



PATIENT

Wolfie De Guzman

SPECIES

Canine

BREED

Bichon x Shih Tzu Mix

SEX

MN

AGE

9yr

WEIGHT

11kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Brian Jesmer

INVOICE 23973

DATE
02/24/2026

PRESENTING CLINICAL SIGNS

Seen Nov 25/25 for dental consult.. BW performed Jan 3/26 - mild increase globulin, increase ALP 1723 (5-160). owner opted to try liver supplements. Rechecked BW Feb 9/26 ALP still high but stable, Has a reported grade 3/6 heart murmur from another clinic, not heard here. Client would still like to try and pursue a dental. Will continue on Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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. Mildly prominent cortex exhibiting similar corticomedullary echogenicity and mild indistinct corticomedullary border demarcation. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.45 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 increased in size. Primarily homogenous mild increased hepatic parenchyma echogenicity and primarily mild coarse echotexture. Intermittent discrete hypoechoic hepatic intraparenchymal nodules were present, an example measured 0.75 cm in diameter. 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 thin walls and mild, primarily gravity dependent non-organized debris The cystic and common bile ducts were normal.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly exhibiting mildly echogenic to discretely nodular parenchyma
- Non-organized gallbladder debris (non-mucocele)
- Mild age-related renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the liver is suggestive of probable vacuolar or cholestatic hepatopathy criteria with suspect discrete areas of hyperplasia, hematopoiesis or other benign etiology in conjunction with elevated ALP, inflammatory hepatic disease or emerging to occult hepatic neoplasia thought less likely.

Further assessment may include assuming normal clotting status, hepatic parenchyma and discrete nodule FNA cytology. No evidence of adrenal pathology as a contributing factor. Hepatosupportive medications and clinical /sonographic monitoring would be more conservative. No overt anesthetic contraindications assuming normal ALB, BUN, CHOL and GLU. Ursodiol trial, if tolerated in conjunction with current Denamarin, may prove beneficial.



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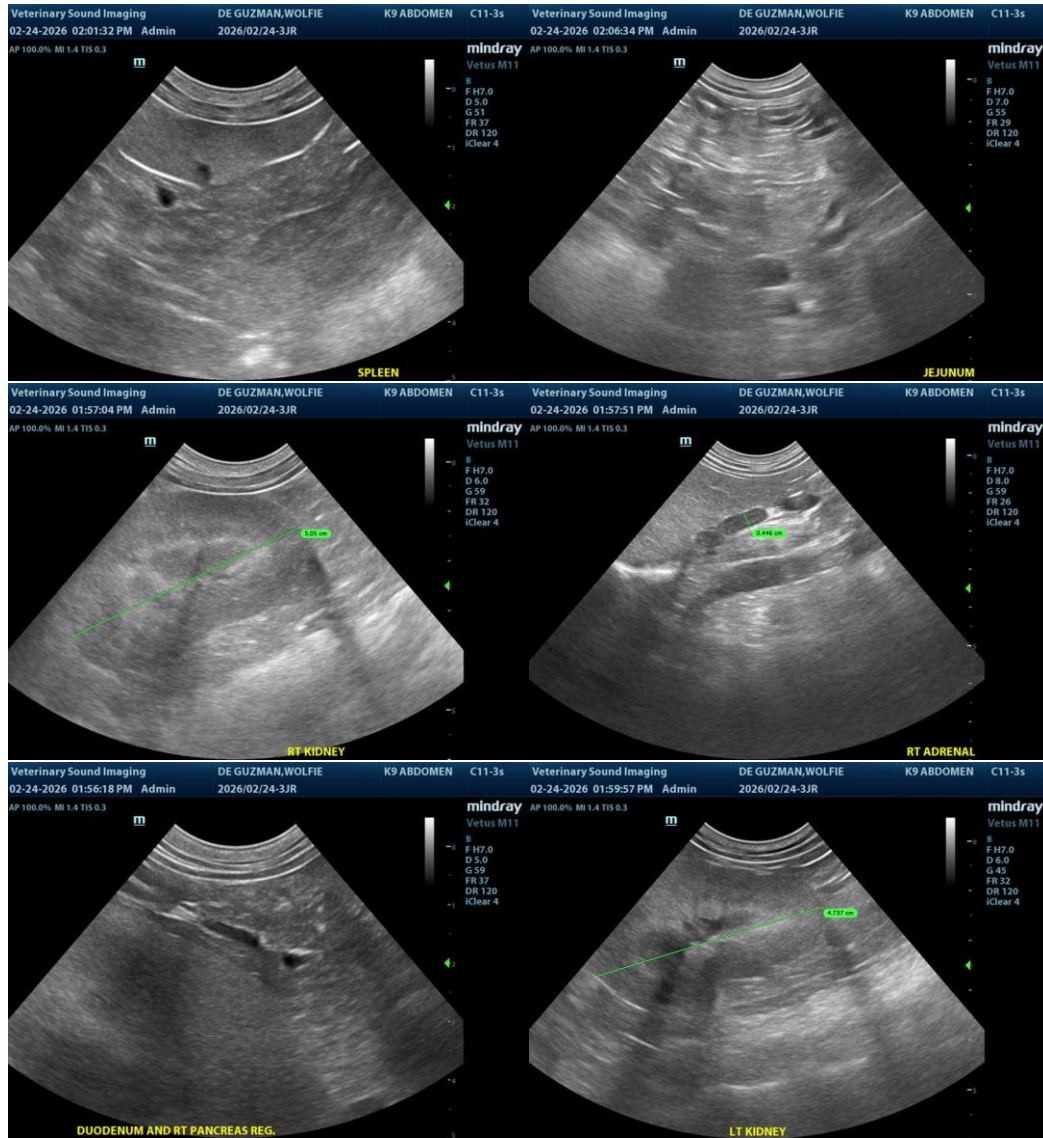
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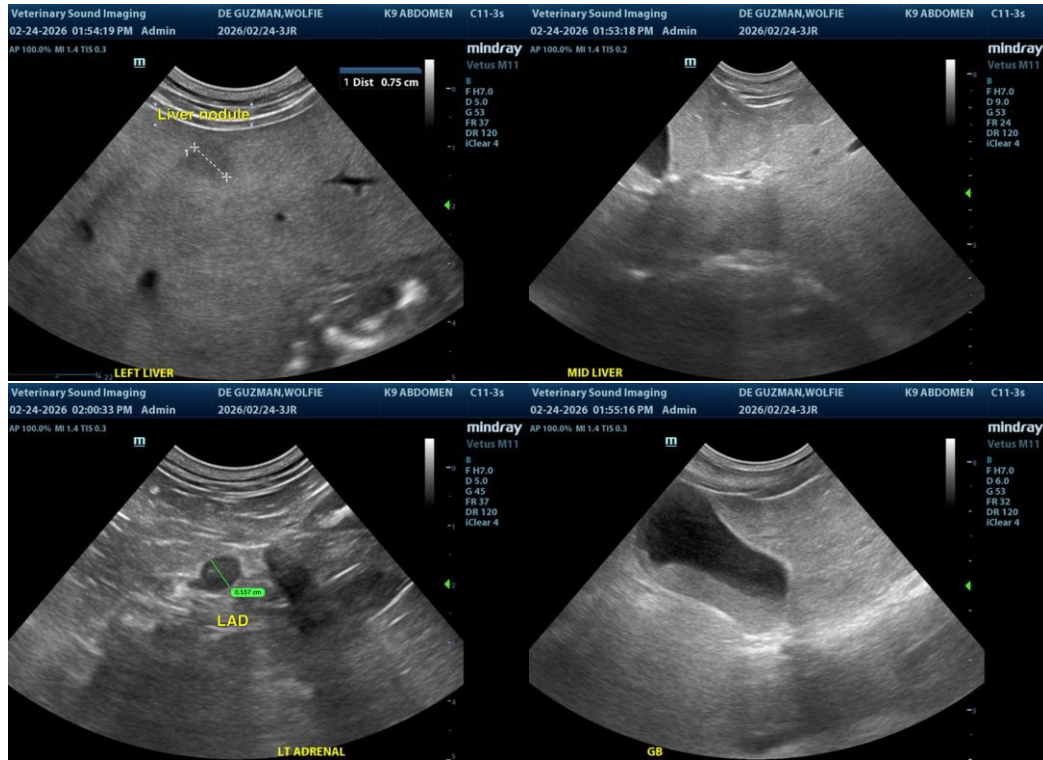
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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