



PATIENT

Murphy Steiner

SPECIES

Canine

BREED

Standard Poodle

SEX

M (N)

AGE

4 years

WEIGHT

68

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Garry Gotfredson,
DVM

INVOICE

10412

DATE

12/3/25

PRESENTING CLINICAL SIGNS

referral: regular DVM was able to speak to an internist about Murphy's case as well; she does not feel that the elevated ALKP, which is 2662 on send out is related to the vitamin D ingestion especially in the face of a normal calcium. Their concern is more an underlying vacular hepatopath type issue; did also discussed Cushings but feel that that would be a super rare case of Cushings given the age of Murphy and lack of clinical symptoms---but internist recommends sending his urine out for further evaluation. Also asked the intenist if Bile Acids would be beneficial at this time---and she didn't think so---she says the ultrasound and FNA are going to be most beneficial (may still do bile acids after that) Abnormal PE/Chem/CBC/JA Results: Liver biopsy pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 5.8 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized. No overt pathology was noted in the area of the right adrenal gland.

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 mildly 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



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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. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with 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 without evidence of retained ingesta, fluid, 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - sonographically consistent with benign criteria
- Normal gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific or idiopathic vacuolar hepatopathy or nonobstructive cholestatic hepatopathy is suspected in conjunction with ALP elevation. No overt adrenal pathology as a contributing factor. Correlation with hepatic sampling is recommended. Hepatosupportive medications may prove beneficial.



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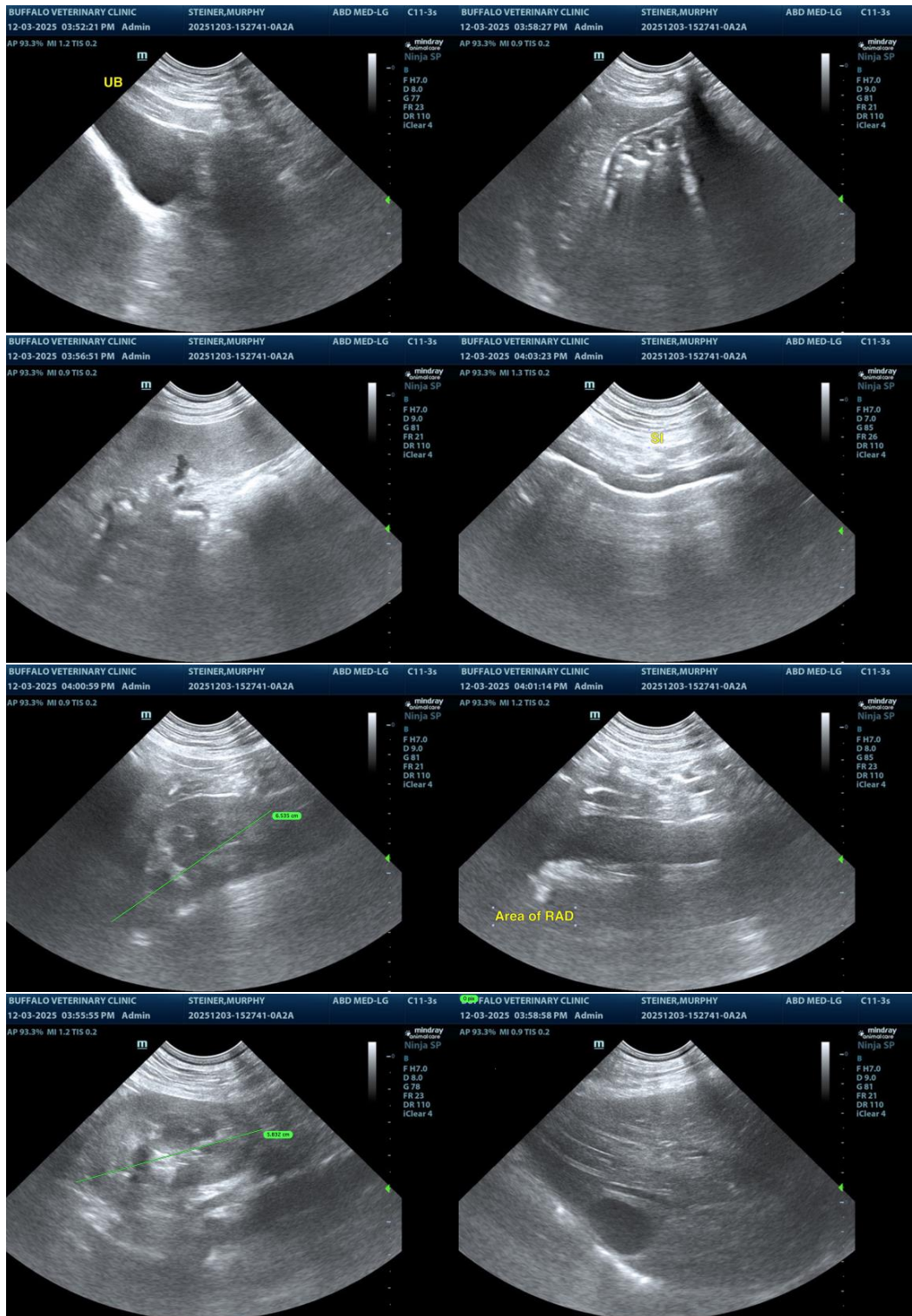
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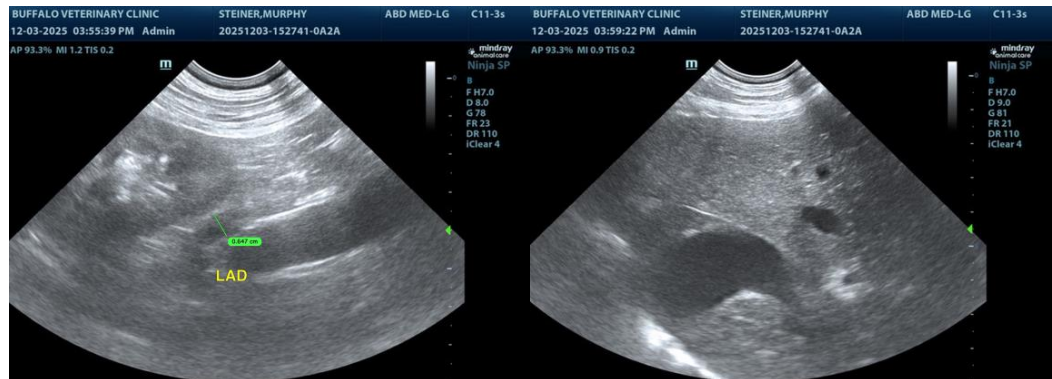
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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