



PATIENT

Louie Gautreau

SPECIES

Canine

BREED

Wirehair Terrier

SEX

Neutered Male

AGE

7 Years 10 Months

WEIGHT

17.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Dr. Wendy Meredith
DVM

INVOICE

12827

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Pre-dental assessment of elevations in ALT and AST

Abnormal PE/Chem/CBC/UA Results: ALT: 689 AST: 78

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate appeared normal and free of pathology.

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 or renal mineralization. The left kidney measured 5.0 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary discrete isoechoic to hypoechoic nondisruptive mid splenic nodule was visualized measuring 0.75 cm in diameter.

Liver

The liver was borderline enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were adequate 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.

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.



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Pancreas

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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.

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Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Wirehair Terrier

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically normal unremarkable volume to borderline enlarged liver.
- Normal gallbladder.

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The hepatopathy is nonspecific yet consistent with benign hepatopathy criteria. Nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), hepatotoxicosis i.e. copper or other nonspecific inflammatory hepatic disease is favored in conjunction with elevated ALT/AST combination without overt evidence of cholestasis. No evidence of hepatobiliary neoplastic criteria. Assuming normal clotting status, further assessment may include hepatic FNA cytology +/- leptospirosis titers/PCR. Hepatic biopsies for histopathology and copper assessment is likely required for a definitive diagnosis. No evidence of intrahepatic or extrahepatic macroscopic shunt. Assuming patient is nonclinical and evidence of adequate hepatic function i.e. normal albumin, glucose, BUN and cholesterol level, no obvious anesthetic contraindications.

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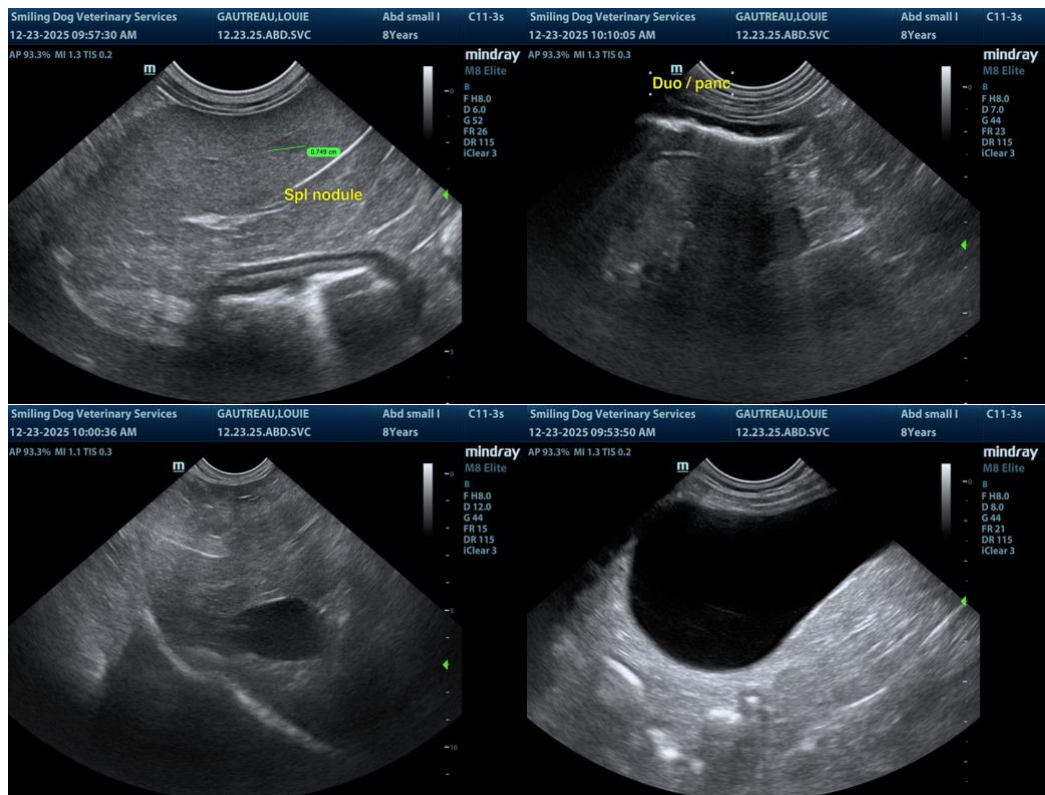
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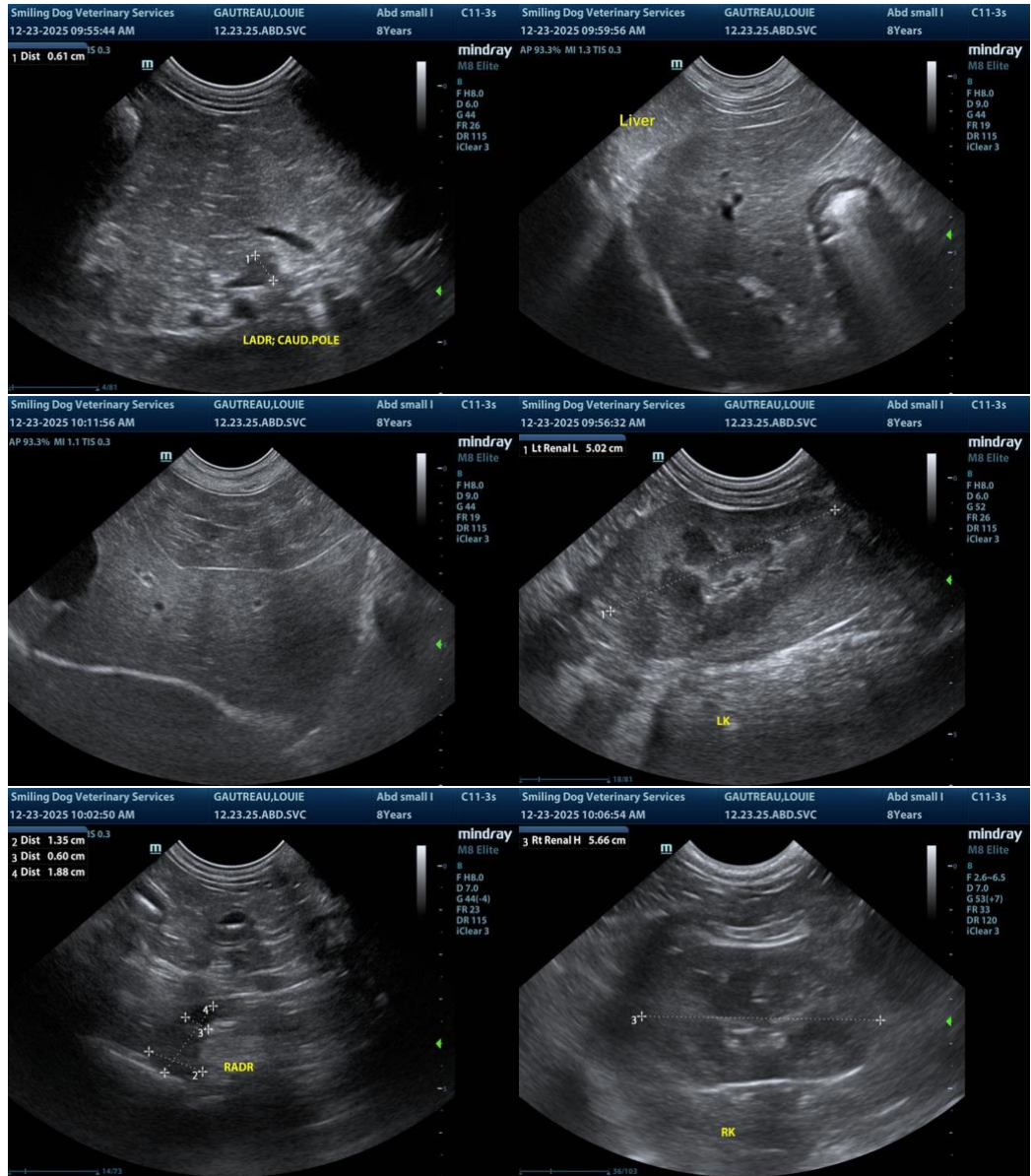
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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