



PATIENT

Gypsy Votta

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

11mo

WEIGHT

52

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

24062

DATE

03/01/2026

PRESENTING CLINICAL SIGNS

pt was emitted at an emergency for elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: diagnostics attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.5 cm in length. The right kidney measured 5.4 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 0.44 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 0.64 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 mildly subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal 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

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 exhibiting propensity for mildly thickened to hyperechoic intestinal submucosa layer. The lumen of the small intestine was empty with no signs of



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mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.32 cm width.

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 peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.6 cm x 0.75 cm.

ULTRASONOGRAPHIC FINDINGS

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Primary

- Sonographically unremarkable mild subnormal liver
- Normal gallbladder
- Possible nonspecific enteropathy
- Soft /non-formed fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy-consistent with benign criteria, i.e. immunologic immaturity or mild hyperplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is consistent with benign criteria and nonspecific given recent normalized hepatic enzyme levels. As needed hepatic support and monitoring would be reasonable. A screening bile acid profile is recommended given subnormal liver size, although no obvious visualized evidence of intrahepatic or extrahepatic macroscopic shunt. If recurring hepatic enzyme elevations, sampling is likely required for definitive diagnosis.

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The small intestine is of unclear clinical significance given no reported gastrointestinal signs. Correlation with clinical history and consideration for screening GI panel to include PLI/TLI/Cobalamin and folate is suggested. Sonographic reassessment recommended if recurrent hepatopathy or gastrointestinal signs.

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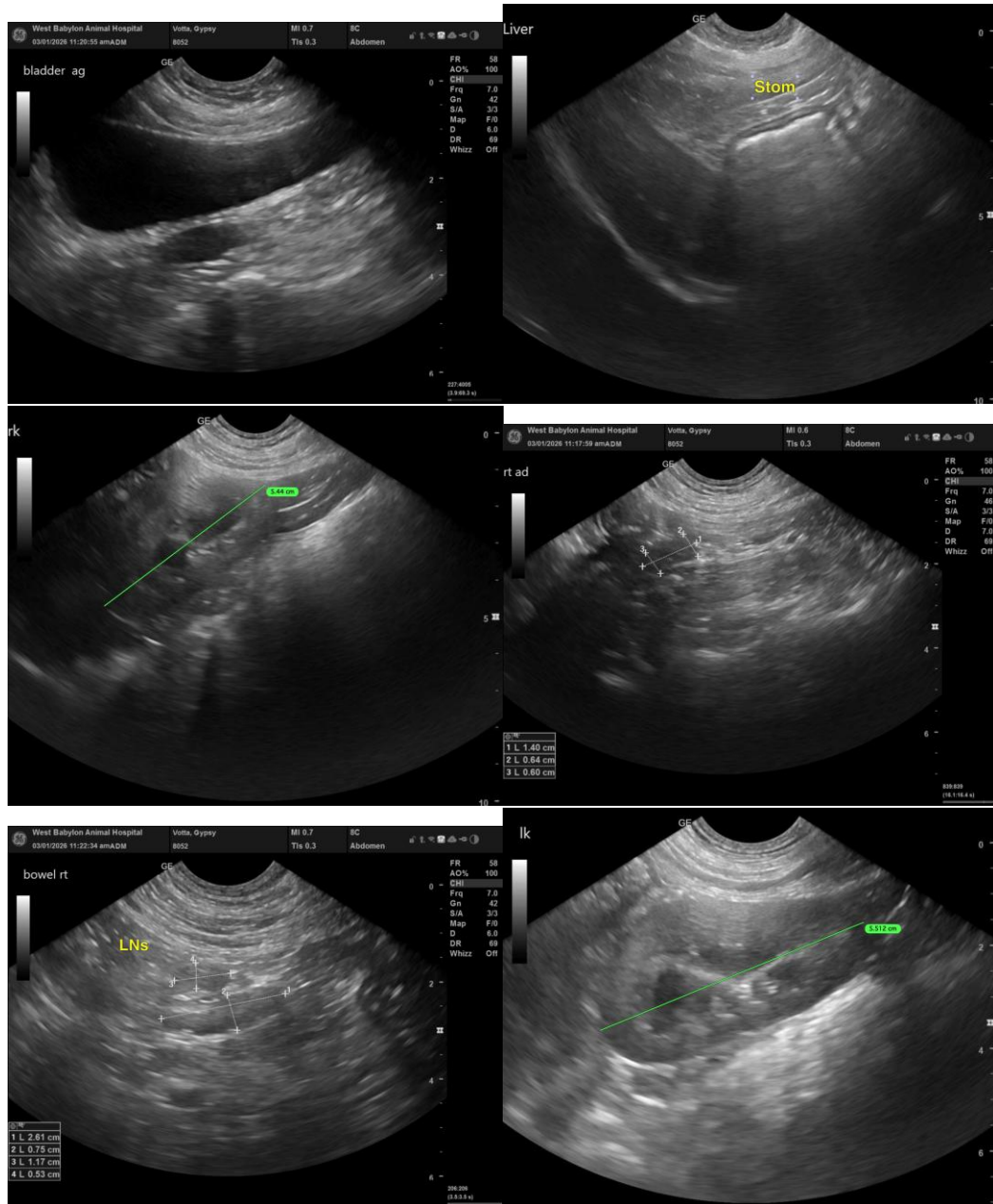
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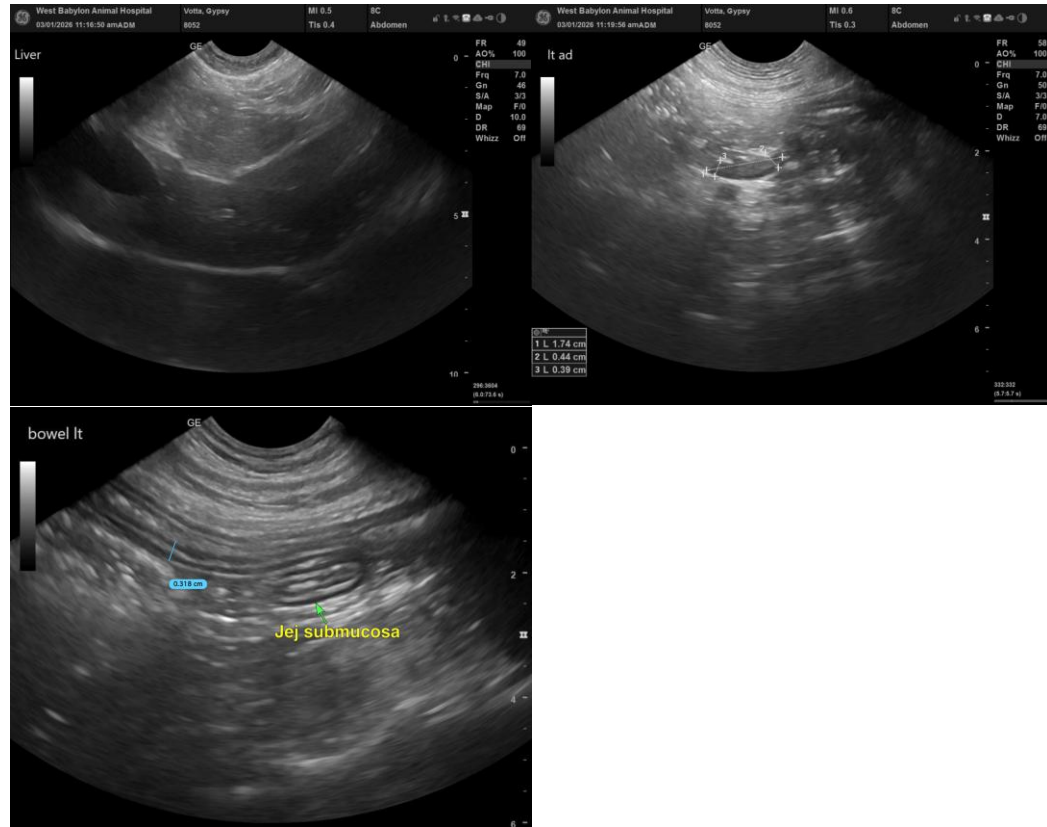
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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