

PATIENT

Nebula Herb

SPECIES

Canine

BREED

Vizsla

SEX

Female

AGE

1 year

WEIGHT

21.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

10668

DATE

3/13/26

PRESENTING CLINICAL SIGNS

History:

- brought pt to RDVM for V+ and white gums. V+ started at 2:30pm today O noticed white gums and pt acting off. hx of eating cat poop and V+, is outside a lot and has been known to drink out of free standing water that chickens and wild ducks get into. two other dogs in house. records from RDVM attached.

Abnormal PE/Chem/CBC/UA Results: CHEM 17 from referring veterinarian: Showed ALT greater than 1000, total bilirubin at 1.3 (elevated), and total protein at 4.8 (slightly low). In-house witness lept antibody test from referring veterinarian: Negative. Radiographs from referring veterinarian: Unremarkable. Prothrombin time: 17 (normal).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No urine mineral or calculi were noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the uterus or bilateral ovaries.

No evidence of pathology in the area of the aortic trifurcation.

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 6.2 cm in length. The right kidney measured 7.1 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 0.61 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 0.61 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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses



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or nodules were not evident. 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. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact, mildly prominent wall with mildly prominent rugal folds. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was noted.

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 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

Minor lateral abdomen peritoneal effusion was noted with normal omental echogenicity. No significant mesenteric lymphadenopathy was visualized.

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ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy
- Mild hypomotile stomach, normal empty small intestine
- Normal area of pancreas
- Normal gallbladder
- Minor peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The decreased hepatic parenchyma echogenicity is suggestive of acute hepatic disease and likely acute hepatitis (viral, bacterial, Leptospirosis, toxin) in conjunction with severe ALT elevation. Occult hepatic neoplasia is considered unlikely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for cytology, primarily to assess for evidence of inflammatory cells or neoplasia, as well as Leptospirosis titer / PCR, despite negative Leptospirosis testing.

Empirical therapy for nonspecific acute hepatitis with gastrointestinal support and clinical monitoring is recommended. Recheck sonogram if progressive hepatopathy or nonresponsive gastrointestinal signs. No evidence of intrahepatic or extrahepatic macroscopic shunt.



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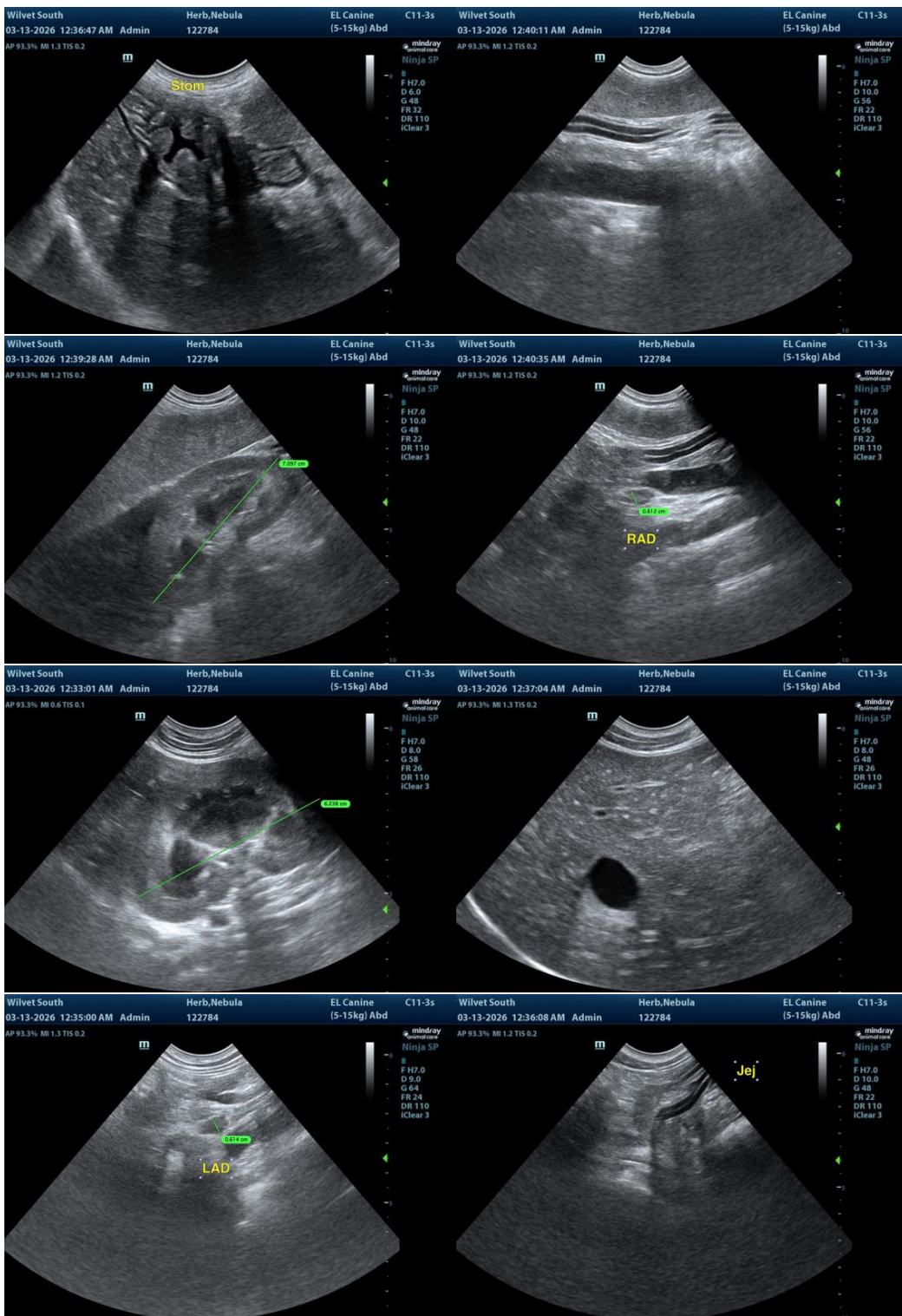
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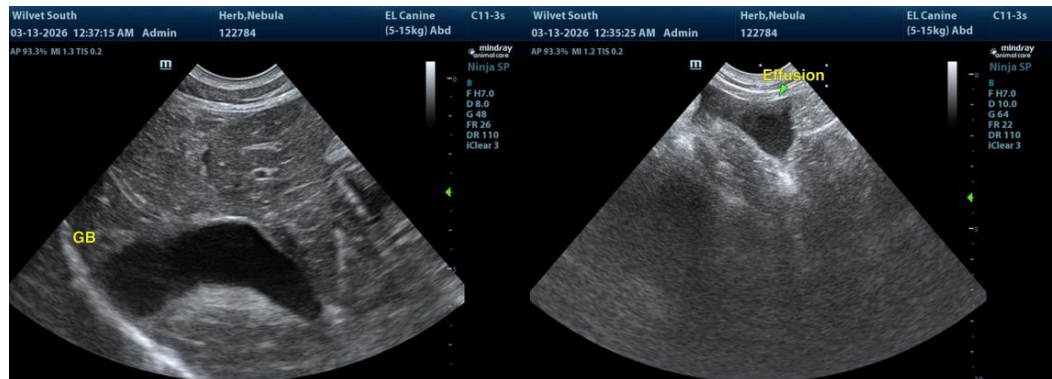
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com