



## PATIENT

Lucy Lou Moody

## SPECIES

Canine

## BREED

Bloodhound

## SEX

FS

## AGE

8yr

## WEIGHT

89.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Ashley Whitesell

## INVOICE 24018

DATE  
02/27/2026

## PRESENTING CLINICAL SIGNS

- stated wouldn't eat for several days, acting nauseous
- Abnormal PE/Chem/CBC/UA Results: EETN: significant icterus noted in sclera OU; icterus noted in mucous membranes as well, significant tartar, abd palp: tense on palpation of cranial abdomen, unable to palpate obvious tumor, but p very tense, so not able to fully palpate abdomen coat/skin: mild icterus noted on skin of ventral abdomen, and inside of both pinnas CBC: mildly elevated RBC; mild lymphopenia CHEM 17: ALT too high to read; signif elevated ALP (1088); elevated GGT (16); signif elevated TBili (21.6); elevated Cholesterol (367)

## 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. 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 7.8 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was 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 0.63 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 0.66 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective adequate vascular volume. 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



## PATIENT

Lucy Lou Moody

## SPECIES

Canine

## BREED

Bloodhound

## SEX

FS

## AGE

8yr

## WEIGHT

89.2

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.

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**

- Hepatopathy
- Non-distended non-inflamed gallbladder
- Sonographically normal gastrointestinal tract/ area of pancreas
- Normal kidneys/adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is nonspecific, yet suggestive of acute hepatopathy criteria. Nonspecific hepatitis, (viral, bacterial, leptospirosis, toxin) favored in conjunction with potential vacuolar or cholestatic hepatopathy, hepatotoxicosis, i.e. copper, with occult hepatic neoplasia thought less likely. No current evidence of post-hepatic obstruction. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

Hospitalization with empirical therapy for nonspecific hepatitis with concurrent gastrointestinal support and clinical monitoring is recommended. Sonographic reassessment indicated if progressive hepatopathy or cholestasis.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Ashley Whitesell

## INVOICE

24018

## DATE

02/27/2026



**PATIENT**

Lucy Lou Moody

**SPECIES**

Canine

**BREED**

Bloodhound

**SEX**

FS

**AGE**

8yr

**WEIGHT**

89.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson Animal Clinic

**REFERRING VET**

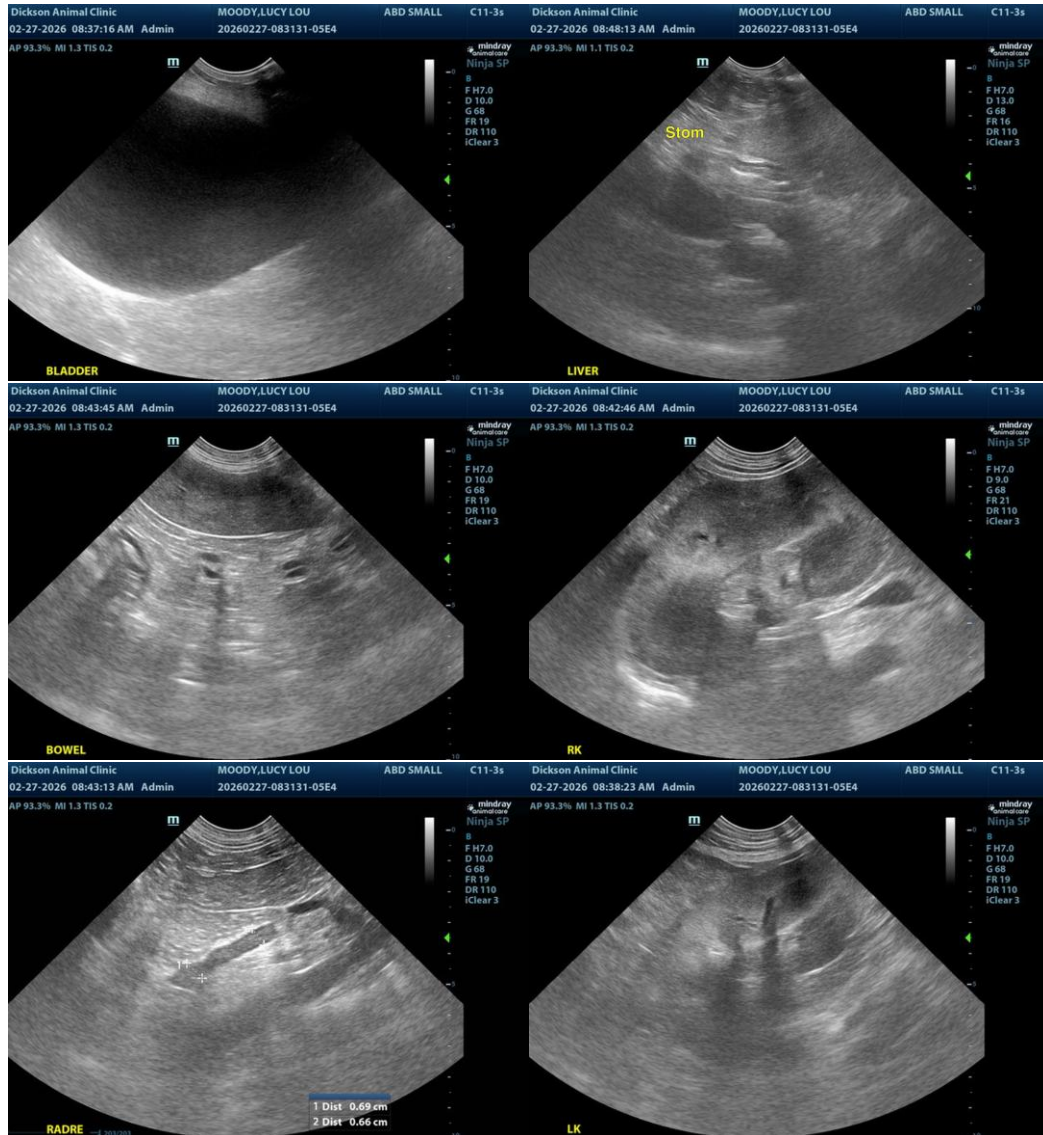
Ashley Whitesell

**INVOICE**

24018

**DATE**

02/27/2026





## PATIENT

Lucy Lou Moody

## SPECIES

Canine

## BREED

Bloodhound

## SEX

FS

## AGE

8yr

## WEIGHT

89.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

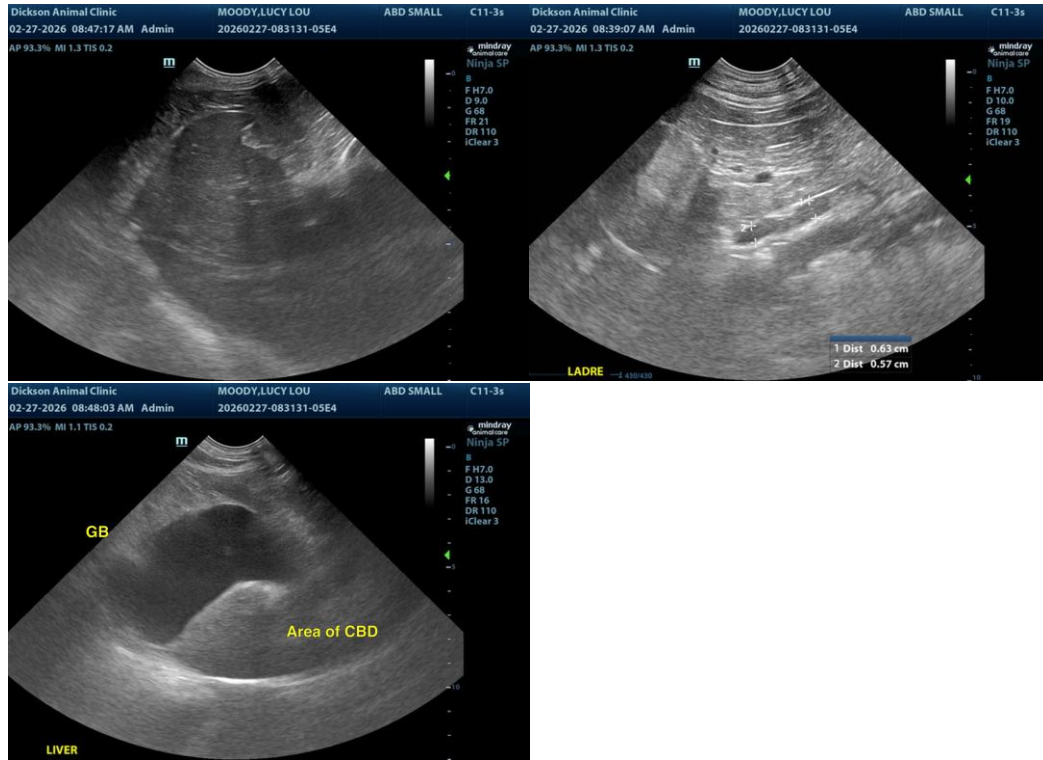
Ashley Whitesell

## INVOICE

24018

## DATE

02/27/2026



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)