



## PATIENT

Charlie Mongrain

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

8 Years 3 Months

## WEIGHT

37.2 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Southpointe Pet  
Hospital

## REFERRING VET

Dr. Callan, BSc, DVM  
(BC)

## INVOICE

13660

## DATE

02/09/26

## PRESENTING CLINICAL SIGNS

- 12/11/25
- Dr. Blaise spoke to owner - advised thyroid wnl. Mild elevations in ALT and AST ddx. liver disease, metabolic disease (Cushing's, hepatic lipidosis etc.). Advised liver supplements and rpt NSIAD in 4-6 weeks vs ultrasound. O electing for the former. Rx. Aventi liver. Recommend 4 weeks to book in for NSIAD to recheck liver.
- 01/23/26
- Summary of communication between Stephanie and Dr. Blaise Callan:
- I called to discuss Charlie's recent bloodwork, which showed that the liver values have worsened slightly. The ALT is now 243 (previously 208) and the AST is 91 (previously 59).
- I recommended further diagnostics to investigate the cause. The options discussed were a bile acid stimulation test (estimated at \$300) and an abdominal ultrasound (estimated at \$760, plus \$17 for a calming protocol and a potential \$200 for sedation). The total for all diagnostics would be approximately \$1,315.
- The client expressed concern about Charlie consuming silicone-based cat litter. I advised that this is unlikely to be the cause of the liver changes.
- The client elected to proceed with both the abdominal ultrasound and the bile acid stimulation test. I will have the technicians contact her to schedule the appointment for on or after Thursday, the 30th.

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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. No evidence of medullary mineral/calculi. The left kidney measured 7.4 cm in length. The right kidney measured 6.6 cm in length.

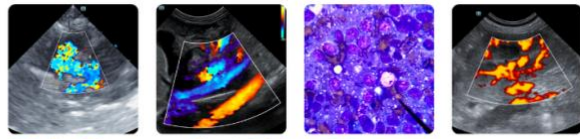
### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 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 0.75 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.



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## *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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

## *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.

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.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Mild gallbladder debris (non-mucocele).
- Normal adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of hepatic pathology or intrahepatic/extrahepatic macroscopic shunt. Mild benign, hepatopathy criteria is met, although nonspecific.

Further assessment may include assuming (normal clotting status) hepatic FNA cytology, primarily to assess for inflammatory cell type in conjunction with ALT elevation, +/- leptospirosis titers/PCR. Bile acid profile is recommended if evidence of clinical hepatopathy or hepatic dysfunction, i.e. abnormal BUN, glucose, cholesterol, or BUN levels. Hepatic biopsy with histopathology +/- copper assessment is required for a definitive diagnosis. If patient is non-clinical, hepatosupportive medications and monitoring would be reasonable.



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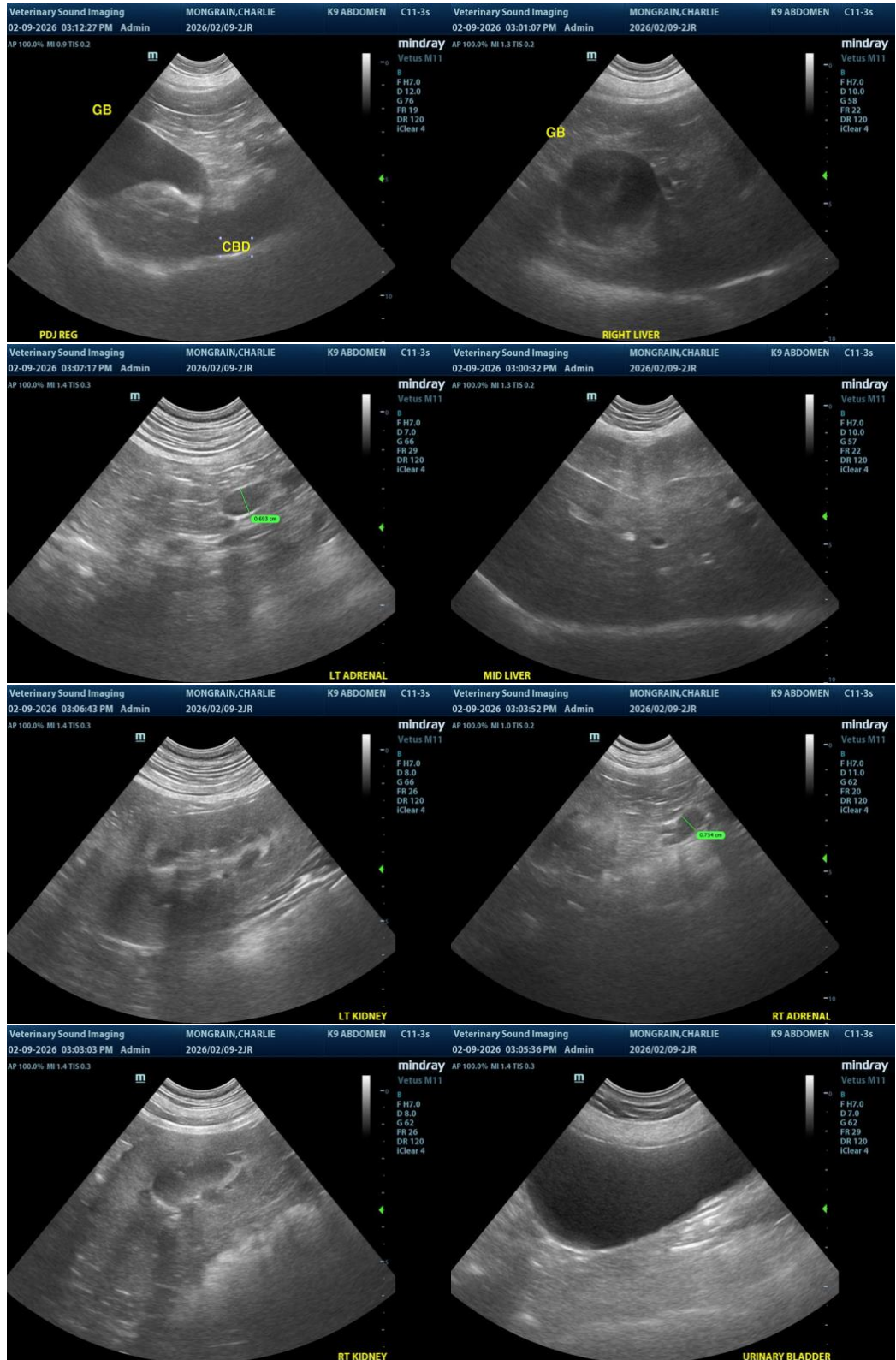
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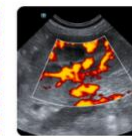
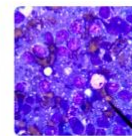
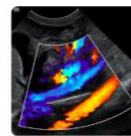
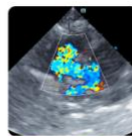
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)