



PATIENT

Hunter Morgenfruh

SPECIES

Canine

BREED

Cockapoo

SEX

NM

AGE

12 years, 5 months

WEIGHT

36.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzzone

INVOICE

10427

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Hepatopathy, R/O neoplasia vs. other. Climbing liver values, no C/S of Condition. Meds: Ursodiol, Denamarin, Baytril.

Abnormal PE/Chem/CBC/UA Results: Spleen removed. ALT 493, ALP 747, Stim neg in past,

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 evidence of urine 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.

The residual prostate was free of pathology.

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 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 5.7 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline enlarged based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm in width at the caudal pole. The right adrenal gland measured 0.70 cm in width at the caudal pole.

Spleen

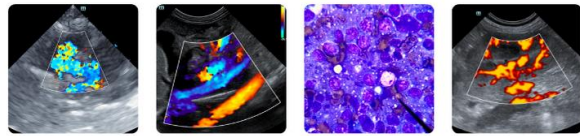
The spleen was not visualized owing to previous splenectomy.

Liver/ Gallbladder

The liver exhibited generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. Indistinct portal vascular borders were noted. There were no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. 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.



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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with parenchymal remodeling - subjective benign
- Minor gallbladder debris (non mucocele)
- Age-related renal changes
- Borderline bilateral adrenomegaly - benign
- Pancreatic remodeling
- Absent spleen - previous splenectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic vacuolar hepatopathy, inflammatory / immune-mediated hepatic disease, hyperplasia, fibrosis, toxic hepatopathy, i.e., copper, or other hepatopathy is possible with hepatic neoplasia thought less likely. Hepatic sampling, either via ultrasound-guided FNA or Gold Standard biopsy with histopathology, is required for a definitive diagnosis. Continued hepatosupportive medications if the patient is nonclinical would be reasonable.

Recheck adrenal workup is warranted if clinical signs consistent with Cushing's Syndrome are nonreported or arise.



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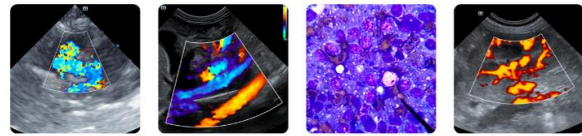
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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