



## PATIENT

Rocky Johnson

## SPECIES

Canine

## BREED

Standard Poodle

## SEX

MN

## AGE

11yr

## WEIGHT

25.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kari Wilson, DVM

## HOSPITAL NAME

Animal Emergency  
Deland

## REFERRING VET

Kari Wilson, DVM

## INVOICE 23097

**DATE**  
12/03/2025

## PRESENTING CLINICAL SIGNS

Rocky is a 10 YO MN Standard Poodle who was presented for care for pancreatitis. O took p to pDVM this morning who performed bloodwork. That showed elevated liver values and pancreatic lipase. It was recommended he come here for continued care. BW: Neutrophils: 12.16, ALT: 180, ALP: 442, GGT 48, Panc lipase 275

Abnormal PE/Chem/CBC/UA Results: 4DX negative BW: Neutrophils: 12.16, ALT: 180, ALP: 442, GGT 48, Panc lipase 275

## 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 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.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

### Adrenal Glands

The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.89 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma and perihilar. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### 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



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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 mildly distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

### **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.

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

### **Pancreas**

The pancreas was normal in size and contour with mild hypoechoic homogenous parenchyma compared to the adjacent omentum.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Hepatopathy- vacuolar / cholestatic hepatopathy, non-specific hepatitis, hyperplasia, toxic hepatopathy (copper), occult neoplasia thought less likely
- Partial /emerging gallbladder mucocele
- Mild hypoechoic right pancreas
- Normal gastrointestinal tract
- Mild left adrenomegaly- hyperplasia, adenomatous change, emerging left adrenal tumor thought less likely yet not excluded

### **Secondary**

- Mild age related renal changes
- Benign splenic nodules-probable myelolipomas

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. No evidence of significant active pancreatitis, although mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. An adrenal workup is indicated if clinical signs consistent with Cushing syndrome are present.



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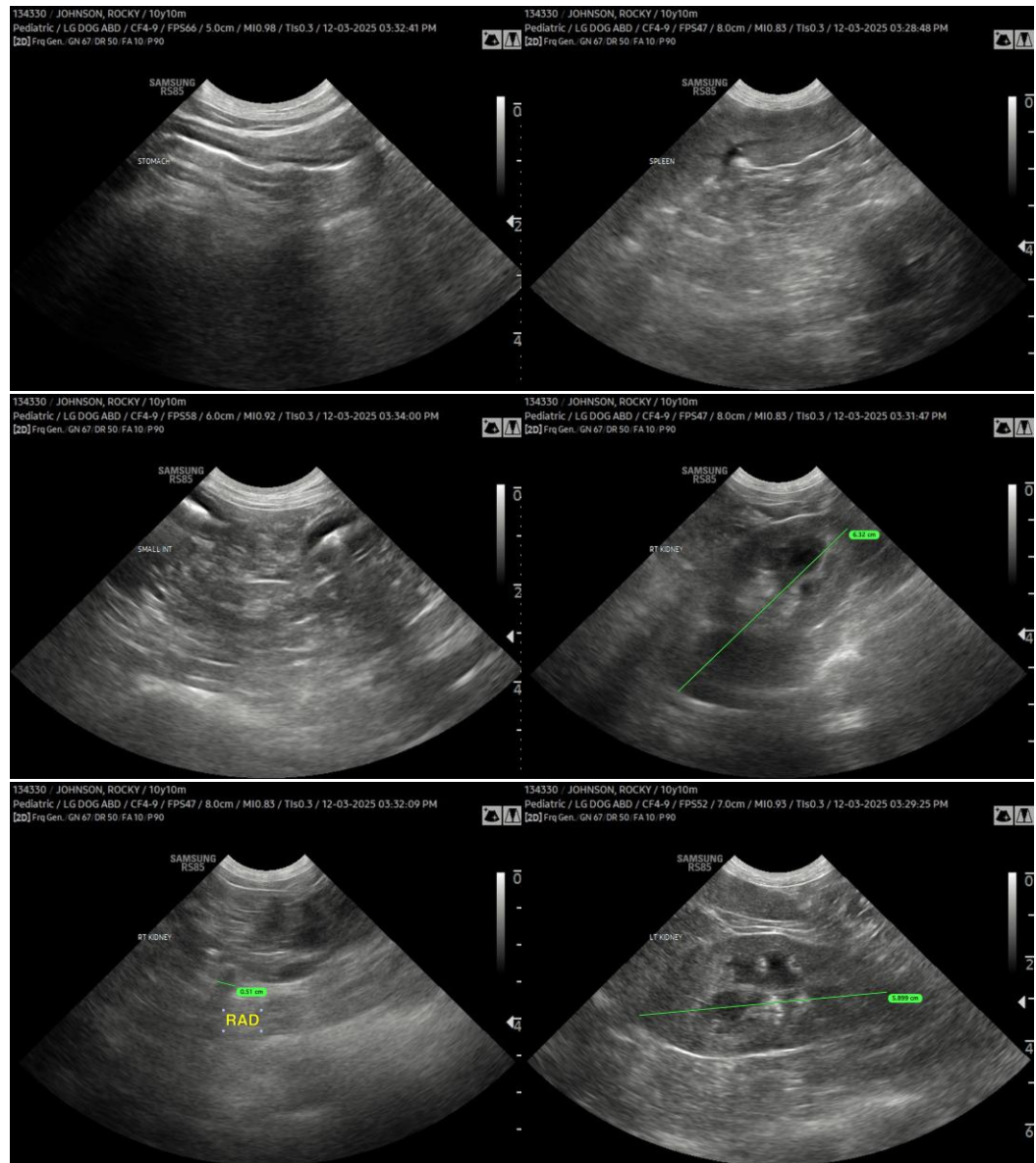
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Hepatogastrintestinal support, empirical therapy for mild pancreatitis with clinical monitoring would be reasonable. As needed sonographic monitoring of the gallbladder and left adrenal gland for evidence of progression if progressive hepatopathy or clinical signs suggestive of adrenal disease is recommended.



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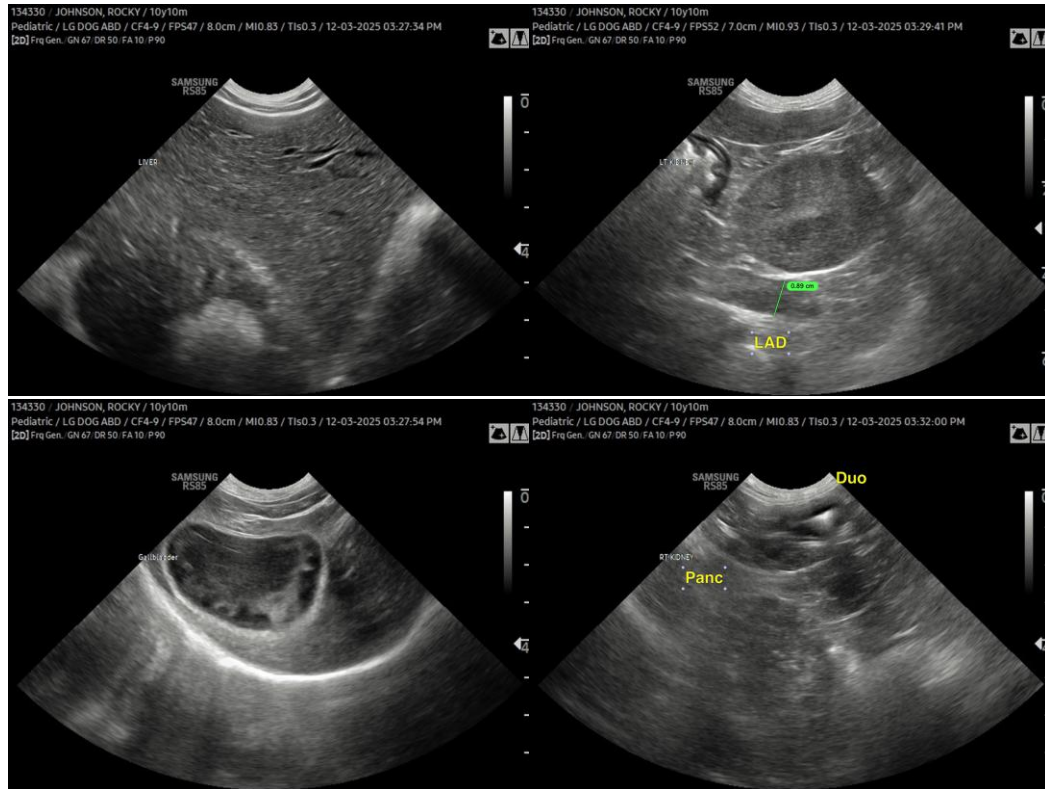
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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