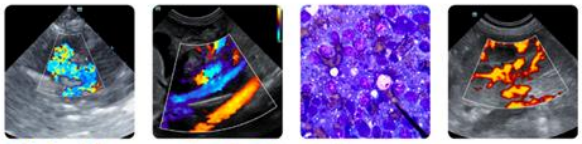


PATIENT
Crew Cohen

SPECIES
Canine

BREED
Hound

SEX
MN

AGE
7yr

WEIGHT
90lb

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

IMAGING PERFORMED BY
Alison Cornwall

HOSPITAL NAME
Onion River Animal Hospital

REFERRING VET
Alison Cornwall

INVOICE
24023

DATE
02/27/2026

PRESENTING CLINICAL SIGNS

V on the 17th, none since, ADR, lethargic, increased thirst/urine, decreased BM output, is eating,

Abnormal PE/Chem/CBC/UA Results: Na and Cl slightly below normal ALC 2159 (yes, >2000), AST 399, ALP and GGT normal, but Bili increased 0.5 with increases in both conj (0.2) and unconj (0.3). Chol 356 sl high and glucose normal. Abd palpation NSF, remaining exam OK, no icterus.

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 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 7.5 cm in length. The right kidney measured 7.7 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 and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

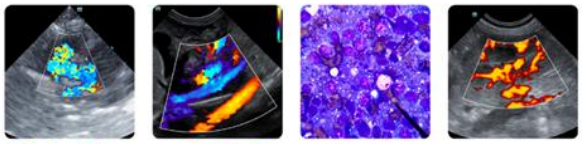
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver exhibited possible borderline subnormal 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity 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 obstruction or foreign material. Mild segmental non-obstructive jejunal ileus was present.

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

- Hepatopathy with possible borderline subnormal liver size
- Normal gallbladder
- Normal bilateral kidneys and urinary bladder -no evidence of renal or urinary bladder mineral /calculi
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta- consistent with retained food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is consistent with benign criteria with non-specific hepatitis, (viral, bacteria, leptospirosis, toxin) hepatotoxicosis, i.e. copper or other inflammatory hepatic disease in conjunction with severely elevated ALT /AST combination favored. No evidence of post-hepatic obstruction or hepatic neoplastic criteria.

Further assessment may include assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory cell type, leptospirosis titer/ PCR, and bile acid profile. If elevated bile acids, advanced imaging such as gold standard CT with contrast may be indicated. Hepatic biopsy with histopathology and copper assessment is likely required for definitive diagnosis.

Empirical therapy for non-specific hepatitis with clinical and as needed sonographic monitoring would be reasonable. Sonographically, the liver did not overtly meet steroid hepatopathy criteria without obvious visualized adrenal pathology. Adrenal screening could be considered for further clarification.

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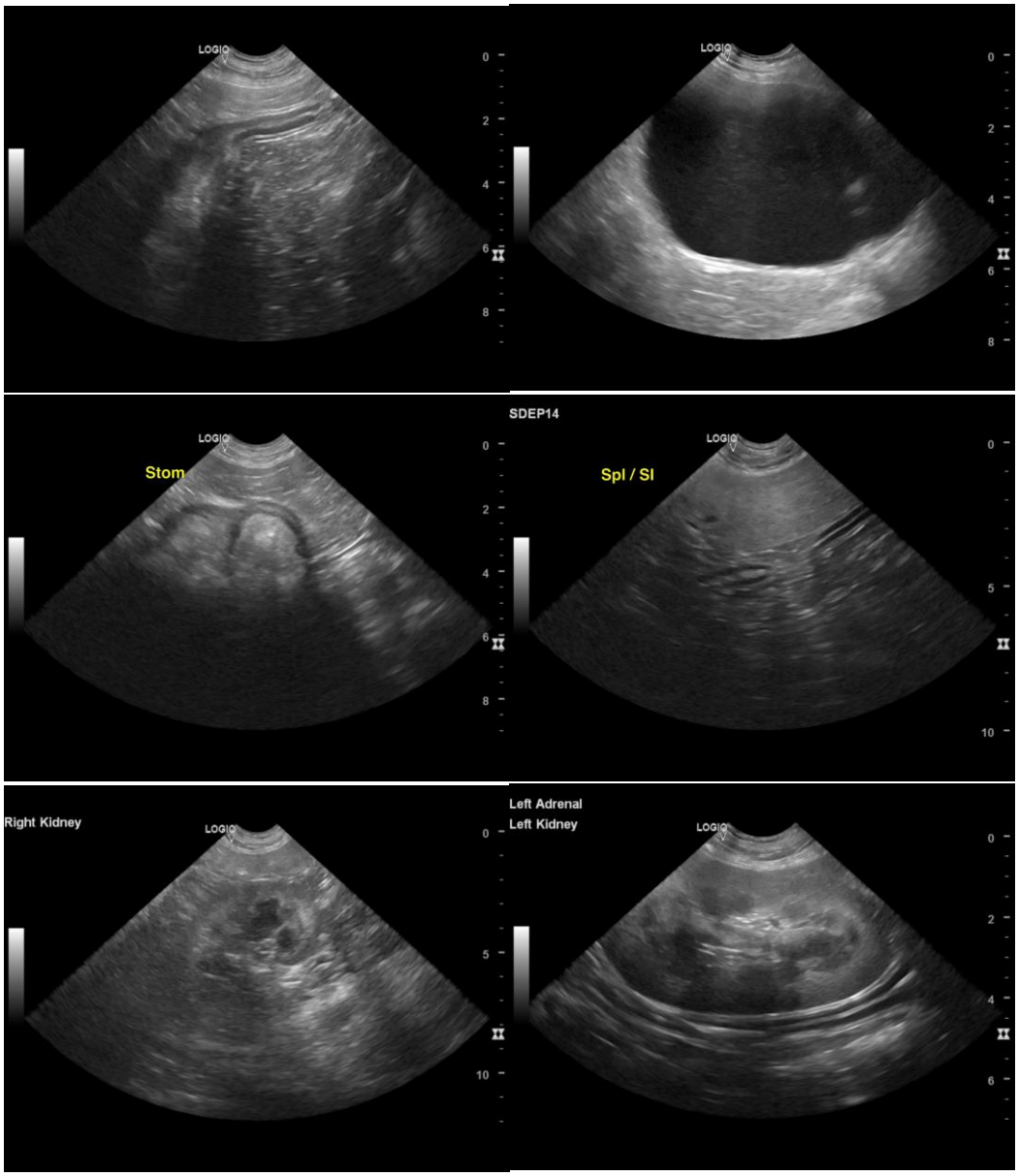

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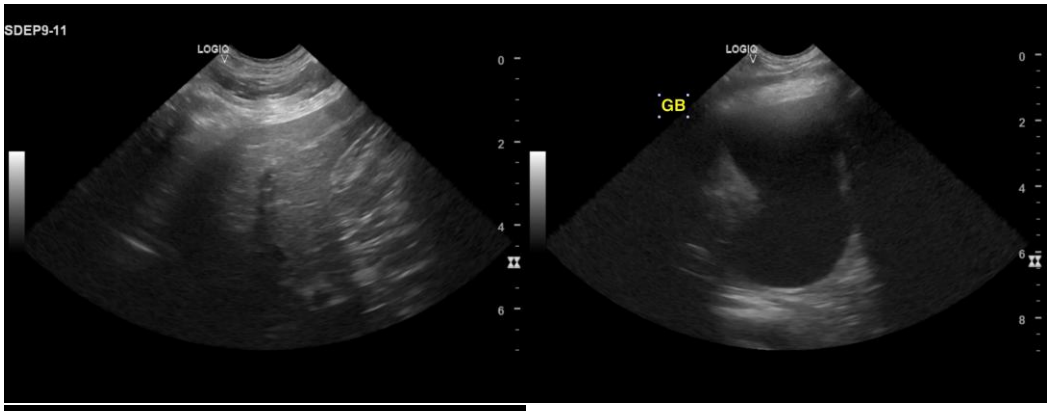

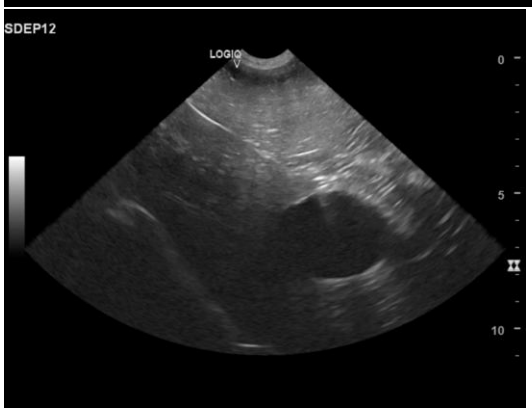

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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