



PATIENT

Pistol Sage Absher

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

9 Years

WEIGHT

27.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Cassandra Van
Nieuwal DVM

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Cassandra Van
Nieuwal DVM

INVOICE

12641

DATE

12/09/25

PRESENTING CLINICAL SIGNS

P presented late nov to our hospital for v+ and not eating. Then went to rDVM for BW (ALT >2000, ALP 3668) Nov 22. Lepto negative. Nov 26 AST 225, ALT 1949, ALP 4164, Tbili 2.5. Treated medically - p showed improvement until past 2 days not eating. Today's BW attached below. O declined FNA at this time.

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 uroliths or sediment. 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 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. The left kidney measured 6.6 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.90 cm width at the caudal pole. The right adrenal gland measured 0.86 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

The liver was subjectively mildly enlarged in size with symmetrical to rounded contour and mild to variable nonhomogenous hepatic parenchyma. A solitary visualized well demarcated nondisruptive hyperechoic nodule was present measuring 2.2 cm in diameter in the subjective mid liver.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

The gallbladder was non-distended in size with mild edematous gallbladder wall. Mild anechoic bile was present with no evidence of pericholecystic effusion. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact mildly thickened wall. Empty gastric lumen with mild lumen gas.

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 left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

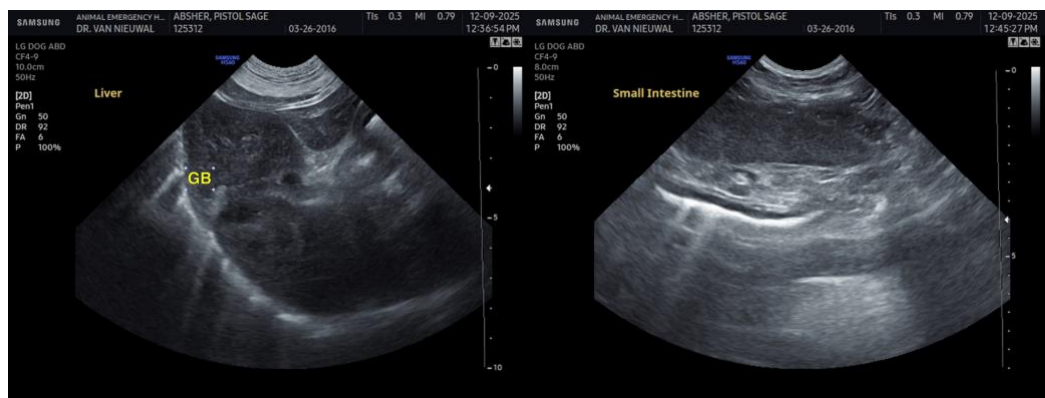
No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intraparenchymal nodule- vacuolar hepatopathy, nodular hyperplasia versus lipogranuloma, nonspecific hepatitis (viral, bacterial, leptospirosis, toxin), neoplasia all potentials.
- Transdiaphragmatic comet tail artifact.
- Mild edematous gallbladder.
- Mildly thickened empty stomach, normal empty small intestine.
- Pancreatitis.
- Nonspecific bilateral mild adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology is warranted for further clarification. Correlation with a spec cPL is recommended. No evidence of posthepatic obstruction. Hospitalization with empirical therapy for hepatitis/pancreatitis including hepatogastrointestinal support with clinical and as needed sonographic monitoring would be reasonable if hepatic sampling is not elected.





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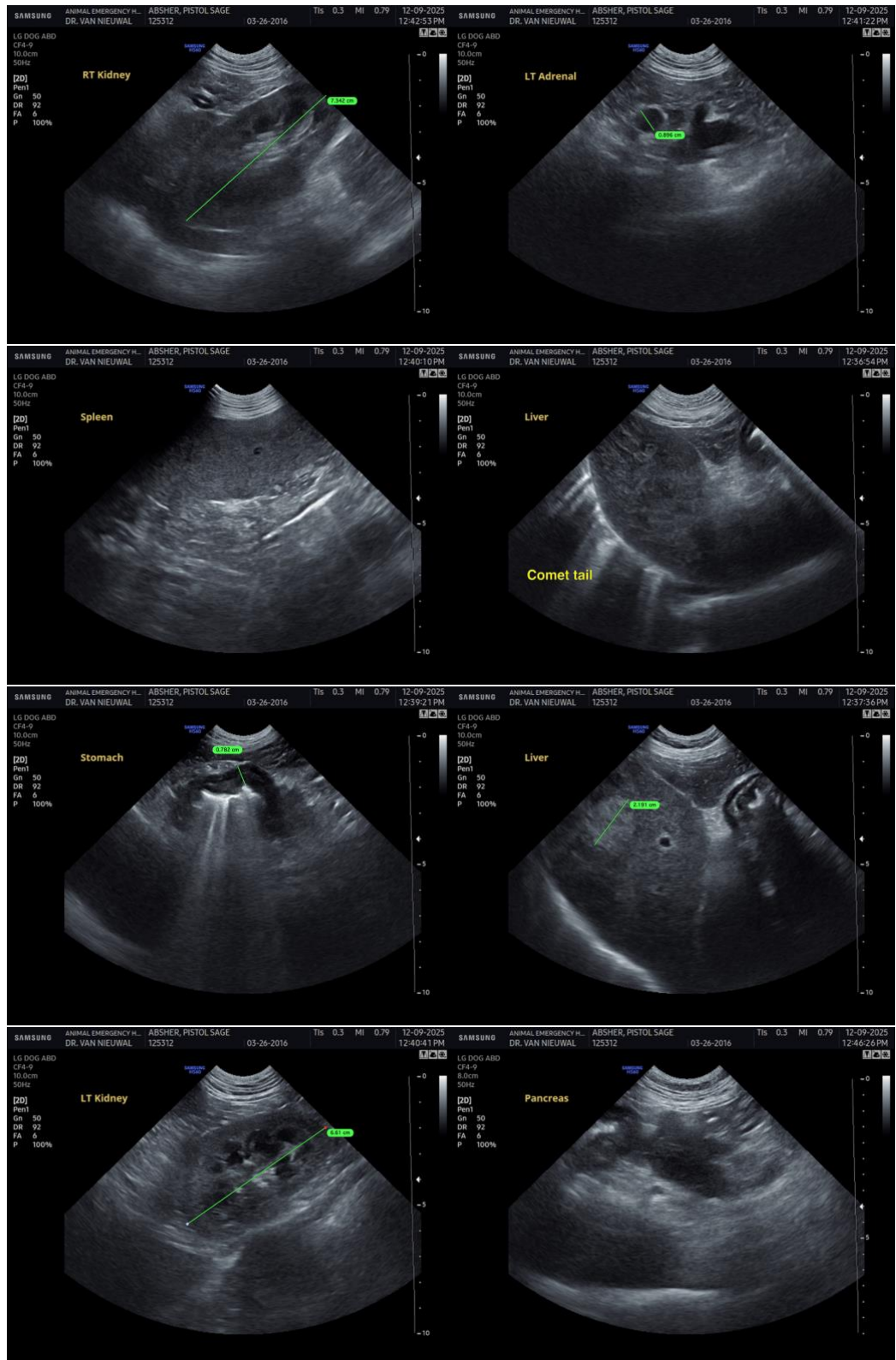
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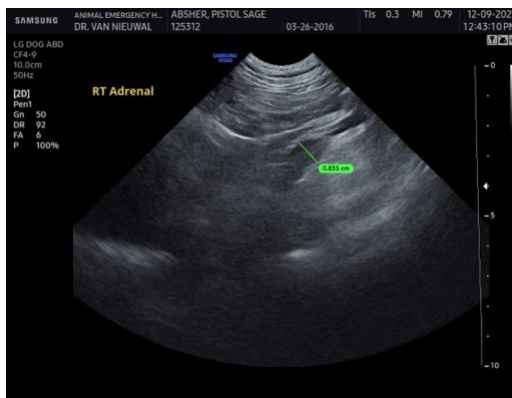
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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