



PATIENT

Fergis Simmons

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male Neutered

AGE

10y

WEIGHT

26.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kthleen Byrnes

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Jones

INVOICE

13163

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- P presented for US due to elevated ALKP and ALT. P had LDDST today

Abnormal PE/Chem/CBC/UA Results: ALKP 1762, ALT 200, Lipase 1082, usg 1.014, Protein 2+

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. Mild, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 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. Medullary to lateral diverticuli mineral/small renoliths. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.46 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in 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 exhibited mild to moderate hepatomegaly. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. 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 mild, echogenic, nonmineralized, primarily peripheral lumen, congealed biliary sludge. Possible emerging gallbladder neck polyp noted. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, non-shadowing ingesta consistent with food echogenicity.

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.

PRIMARY FINDINGS

- Mild to moderate urinary bladder lumen mineral
- Age-related kidneys with mild medullary mineral/small renoliths
- Non-enlarged age-related adrenal glands
- Hepatopathy exhibiting mild parenchyma hyperechogenicity – vacuolar/cholestatic hepatopathy inflammatory disease, lipidosis, hyperplasia, less likely occult neoplasia, all potentials
- Sonographically normal area of pancreas

SECONDARY FINDINGS

- Gastric ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending adrenal workup is recommended, although no sonographic evidence of adrenal pathology. Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. No overt neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepato-supportive medications, i.e. Denamarin or similar and Ursodiol may prove beneficial.



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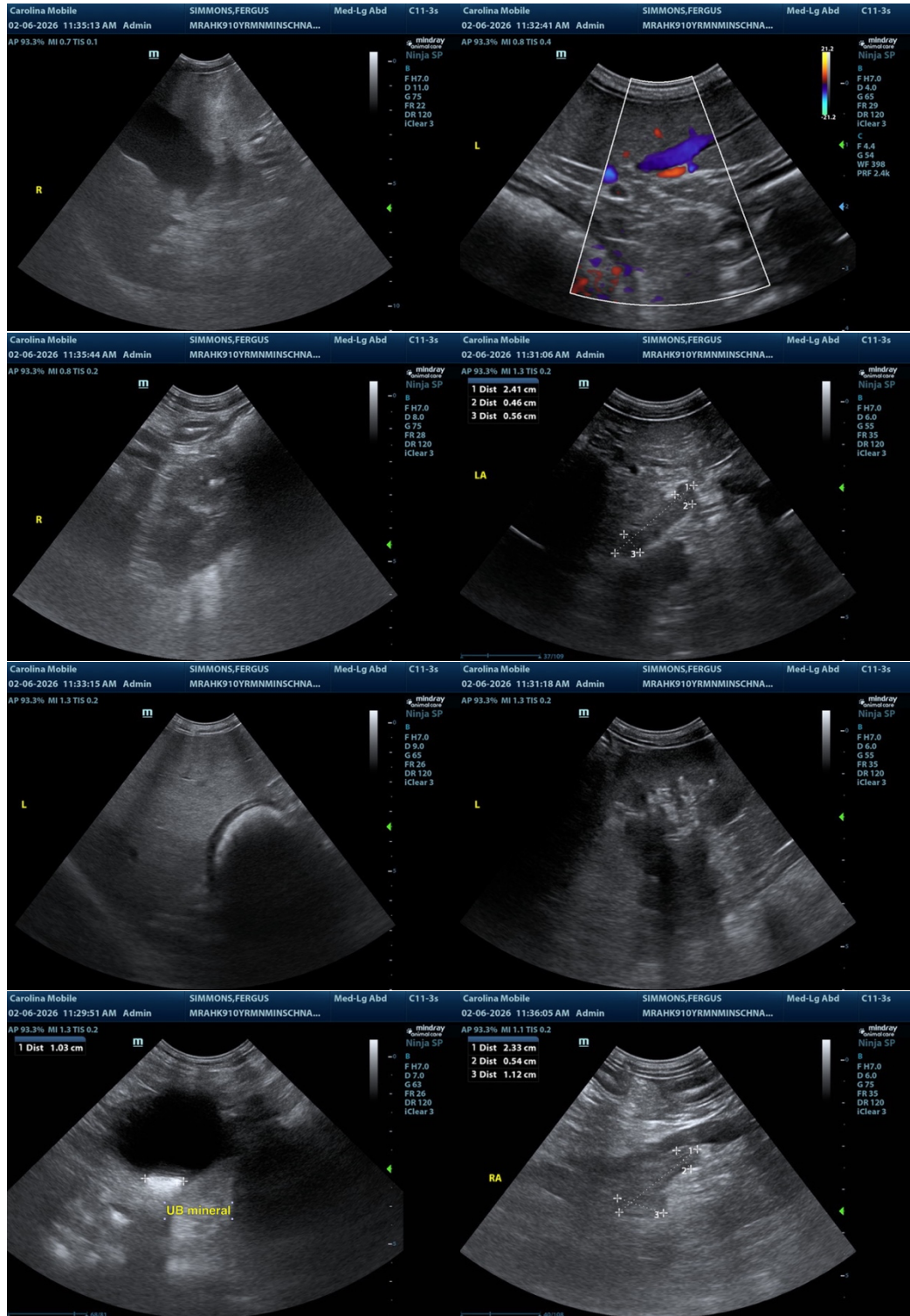
Dr. Jones

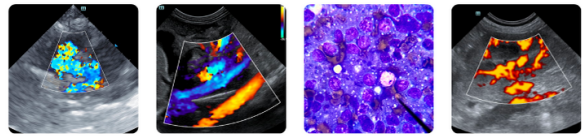
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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