



PATIENT

Fiona Kennedy

SPECIES

Canine

BREED

Terrier

SEX

Female Spayed

AGE

5y

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Kenna

INVOICE

13226

DATE

2/24/26

PRESENTING CLINICAL SIGNS

History:

- Patient BAR, no changes in E/D, U/D or C/S/V/D
- Panel A, Comprehensive BW, was completed on 2/19
- Results: ALT = 281 H, K+ = 3.7 L minor
- Dr. Kenna recommended abdominal US
- ABNORMAL Lab work Values: ALT = 281 H, K+ = 3.7 L minor
- Current Medications: Unknown. Possibly Demamarin and Gabapentin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of mineral or calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 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 4.1 cm in length. The right kidney measured 4.3 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 0.41 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 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

The liver was subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Fiona Kennedy

SPECIES

Canine

BREED

Terrier

SEX

Female Spayed

AGE

5y

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Kenna

INVOICE

13226

DATE

2/24/26

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild lumen gas.

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

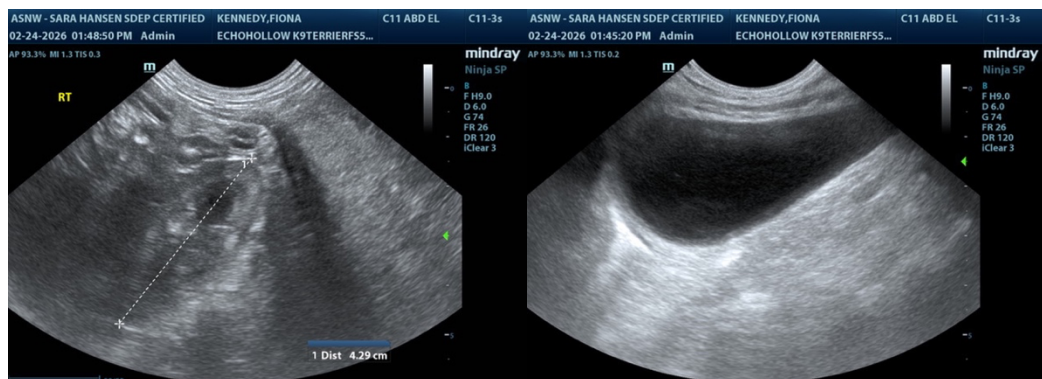
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern exhibiting subnormal liver size
- Normal gallbladder
- Normal kidneys/urinary bladder- no evidence of renal or urinary bladder mineral or calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the liver may include primary parenchymal disease such as nonspecific inflammatory hepatopathy, hepatotoxicosis, i.e. copper or other given ALT elevation. Portal vein hypoplasia/microvascular dysplasia also possible. A definitive intrahepatic or extrahepatic macroscopic shunt was not visualized and thought less likely given patient is non-clinical. Further assessment may include, assuming normal clotting status, initial screening hepatic FNA cytology to assess for potential inflammatory cell type. Screening bule acids, Gold Standard CT with contrast may be indicated for definitive diagnosis. Given patient is non-clinical, continued hepato-supportive medications and monitoring would be reasonable.





PATIENT

Fiona Kennedy

SPECIES

Canine

BREED

Terrier

SEX

Female Spayed

AGE

5y

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

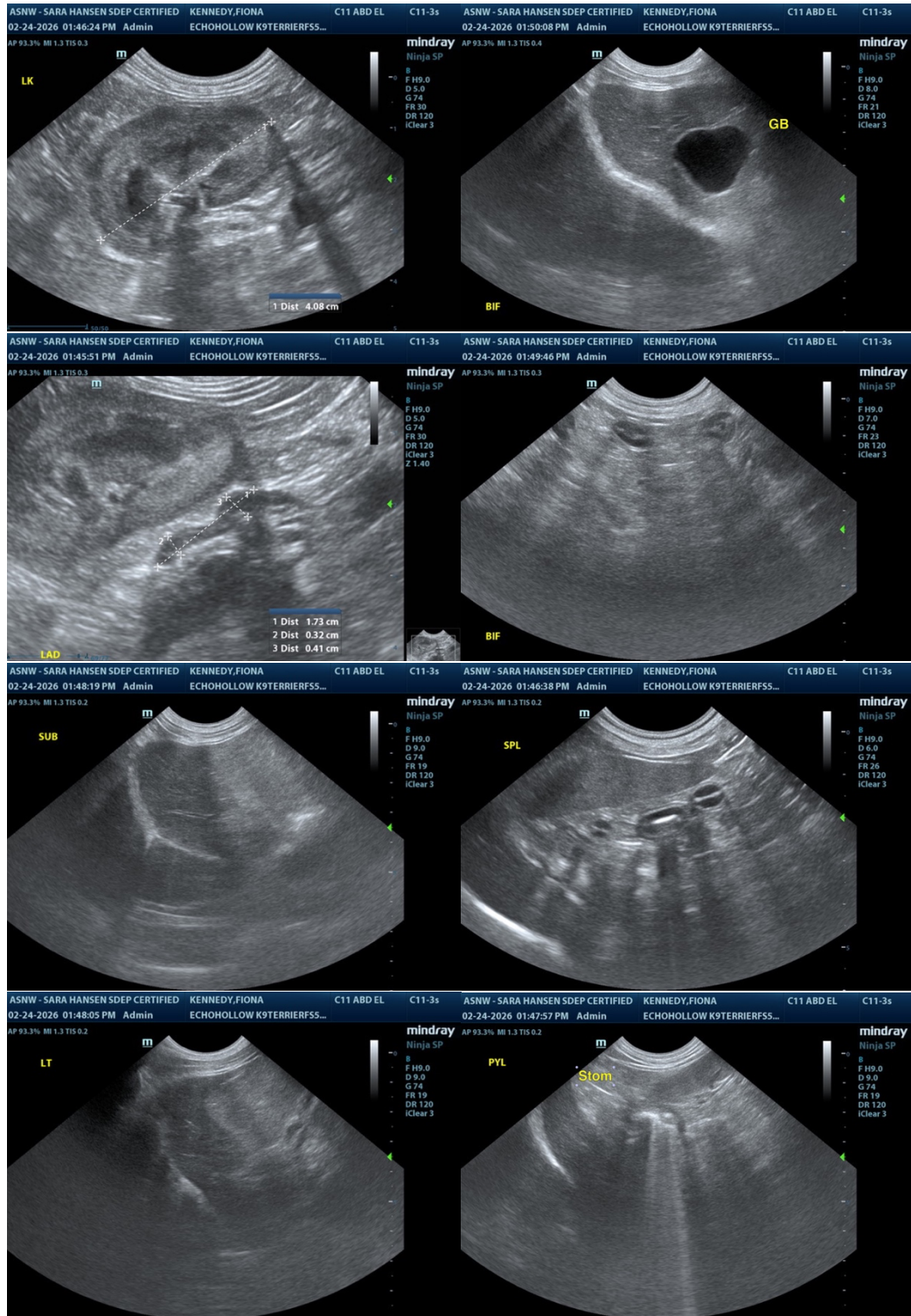
Dr. Kenna

INVOICE

13226

DATE

2/24/26





PATIENT

Fiona Kennedy

SPECIES

Canine

BREED

Terrier

SEX

Female Spayed

AGE

5y

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Kenna

INVOICE

13226

DATE

2/24/26

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