



PATIENT

Q Herr

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

5 Years

WEIGHT

2.9 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Phipps

INVOICE

13862

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- P presented with vomiting and ataxia starting this am. Owner is in contact with other litter maters who are also not eating and having v/D from unknown causes. No known toxin or foreign body exposure.
- O showed rDVM video of p regurgiting and then having a grand mal seizure. No history of seizures prior
- Radiology Report: Thorax and abdomen evaluated- no obvious cause for reported clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate appeared normal and 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 renomegaly or calculi. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole.

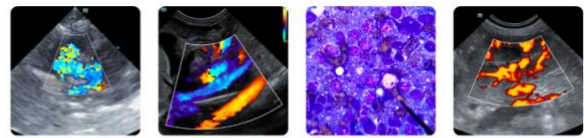
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole.

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 subjective adequate size in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. The visualized portal vein exhibited subjective adequate volume and laminar flow on doppler assessment.



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The gallbladder was mildly distended in size with thin walls. The gallbladder lumen was primarily occupied by nondependent nonorganized nonmineralized sediment. No evidence of wall edema. The cystic and common bile ducts were indistinctly to mildly dilated without overt visualized extension to the level of the duodenum.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid and mild nonshadowing chyme.

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.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- suspect acute or acute on chronic hepatopathy.
- Nonorganized gallbladder debris, mild nonobstructive cystic and proximal common bile duct dilation.
- Hypomotile stomach, normal empty small intestine.
- Normal area of the pancreas.
- Normal bilateral kidneys and urinary bladder- no evidence of renal or urinary bladder mineral/calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given elevated ALT/AST combination, acute or acute on chronic nonspecific hepatitis (viral, bacterial, leptospirosis, toxin) favored with occult hepatic neoplasia or other hepatopathy thought less likely. No obvious intra-hepatic or extra-hepatic macroscopic shunt is visualized. No evidence of post-hepatic or mechanical gastrointestinal obstruction.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology to assess for an inflammatory cell type, leptospirosis titers/PCR and bile acid profile. Empirical therapy for nonspecific hepatitis with gastrointestinal support and monitoring of hepatic function, i.e. BUN, glucose, albumin, and cholesterol levels with concurrent clinical monitoring would be reasonable. Recheck sonogram if evidence of progressive hepatopathy, cholestasis or potential neurological signs.



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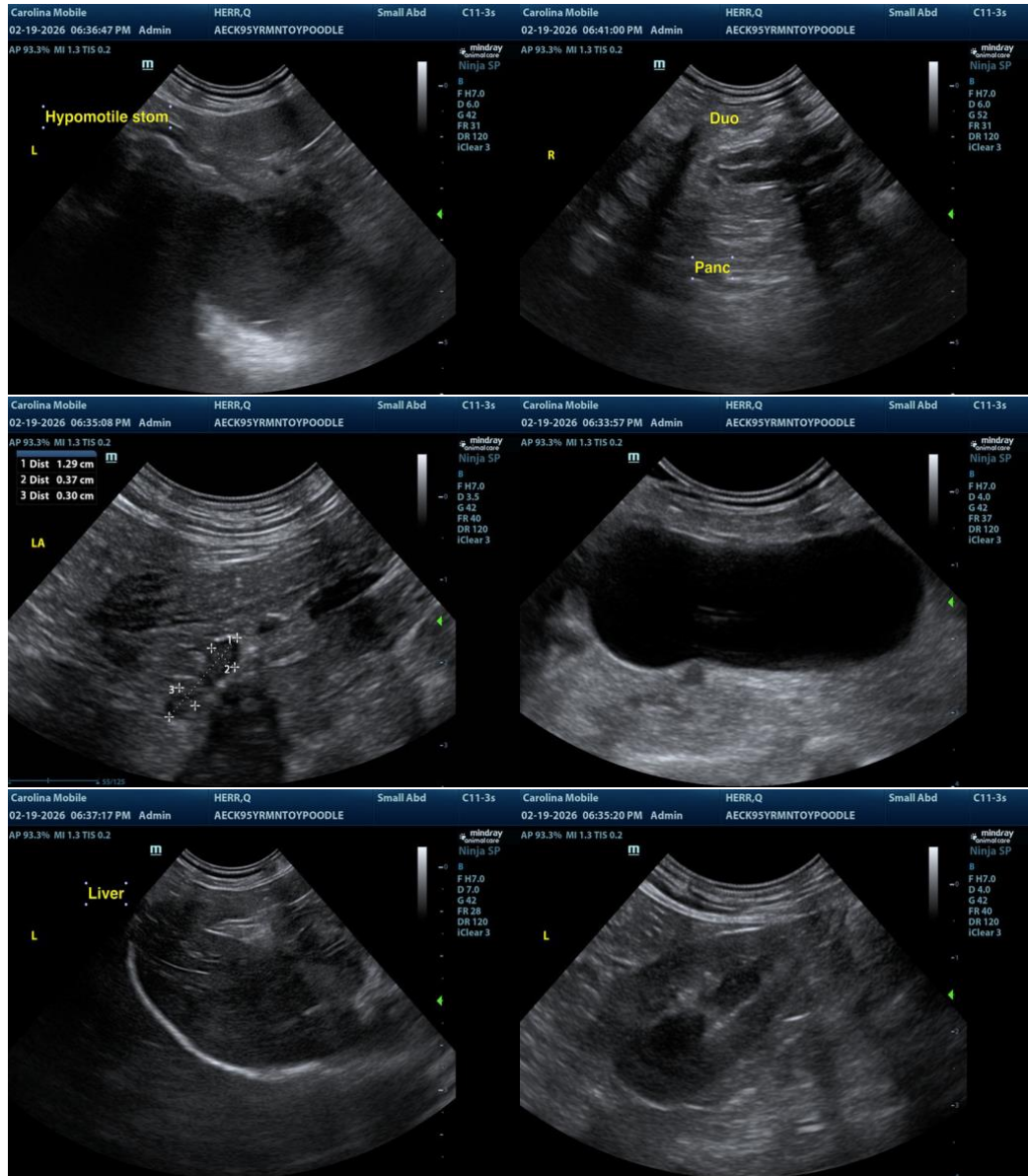
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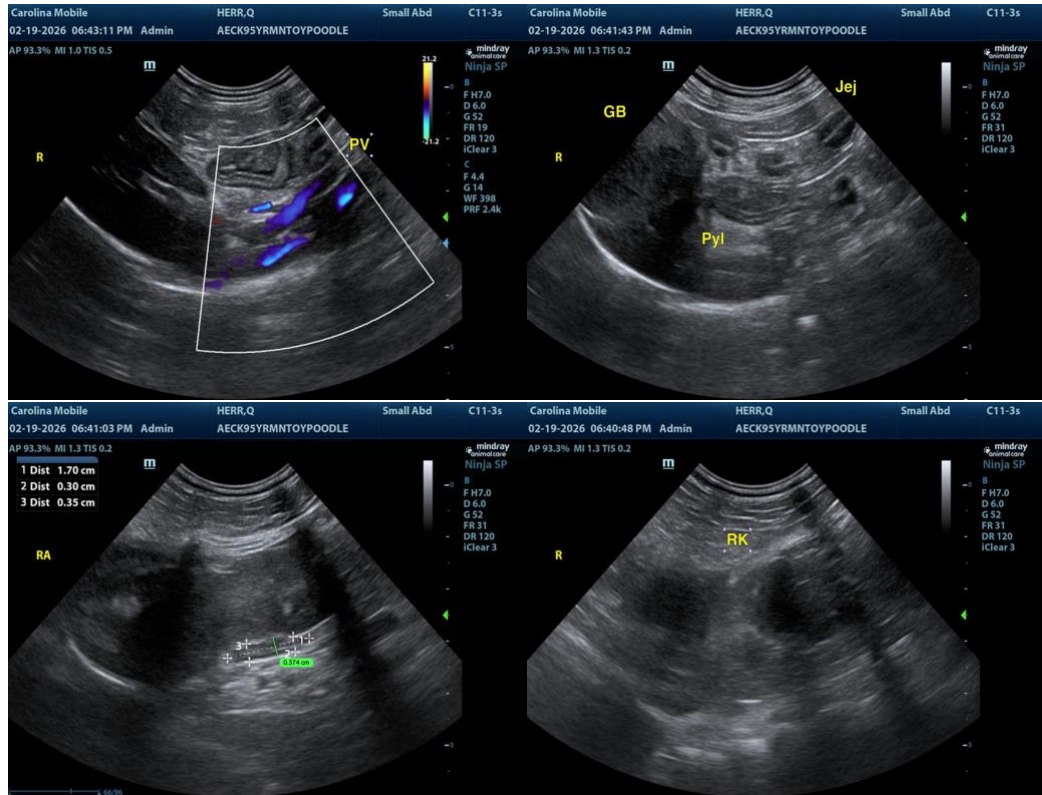
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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