



PATIENT

Gamora Michaels-
Aebig

SPECIES

Canine

BREED

Pom/Husky Mix

SEX

FS

AGE

7yr

WEIGHT

14.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Healing Traditions

REFERRING VET

Dr Tony

INVOICE

23847

DATE

02/09/2026

PRESENTING CLINICAL SIGNS

- Gamora is an overweight patient presenting for difficulty losing weight, polyphagia, and PD, with the most significant finding being a markedly elevated alkaline phosphatase (ALP) despite a negative workup for hyperadrenocorticism.
- The primary concern is an elevated ALP, which was 655 on blood work from 01/21. This finding is concurrent with clinical signs of being overweight with difficulty losing weight, a large appetite, and excessive drinking. A urinalysis on 01/21 revealed a low specific gravity of 1.011 and a pH of 9. To investigate potential causes, an ACTH stimulation test was performed, which was negative for hyperadrenocorticism, showing a normal resting cortisol of 53 and a post-ACTH cortisol of 359. A coagulation panel revealed low PT (5.9) and PTT (9.7). The recommended next step is an abdominal ultrasound with a focus on the liver to further evaluate the elevated liver enzyme.
- Additional findings on the 01/21 blood work included elevated reticulocytes at 141.9, low reticulocyte hemoglobin at 21.2, mildly low neutrophils at 2.55, and a mildly elevated plateletcrit at 0.47.
- In December, a fecal parasitology screen via zinc sulfate centrifugation was negative for ova, parasites, hookworm, whipworm, flea tapeworm, Cystoisospora, and roundworm.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild 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 mild increased to hyperechoic medullary echogenicity with pinpoint hyperechoic medullary foci, which may indicate pinpoint areas of microinfarction, fibrosis or mineralization were present. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 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 0.47 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 0.48 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

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The liver presented subjectively borderline 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 congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 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.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Borderline mild benign hepatomegaly- sonographically suggestive of vacuolar or non-obstructive cholestatic hepatopathy in conjunction with elevated ALP, potential for inflammatory hepatopathy, no evidence of hepatic neoplastic criteria
- Non-organized gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands
- Non-specific increased bilateral renal medullary echogenicity with hyperechoic medullary foci
- Normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of adrenal pathology or post-hepatic stasis. If strong clinical signs suggestive of adrenal disease, atypical Cushing's disease could be a potential consideration. Further assessment of the PU/PD may include, if clinically applicable, screening urine C/S, bile acid profile, and leptospirosis titer /PCR.

Hepatosupportive medications may prove beneficial with sonographic monitoring of the gallbladder, if evidence of progressive cholestasis.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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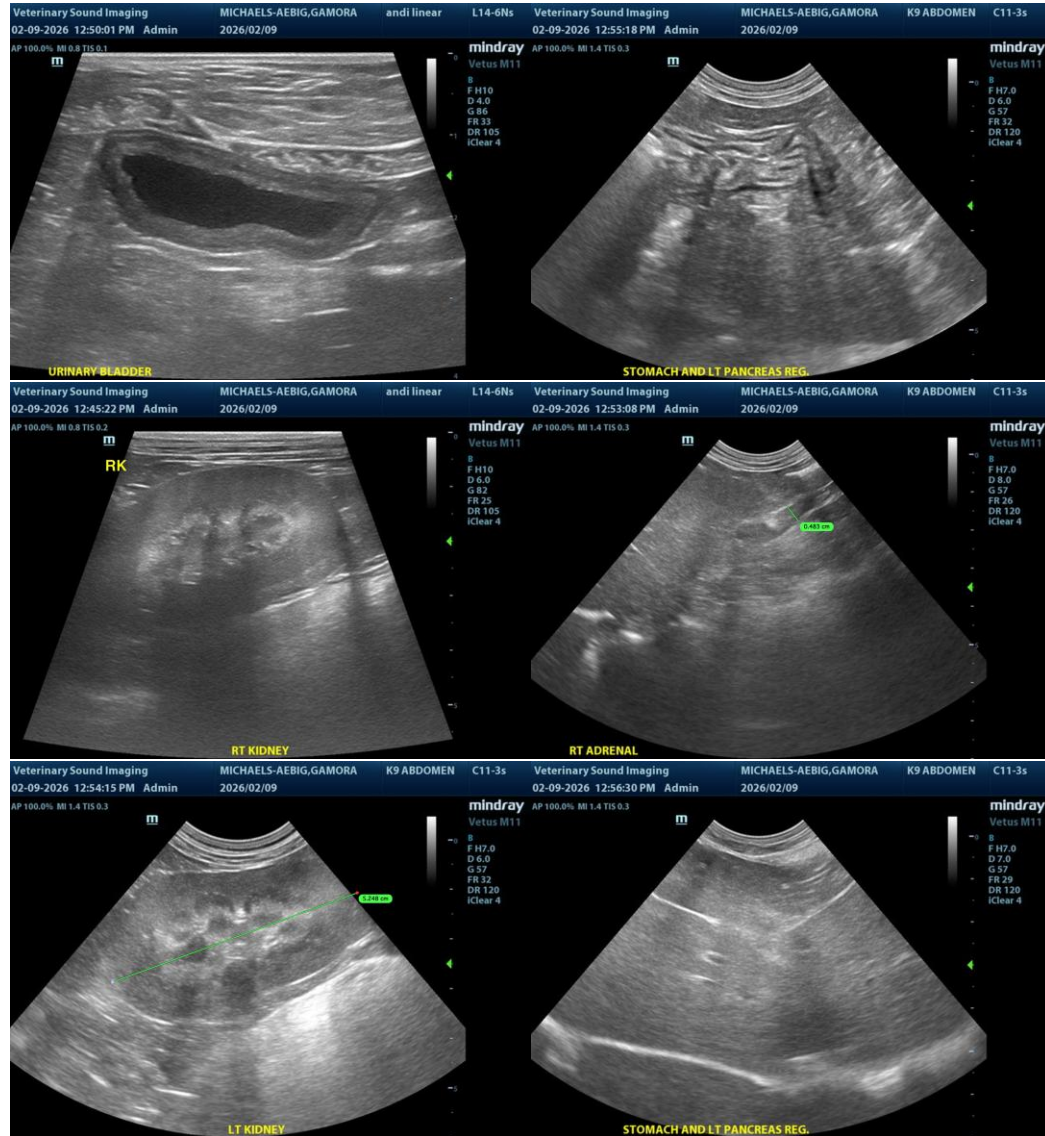
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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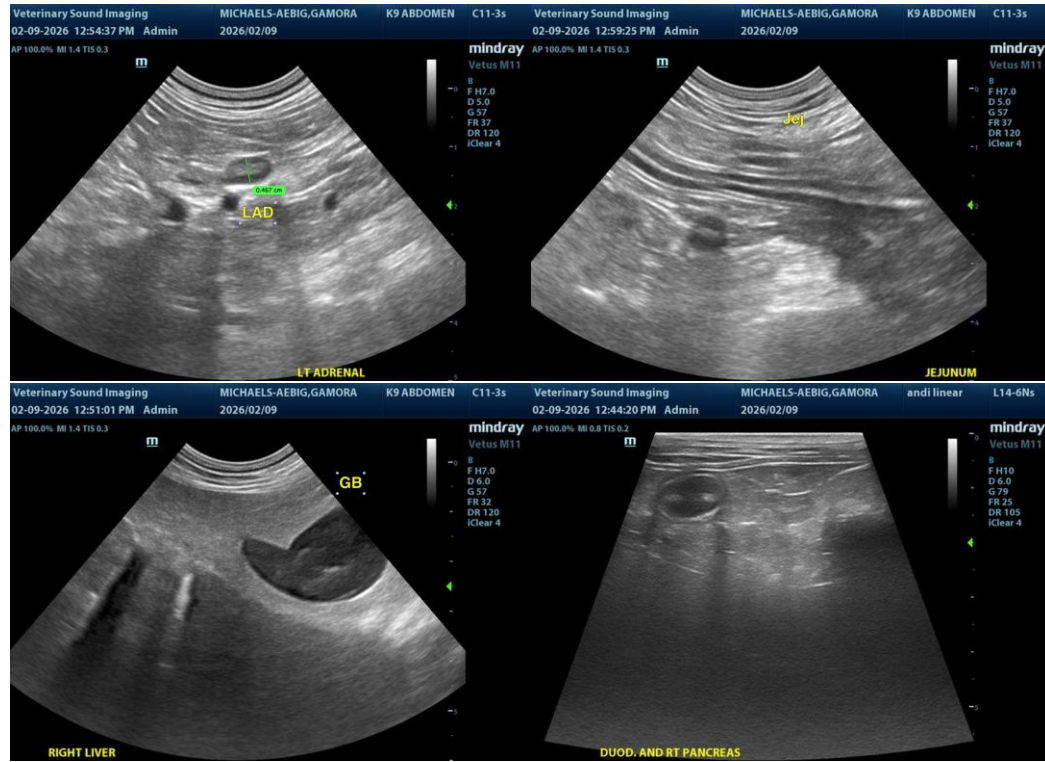
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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