



PATIENT

Huck Kraft

SPECIES

Canine

BREED

Jack Russel Mix

SEX

MN

AGE

12yr

WEIGHT

21.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr Poquette

INVOICE
23768

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- well controlled diabetic not feeling well, poor appetite
- ABNORMAL Labwork Values all liver enzymes very elevated
- labwork emailed
- Current Medications vetsulin 10 Units BID
- Radiographic Findings none
- Notes to Specialist (if any) labwork emailed

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 evidence of urine/lumen 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.

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. Bilateral intermittent cortical cysts were present. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.75 cm width at the caudal pole. The right adrenal gland measured 0.66 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 generalized increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild variably coarse echotexture. The capsule of the liver was symmetrical to rounded in margination. No visualized masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-organized mild debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
Huck Kraft	
SPECIES	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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.43 cm width.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Jack Russel Mix	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.
SEX	<i>Free Abdomen</i>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12yr	Primary
WEIGHT	<ul style="list-style-type: none"> • Hepatopathy - most consistent with benign criteria, diabetic, metabolic, or vacuolar hepatopathy, inflammatory disease, lipidosis, hyperplasia, non-obstructive cholestasis, or cholehepatic neoplasia (thought less likely) possible • Non-organized gallbladder debris (non-mucocele) • Normal gastrointestinal tract with mild non-shadowing gastric ingesta- consistent with food /chyme. • Sonographically normal pancreas • Chronic renal changes exhibiting cortical cysts • Bilateral mild adrenomegaly
21.7lb	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral mild adrenomegaly is non-specific given current clinical presentation and well-controlled diabetes. Adrenal work up with ACTH stimulation test could be considered if diabetic dysregulation or clinical signs suggestive of Cushing's syndrome are present. Assuming normal clotting status, using 25ga needle and with vit K pre-med, hepatic FNA cytology for further assessment is warranted.
IMAGING PERFORMED BY	
Sara Hansen	
HOSPITAL NAME	A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-obvious intestinal disease or chronic pancreatitis, both of which may present sonographically normal, may be considered. No overt evidence of neoplastic criteria.
Willakenzie Animal Clinic	
REFERRING VET	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
Dr Poquette	
INVOICE	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services
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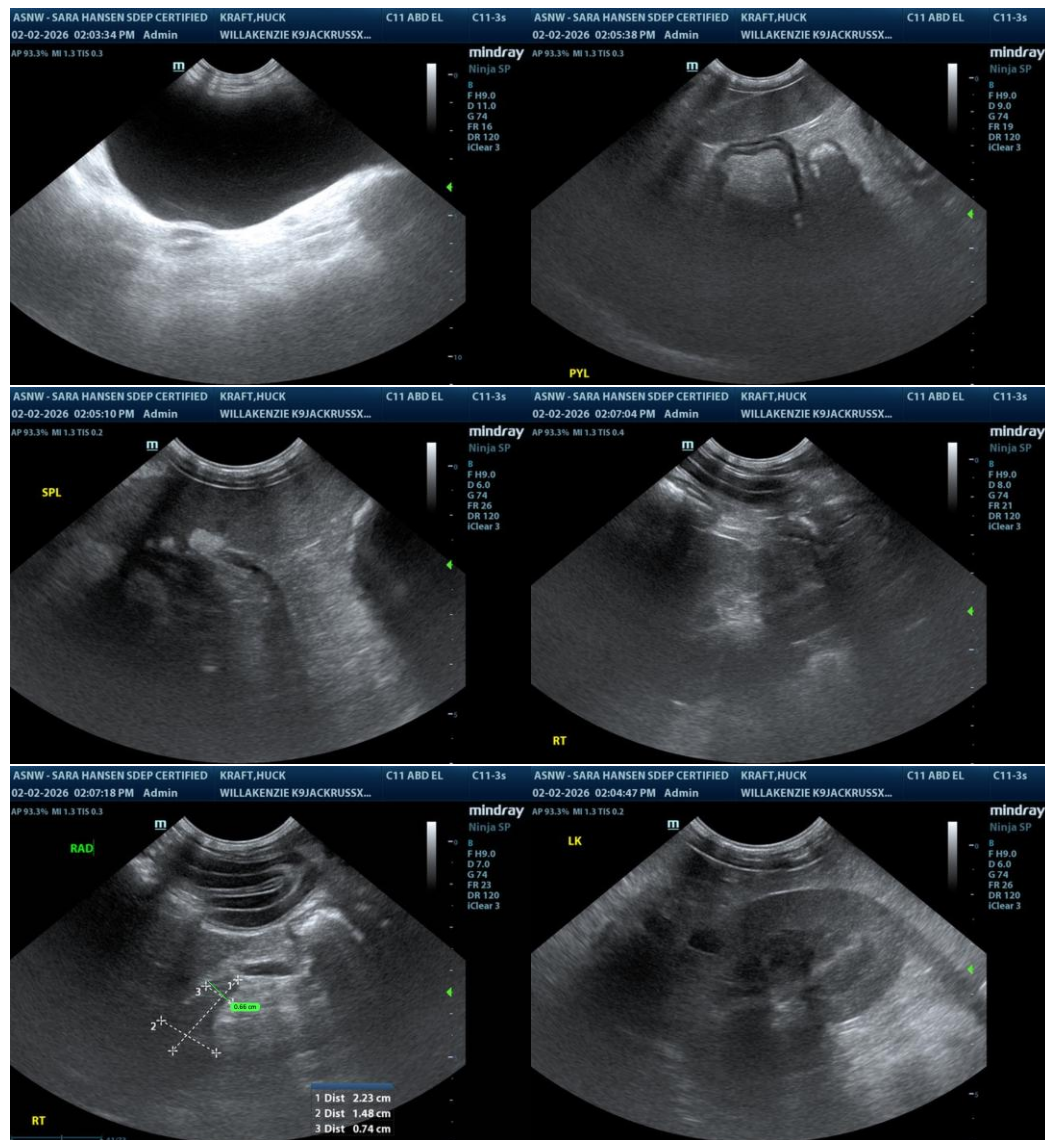
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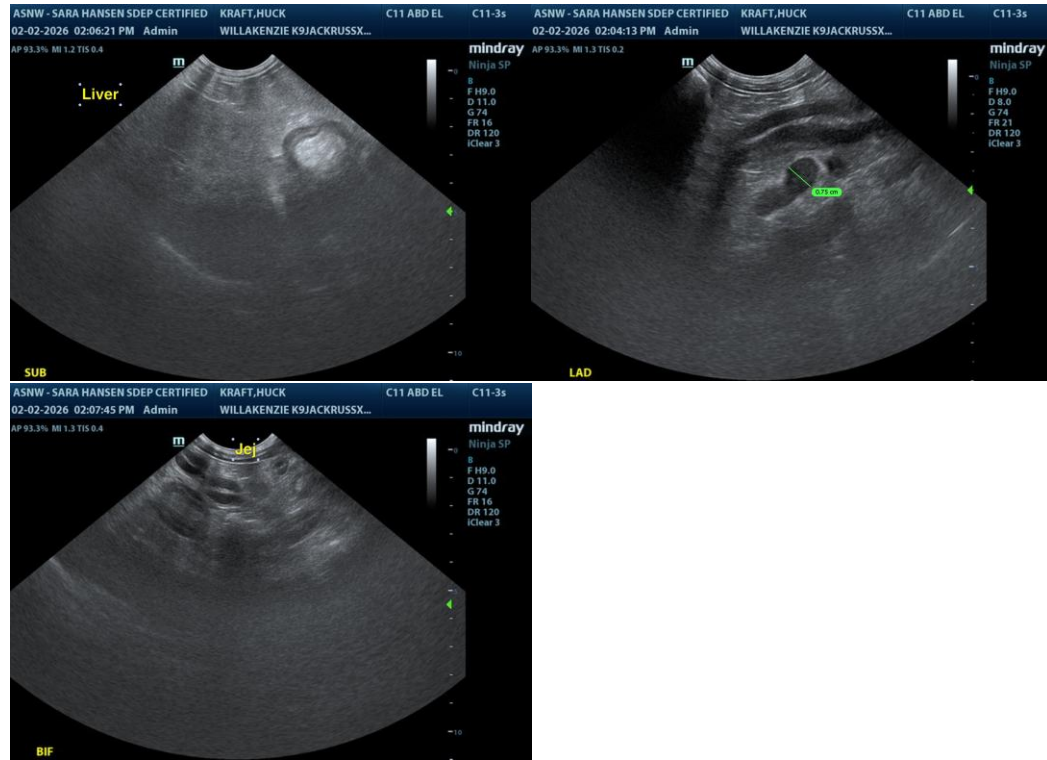
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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