



PATIENT

Sweet Pea Evens

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

11yr

WEIGHT

15.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove
Veterinary Clinic

REFERRING VET

Dr Damewood

INVOICE
24230

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:History of mild liver enzyme elevation. Recent testing shows substantial progression.
- ABNORMAL Labwork Values ALT 127ALP 1442
- Current Medications Denamarin, Urodiol
- Radiographic Findings None
- Notes to Specialist (if any) None

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of focal medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Mildly enlarged caudal left adrenal gland with a mildly enlarged cranial right adrenal gland. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the cranial pole and 0.58 cm width in 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 enlarged in size. The parenchyma of the liver was subjectively hyperechoic in echogenicity compared to the spleen and renal cortices. The liver parenchyma was homogeneous with a primarily mildly coarse echotexture. A solitary discreet non-capsule deforming hypoechoic mid liver nodule was present measuring 0.88 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in



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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.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with discreet intraparenchymal nodule- vacuolar, non-obstructive cholestatic, inflammatory hepatopathy, discreet area of hyperplasia or hematopoiesis, fibrosis, occult neoplasia (thought less likely) or combination possible.
- Mild gallbladder debris (non-mucocele)
- Bilateral mild adrenomegaly- hyperplasia, functional vs non-functional adenomatous change, emerging unilateral/ bilateral adrenal tumor thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's syndrome are not reported or arise. Periodic monitoring of systemic BP for evidence of hypertension is suggested. Assuming normal clotting status and using 25ga needle, hepatic parenchyma, and if accessible, hepatic nodule FNA cytology could be considered for further clarification.

Hepatosupportive medications, including current Denamarin/ursodiol combination with clinical and sonographic monitoring of the liver and bilateral adrenal glands if the patient is non-clinical would be reasonable.



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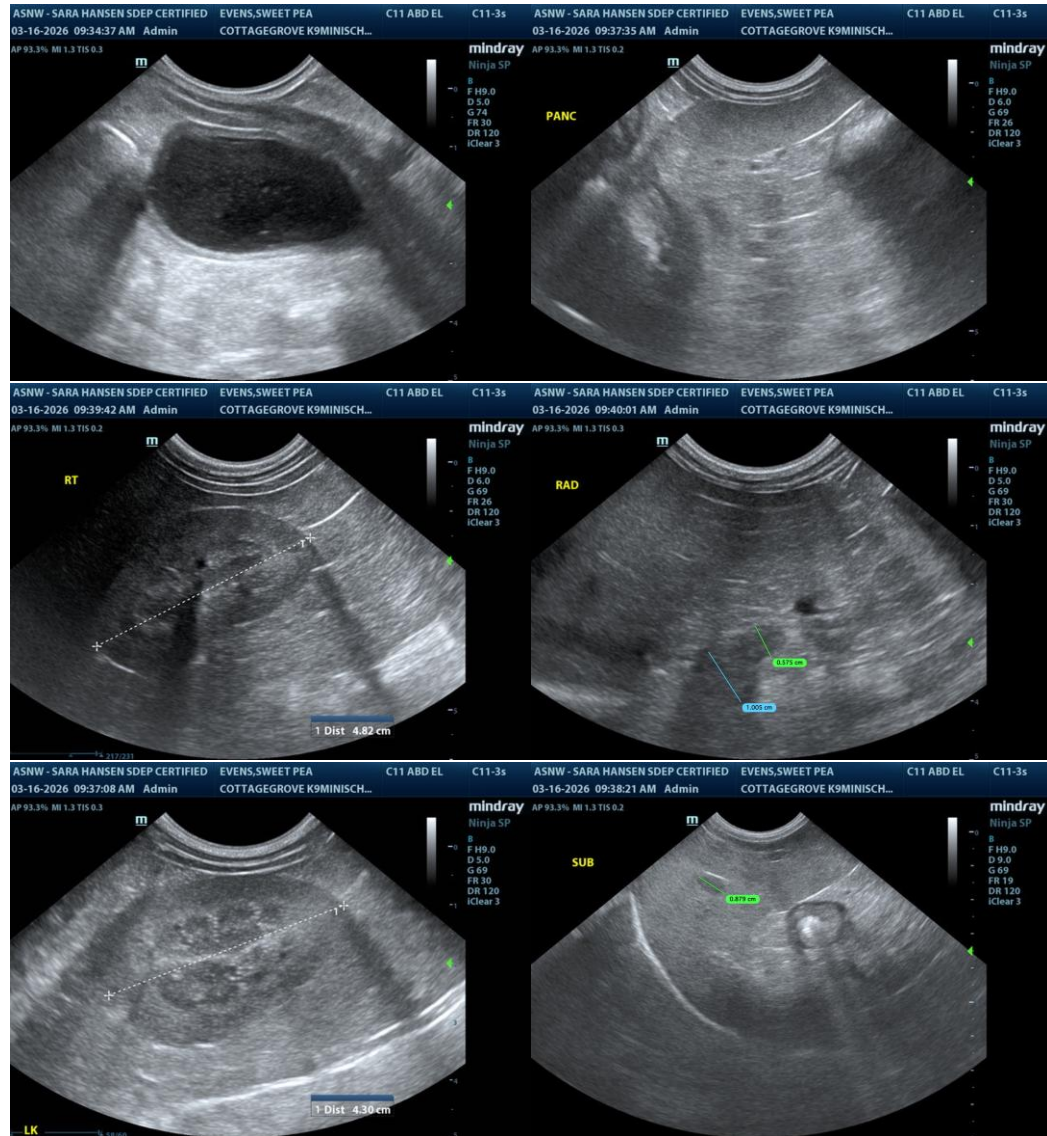
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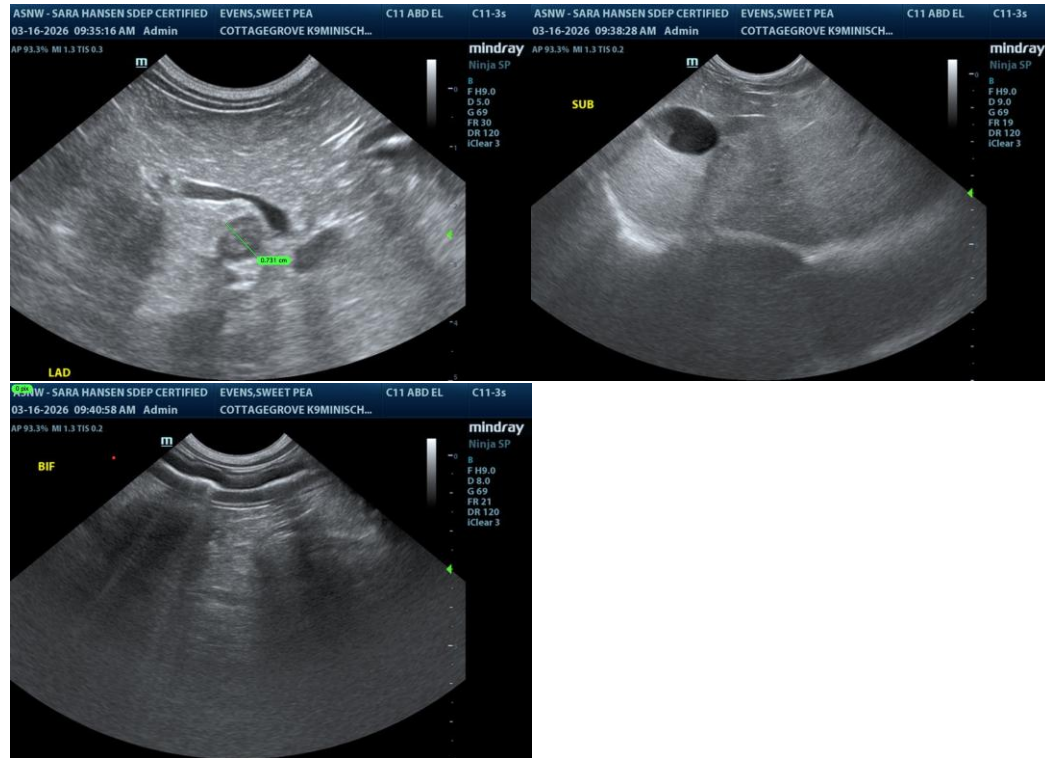
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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