneal effusion was present.

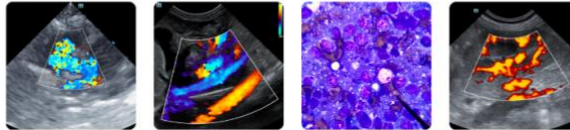
**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Subnormal to flattened bilateral adrenal glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is consistent with benign hepatopathy which may be idiopathic or potentially secondary to chronic topical steroid administration given the patient's history. The subnormal adrenal size may be a patient variant or likewise secondary to topical steroid administration. No evidence of hepatobiliary or adrenal neoplastic criteria. Given the patient is nonclinical, hepatosupportive medications with sonographic monitoring of the liver if evidence of progressive hepatopathy or cholestasis.





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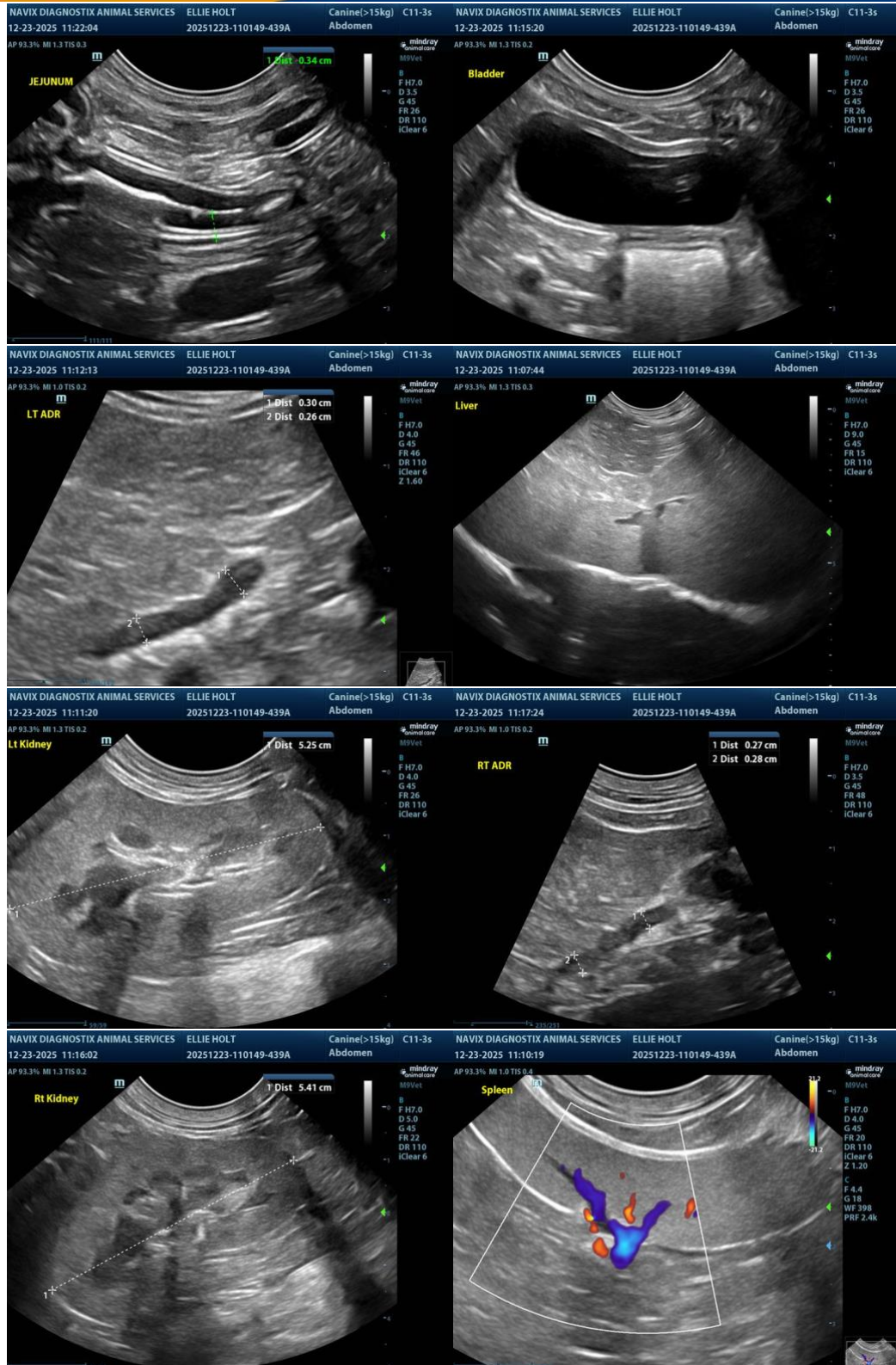
Dr. Lilan Hauser DVM

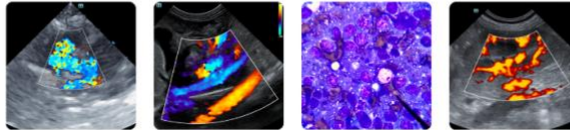
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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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