



PATIENT

Lizzy Franques

SPECIES

Canine

BREED

Heeler

SEX

FS

AGE

13yr

WEIGHT

60lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy sather

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Jacob Wilson

INVOICE

24042

DATE

02/28/2026

PRESENTING CLINICAL SIGNS

Lizzy presents for not eating/ADR. O said Lizzy did not eat today which is not normal for her, did not even want treats. Per o, Lizzy followed her to the truck and that was Lizzy telling o she needs to go to the vet. O cannot pin point what is wrong with Lizzy. No v/d.

Hx of seizures, does not keep her on medication, only uses the medication for a rescue dose if needed. Takes joint supplements and gabapentin.

P did vomit in hospital

Abnormal PE/Chem/CBC/UA Results: CBC: WNL - Chem: Moderate azotemia (BUN 61.5, CRE 2.4, IP 12), Mild mixed hepatopathy (ALT 147, GGT 17), mild hyperglobulinemia (4.4), mild hypernatremia (157) - AXR (3V):

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small left kidney cortical cysts were present. The left kidney measured 5.9 cm in length. The right kidney measured 6.6 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 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 mild to moderately 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



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, nonshadowing ingesta without signs of 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 contained segmental, generally mild non-shadowing ingesta/ chyme.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

60lb

Primary

- Hepatopathy
- Normal gallbladder
- Sonographically normal gastrointestinal tract with gastric and segmental nonshadowing ingesta - suggestive of food echogenicity
- Normal area of pancreas
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatopathy is nonspecific yet most consistent with benign hepatopathy. Nonspecific mild hepatitis and nonobstructive cholestasis favored in conjunction with ALT / GGT elevation. Further assessment may include FNA cytology if normal clotting status +/- Leptospirosis titers / PCR given concurrent azotemia. A urinalysis is recommended if not done. The presence of gastrointestinal ingesta given clinical history may suggest metabolic ileus without overt or visualized definitive gastrointestinal obstruction. Documented 12 hour fast with concurrent supportive care and monitoring of gastrointestinal motility and azotemia is recommended with sonographic reassessment if persistent gastrointestinal ileus or progressive hepatopathy / azotemia.

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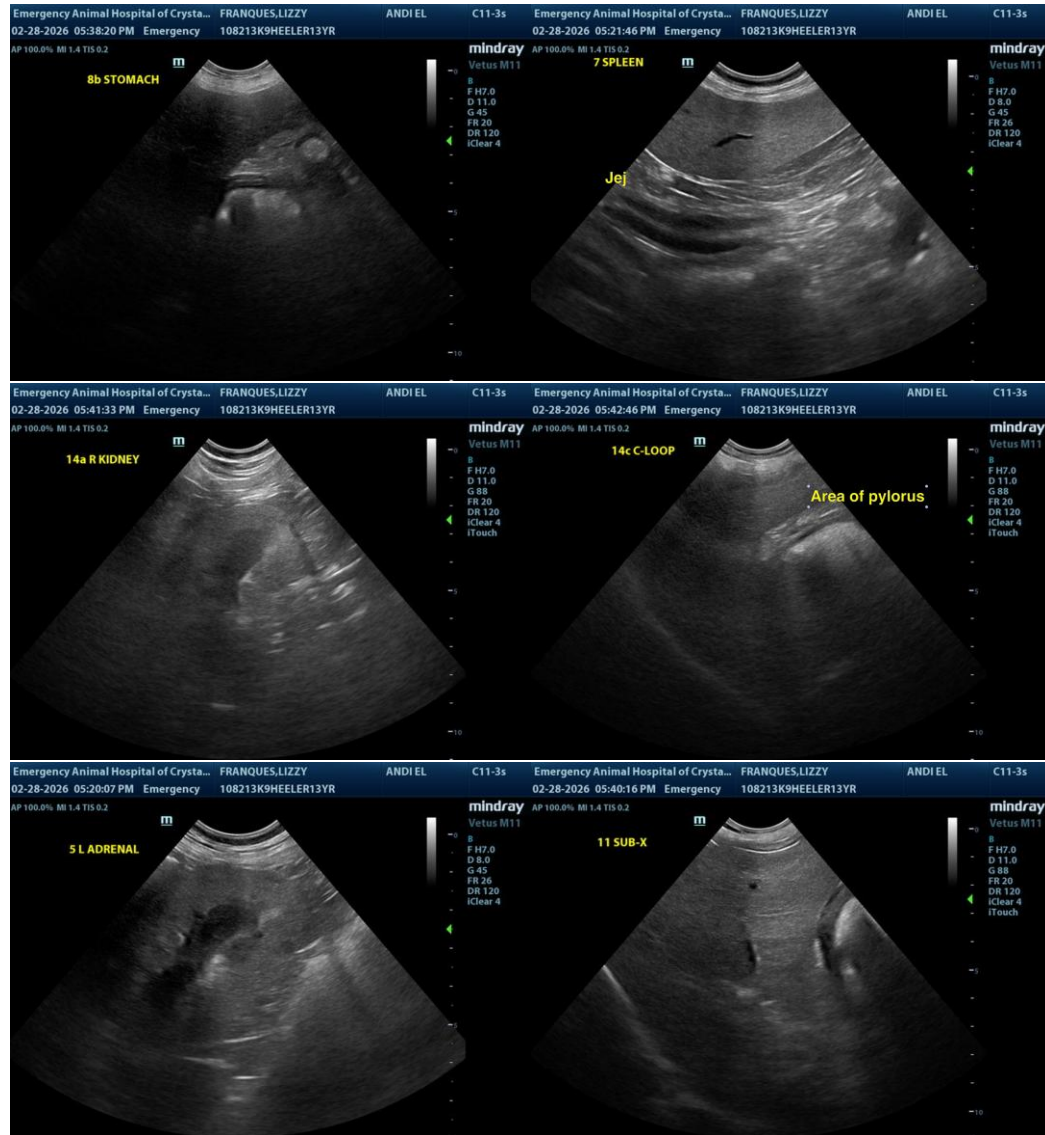
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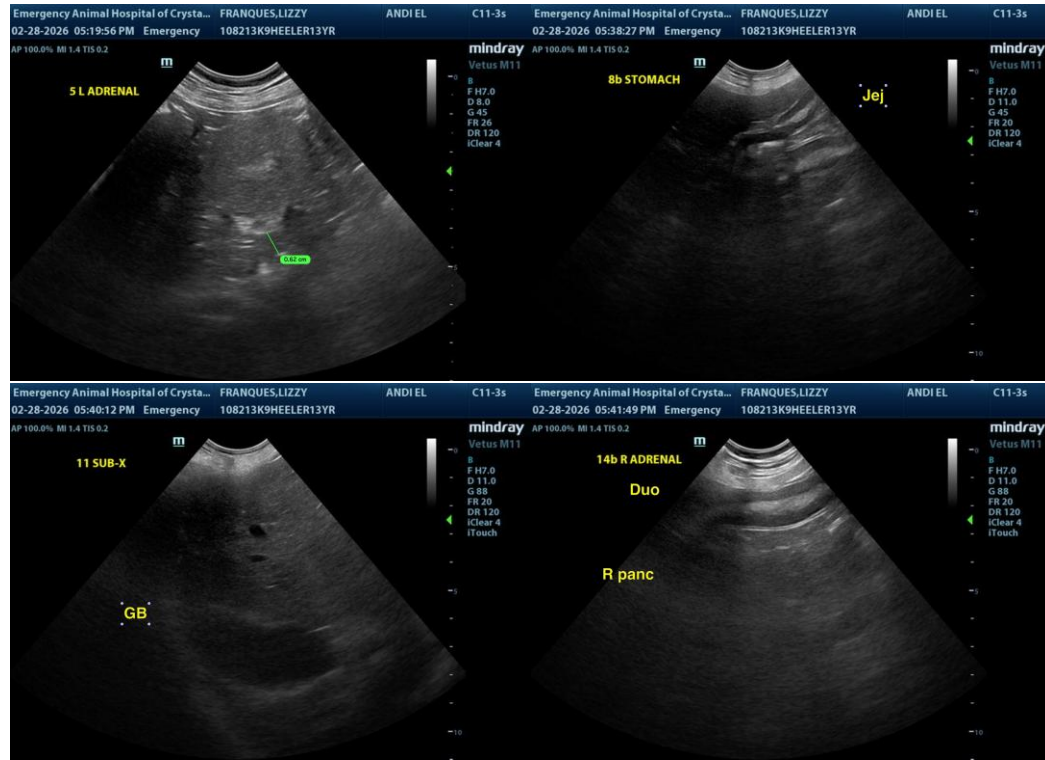
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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