



PATIENT

Jakey Werkheiser

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

13y 2m

WEIGHT

21.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Cummings VH

REFERRING VET

Dr. Daniels

INVOICE

13206

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- check abdomen (liver/gallbladder)
- elevated liver enzymes.
- PU/PD- adrenal concerns
- Meds: movoflex

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate indistinct loss of corticomedullary symmetry and definition primarily owing to increased corticomedullary echogenicity. No evidence of pelvic dilation was present. Areas of medullary mineral was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland measured 1.0 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, well-defined, symmetrical, hyperechoic nodule / nodules were present. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

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



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congestion. The gallbladder was distended in size with non-thickened wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No current evidence of pericholecystic omental inflammation and effusion. The cystic duct and common bile ducts were normal without evidence of dilation.

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 ileus, obstruction or foreign material.

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

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 was evident.

Free Abdomen

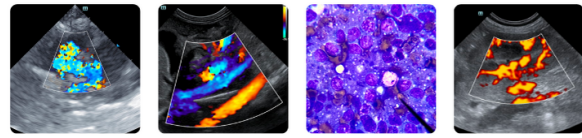
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – sonographically consistent with benign criteria
- Immature gallbladder mucocele
- Bilateral adrenomegaly
- Chronic renal changes exhibiting medullary mineral
- Hyperechoic splenic nodules – consistent with benign criteria, i.e. myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST warranted. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered. Hepato-supportive medications including Denamarin or similar as well as Ursodiol with sonographic monitoring of the gallbladder if progressive hepatopathy, cholestasis or cranial abdomen/subxiphoid discomfort on palpation is recommended.



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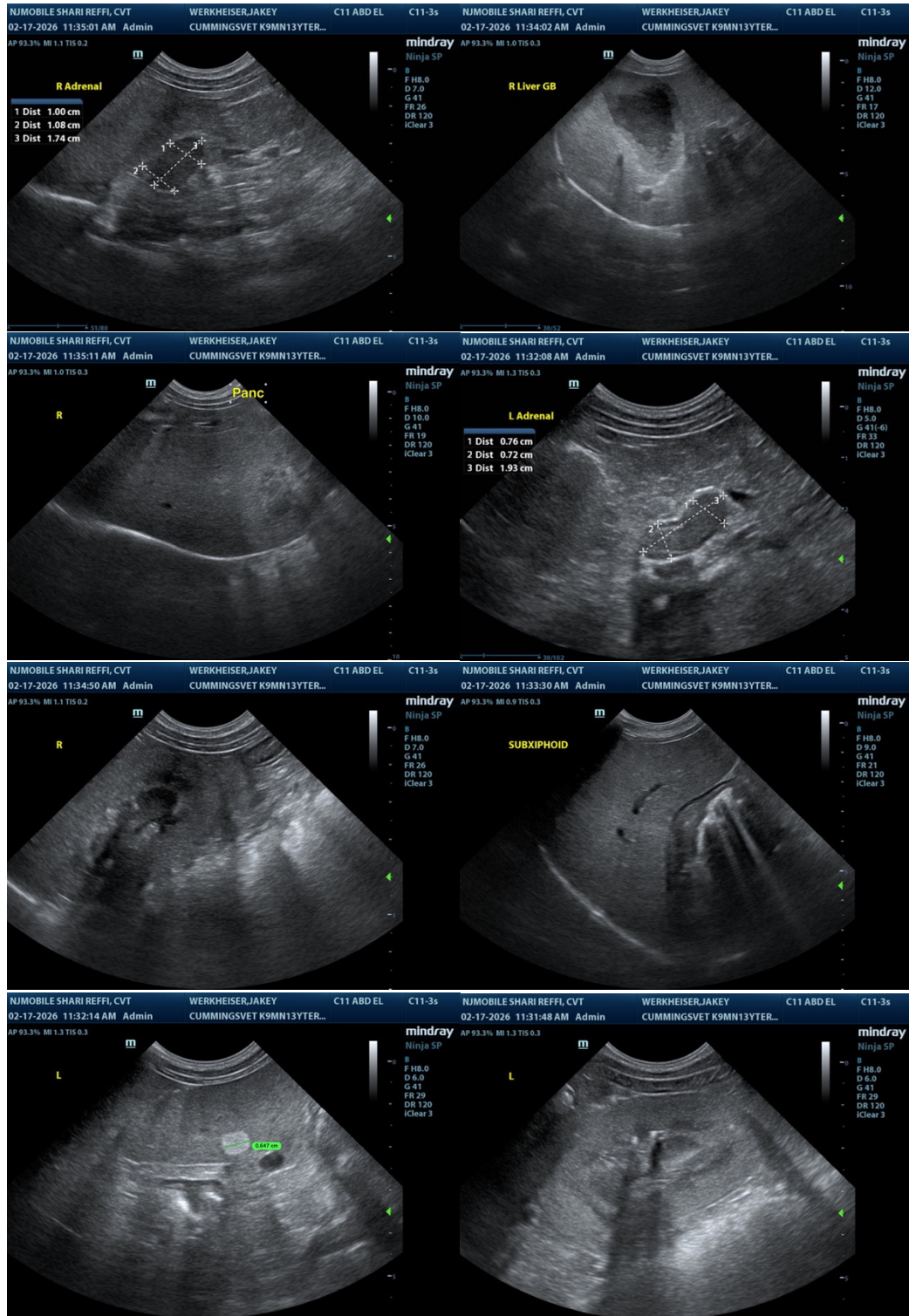
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com