



PATIENT

Ruby Lord

SPECIES

Canine

BREED

Pitbull X

SEX

FS

AGE

13 yrs

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Veterinary
 Hospital

REFERRING VET

Dr. Gross

INVOICE

10619

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: Increased water consumption, increased anxiety, Difficulty settling, frequent up/down behavior
- ABNORMAL Labwork Values-dilute urine with a USG of only 1.005, elevated liver values; her ALT is 953, AST is 108, alk, phos is 225
- Current Medications, Trazodone 50 mg SID
- Radiographic Findings, none have been done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of 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.

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 6.2 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland was not definitively visualized owing to patient conformation and overlying intestinal gas.

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.



PATIENT

Liver/ Gallbladder

Ruby Lord

The liver was subjectively normal in size, structure, and contour. Subjective normal hepatic vascular volume was present. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

Pitbull X

Gastrointestinal

SEX

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.

FS

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.

AGE

13 yrs

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

WEIGHT

48.6 lbs

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.

INTERPRETED BY

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

Sara Hansen

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Normal gallbladder
- Age-related renal changes
- Non-enlarged left adrenal gland

HOSPITAL NAME

Corvallis Veterinary
Hospital

REFERRING VET

Dr. Gross

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

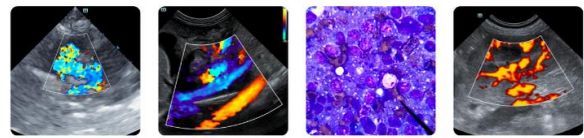
The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), or other with neoplasia thought less likely. Ultrasound-guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E, as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver, would be warranted, although these medications may

INVOICE

10619

DATE

2/10/26



PATIENT

Ruby Lord

SPECIES

Canine

BREED

Pitbull X

SEX

FS

AGE

13 yrs

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Veterinary
 Hospital

REFERRING VET

Dr. Gross

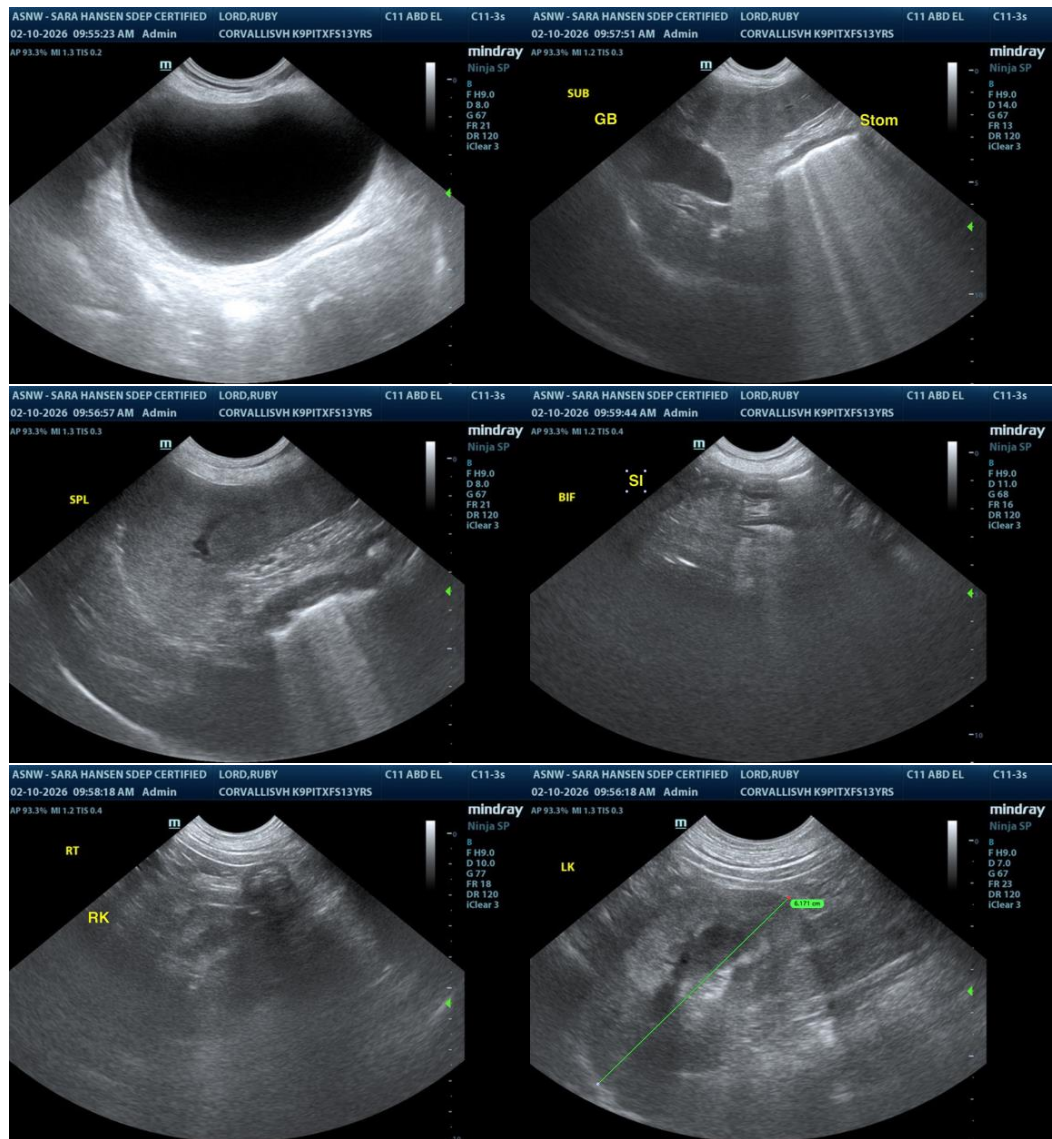
INVOICE

10619

DATE

2/10/26

not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR and bile acid profile may be considered if clinically indicated or evidence of hepatic dysfunction. Core or surgical biopsy likely required for definitive diagnosis. Although no overtly visualized adrenal pathology, adrenal screening or workup is warranted given current clinical signs. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





PATIENT

Ruby Lord

SPECIES

Canine

BREED

Pitbull X

SEX

FS

AGE

13 yrs

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Veterinary
 Hospital

REFERRING VET

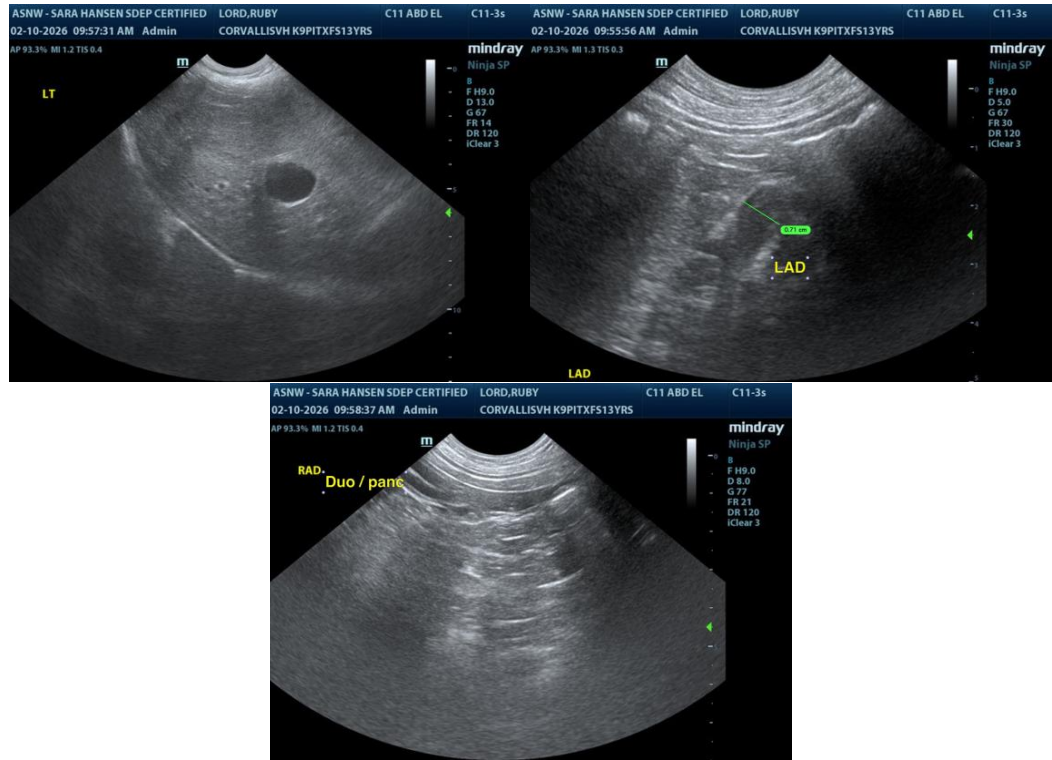
Dr. Gross

INVOICE

10619

DATE

2/10/26



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