



## PATIENT

Harley Cooke

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

54.4 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kristin Evans

## HOSPITAL NAME

Emergency Animal  
Hospital of Crystal  
Falls

## REFERRING VET

Dr. Scott Sabelhaus  
DVM

## INVOICE

13912

## DATE

02/21/26

## PRESENTING CLINICAL SIGNS

- "Harley" Cooke 9y/o NM Aussie 55#. Seen yesterday for vomiting for 24 hrs. X-rays NSF. Did SQF Cerenia, and Cerenia and metro to go home. Once Cerenia wore off, vomiting again. Per O they switched patients glucosamine supplement concerned about poisoning. CBC: NSF. Chem: ALT 2697, ALP 599, GGT 25, Tbili 6.7. Chol 455, pseudo functions are normal. Last month values WNL. Lepto current.

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## 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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 pelvic dilation. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 cm in length.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was overtly normal in size, position and shape with indistinct visualization. The right adrenal gland subjectively measured 0.70 cm width at the caudal pole.

### Spleen

The spleen presented subjective mildly enlarged with symmetrical to rounded splenic capsule contour and mild heterogeneous to discrete micronodular splenic parenchyma. No mass or nodules were visualized. Normal splenic vascularity.

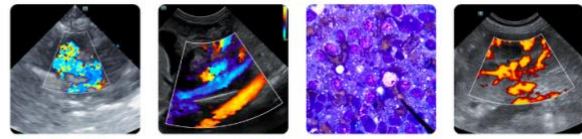
### Liver & Gallbladder

The liver presented mildly 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 congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of wall edema or pericholecystic inflammation. 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 was empty with no signs of ileus, obstruction or foreign material.



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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.

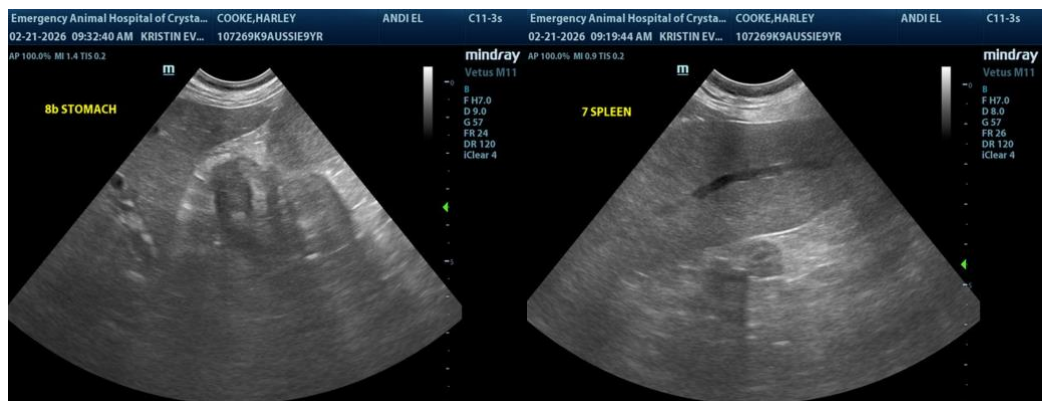
**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Mildly enlarged nonhomogenous discrete micronodular spleen.
- Empty gastrointestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver, given primarily and significantly elevated ALT may include favored non-specific hepatitis (viral, bacterial, leptospirosis, toxin) in conjunction with vacuolar or non-obstructive cholestatic hepatopathy, hepatotoxicosis, i.e. copper or other with occult hepatic neoplasia thought less likely. No evidence of post-hepatic gastrointestinal obstruction or active pancreatitis. Incidental splenic hyperplasia, hematopoiesis or splenitis are possible while emerging to occult splenic neoplasia are not excluded.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology +/- leptospirosis titers/PCR. Empirical therapy for non-specific hepatitis with concurrent gastrointestinal support and clinical monitoring with sonographic reassessment if progressive hepatopathy or non-responsive gastrointestinal signs is recommended.





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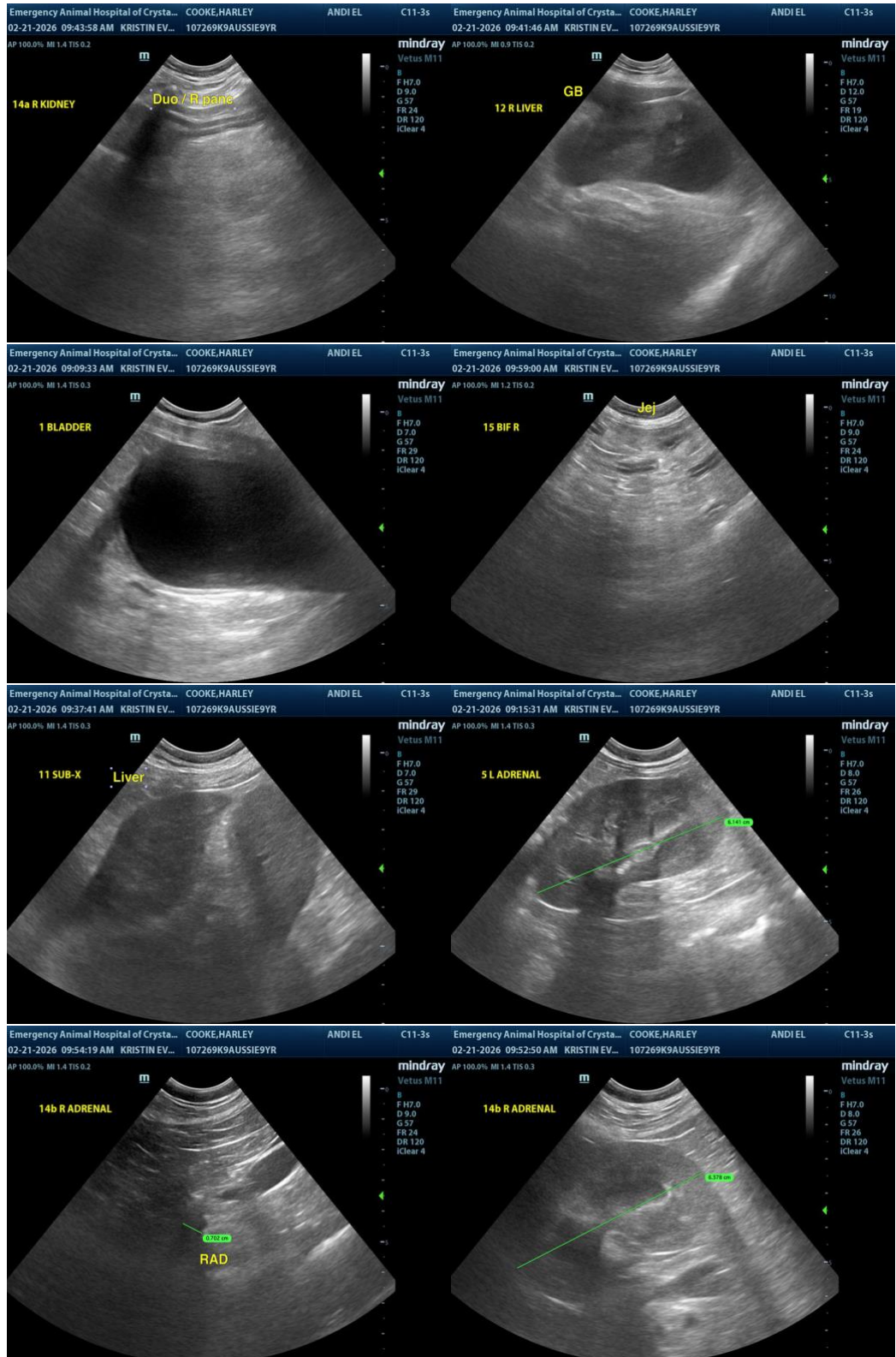
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)