



PATIENT

Aly Reger

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

12yr

WEIGHT

66

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Sova

INVOICE

23164

DATE

12/8/2025

PRESENTING CLINICAL SIGNS

Pet having a history of slowing down and losing weight

Abnormal PE/Chem/CBC/UA Results: SGPT 136, ALKP 3586 and CALCIUM 12.2 not fasted and other values increased from last blood.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.6 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 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 0.58 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/Gallbladder

The liver presented 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. Variable hyperechoic gallbladder wall vs mineralized peripheral lumen to potentially adhered gallbladder debris present with concurrent mild non-dependent particulate lumen debris. No evidence of peripheral gallbladder inflammation or wall edema was present.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a non-obstructive shadowing lumen echo measuring ~ 2cm in diameter.

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..

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.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild mineralized gallbladder wall vs mild peripheral lumen to possibly adhered mineralized gallbladder debris
- Normal spleen
- Normal gastrointestinal tract with non-obstructive gastric shadowing echo
- Age related renal changes
- Sonographically normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the liver sonographically suggests benign /vacuolar hepatopathy criteria or non-obstructive cholestasis. Assuming normal clotting status, further assessment may include screening hepatic FNA cytology.

The non-obstructive shadowing gastric echo is non-specific yet may suggest small non-obstructive gastric foreign body in conjunction with recently submitted radiographs.

Radiographic or sonographic monitoring of the echo for evidence of movement or persistence is indicated.

A GI panel to include PLI/TLI/Cobalamin/Folate and neurological /musculoskeletal examination to assess for occult disease given reported weight loss is suggested. A hypercalcemia panel and rectal palpation may be considered if not done.



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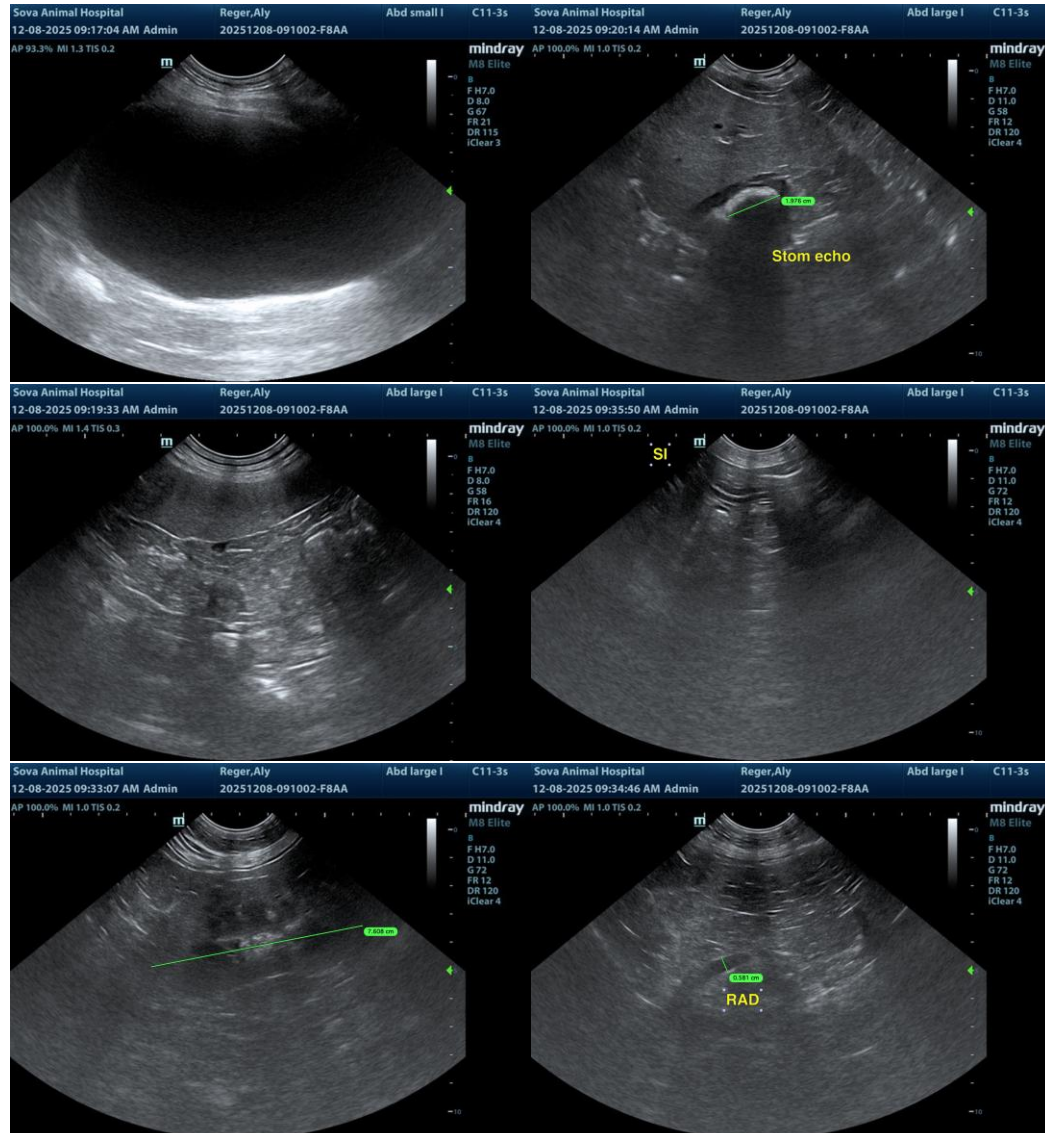
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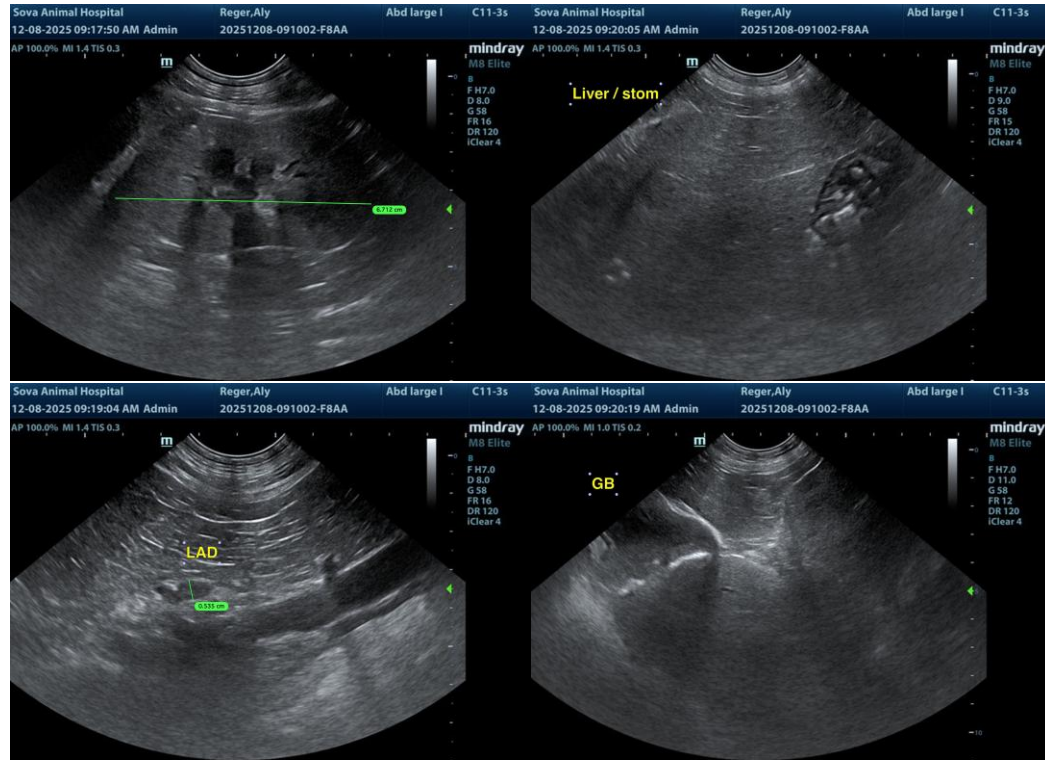
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com