



PATIENT

Murphy Reese

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

11

WEIGHT

10.52 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mario Valverde

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Lara Alfredo DVM

INVOICE

13893

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- Murphy is an 11 y/o Neutered male with Hx of Diabetes, has been on Insulin for >1 yr. Recently developed anorexia, went to a nearby Animal clinic and they performed BW (2-19-2026), ALT was at 900, ALP >200, GGt 114, T.Bil 5.1, Bilirubin was detected in U/A. BUN <2, Creat 0.4. Mono 3.3.
- Was sent home with Cerenia, Amoxiclav and Ursodiol and recommended to go to Animal Emergency for intensive therapy and Dx's.
- Today Owner presented for second a opinion, CpL came back Normal. Pt seems jaundice and per O he is Pu/PD and has continued giving Insulin despite having anorexia.

Abnormal PE/Chem/CBC/UA Results: BW (2-19-2026), ALT was at 900, ALP >200, GGt 114, T.Bil 5.1, Bilirubin was detected in U/A. BUN <2, Creat 0.4. Mono 3.3.

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.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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



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The liver revealed generalized hepatomegaly. The parenchyma of the liver was homogenous and hyperechoic compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor particulate nondependent biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic gastric fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material.

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

Pancreas

The left pancreas was nonenlarged exhibiting symmetrical contour and nonhomogenous hypoechoic parenchyma. The right pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

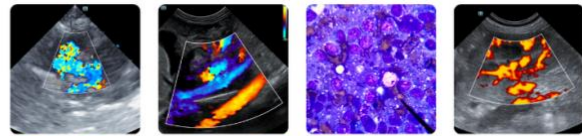
- Enlarged hyperechoic liver- inflammatory versus diabetic hepatopathy, lipidosis or combination with occult hepatic neoplasia thought less likely.
- Minor nondependent particulate gallbladder debris (non-mucocele)- no evidence of posthepatic obstruction.
- Variable nonhomogenous to mildly hypoechoic pancreas- variable to low-grade chronic to chronic active pancreatic inflammation suspected with potential fibrosis or remodeling owing to age or previous inflammation.
- Moderate hypomotile stomach with concurrent segmental mild intestinal ileus- consistent with metabolic or functional gastrointestinal ileus and suspect nonspecific gastroenteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with serum glucose level, fructosamine level and urinalysis to assess for evidence of ketonuria, if not done is recommended. Hospitalization with empirical therapy for potential ketoacidosis with concurrent hepatogastrointestinal support and clinical monitoring may be considered. Urine culture and sensitivity on sterile urine sample is indicated if evidence of glucosuria.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism



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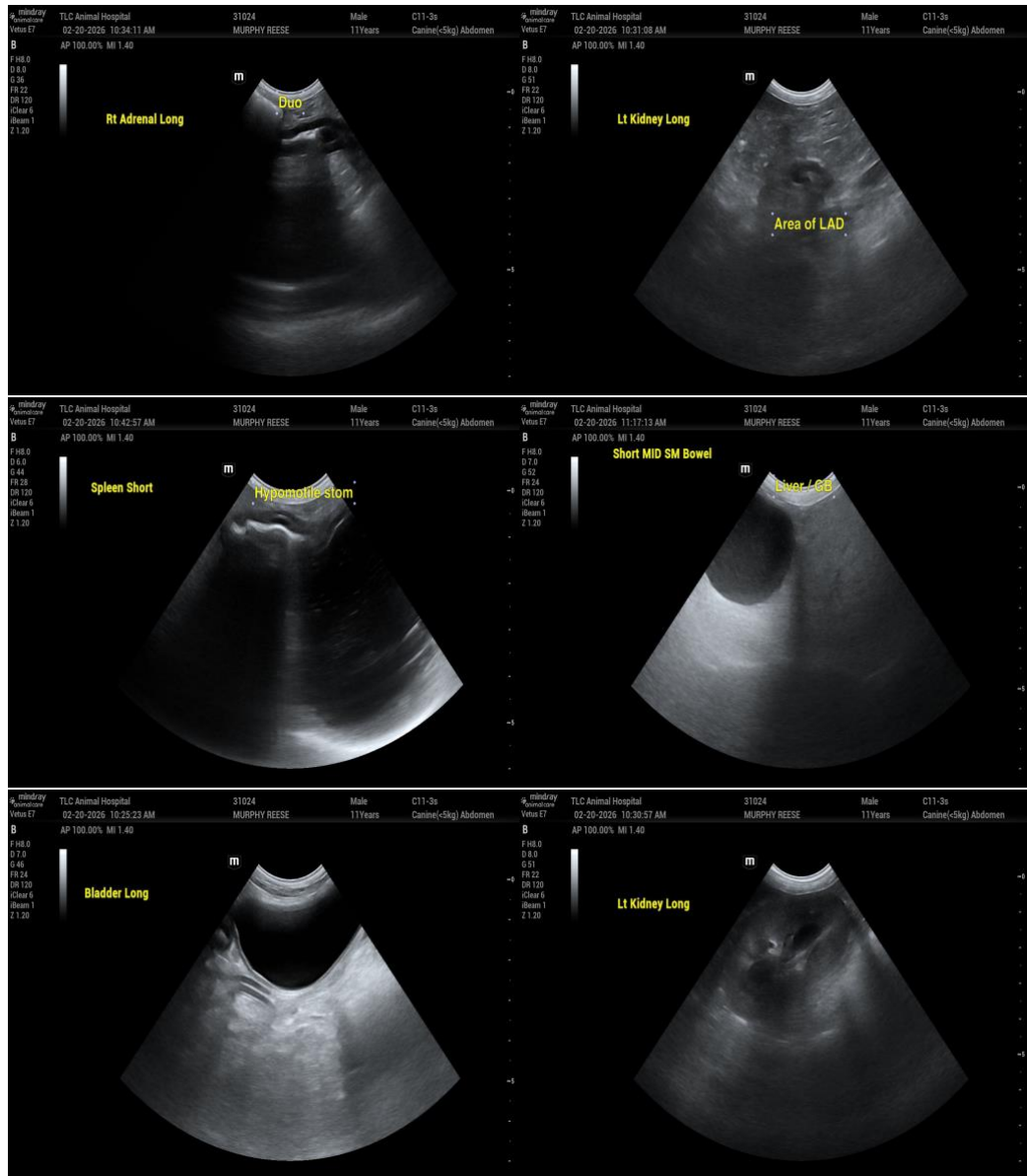
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Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease





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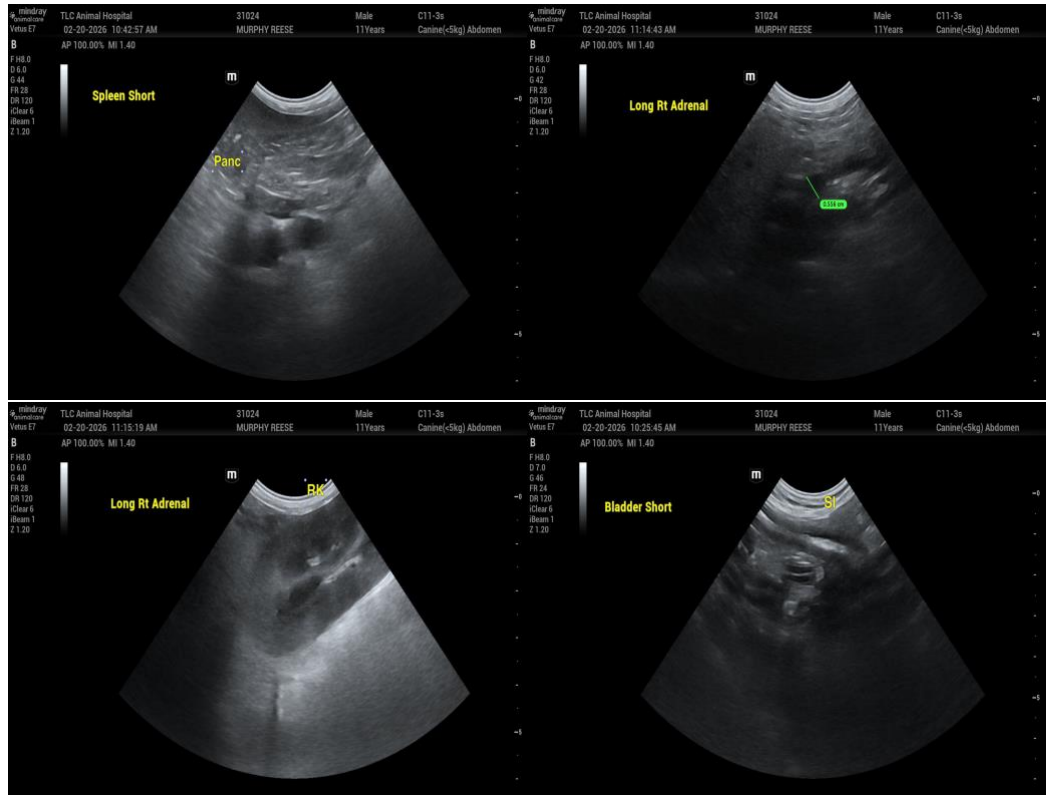
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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