



PATIENT

Pepper Ann Morales

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

6yr

WEIGHT

50.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Austin Stutts, DVM

INVOICE

24237

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate marked ALP increase over the past year. March 2025 ALP 367, increased to ALP 1240 March 2026.
- Meds: Simparica Trio
- Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 53.4%, Plts 301-n, remainder NSF - Chem: Alb 3/8-n, ALP 1240 H (prev yr 367 H), ALT 56-n, BUN 18-n, Cr 1.1-n, SDMA 9-n, remainder NSF - 4Dx: Lyme pos but C6 < 10, neg x3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 right kidney. 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 right kidney measured 9.6 cm in length.

The left kidney was not definitively visualized.

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 0.52 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 0.51 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 mildly 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Benign hepatopathy
- Normal gallbladder
- Normal right kidney with non-visualized left kidney- potential severe left kidney dysplasia or potential renal agenesis
- Normal bilateral adrenal glands
- Normal gastrointestinal tract/ spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most consistent with benign hepatopathy and suggestive of benign or idiopathic vacuolar or potential non-obstructive cholestatic hepatopathy, inflammatory hepatic disease or less likely occult neoplasia considered less likely. No evidence of adrenal pathology as a contributing factor.

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Further assessment may include screening hepatic FNA cytology primarily to assess for non-obvious inflammation. If the patient is non-clinical, hepatosupportive medications and monitoring would be reasonable.

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Correlation with patient history regarding non-visualized left kidney is recommended. Given no evidence of azotemia, monitoring of renal parameters and UA is recommended.

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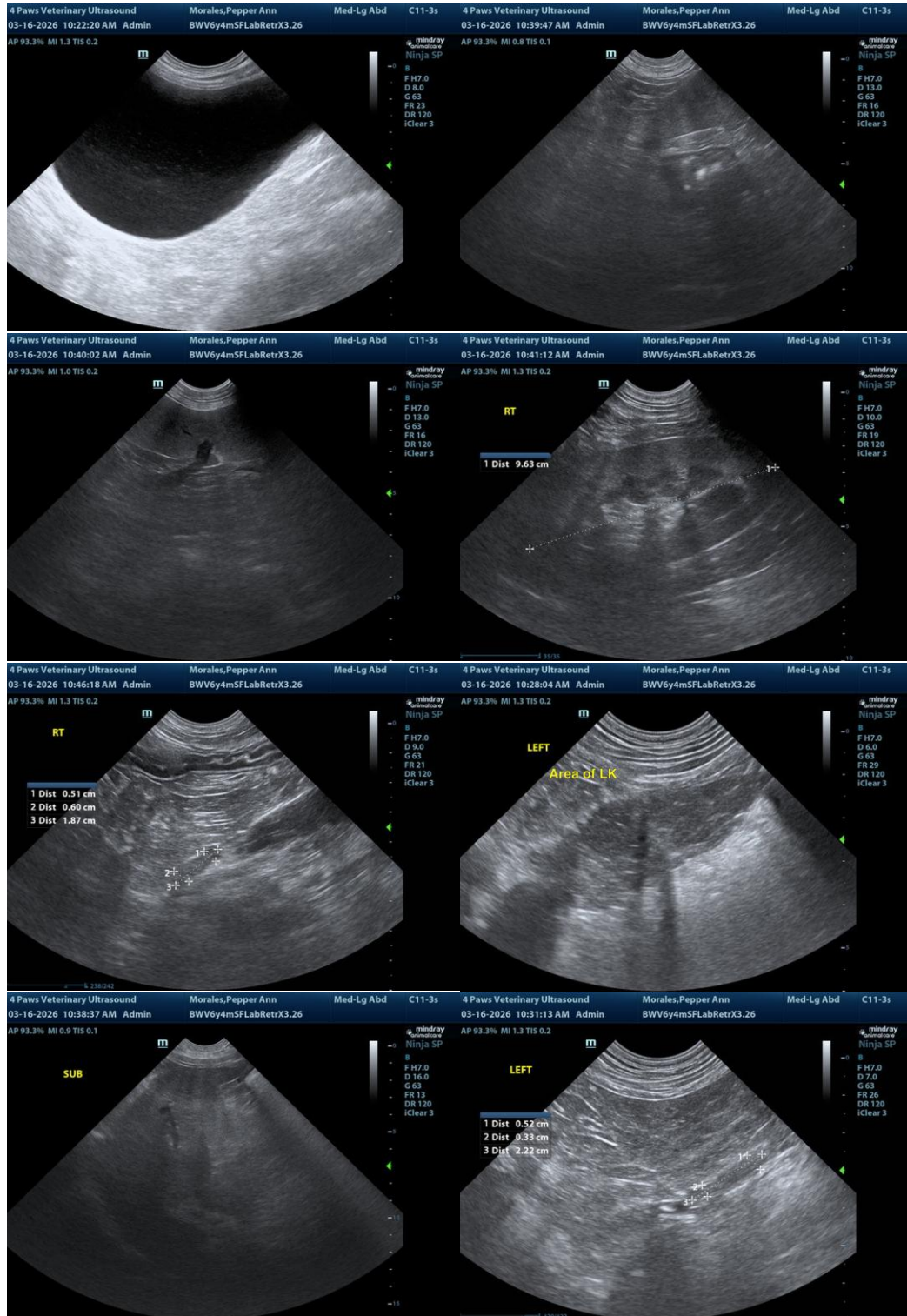
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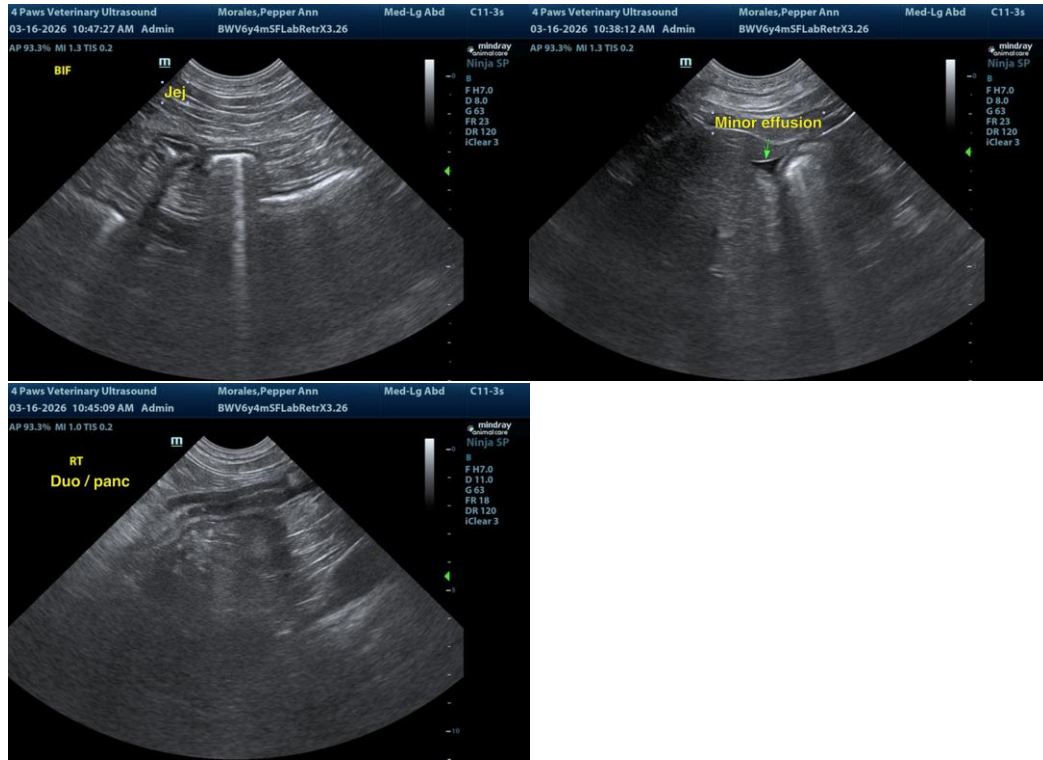
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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