



**PATIENT**

Abby Hennesy

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

2.6 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hanse

**HOSPITAL NAME**

Faithful Friends AC

**REFERRING VET**

Dr. Villanueva

**INVOICE**

13287

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

History:

- Presented for 3 days of: Anorexia/Nausea/Dehydration/Abdominal Pain
- Gallbladder contents mixed echogenicity some hyperechoic material and gallbladder appears large on AFAST
- Periodontal disease
- Sternal Mass
- Pt presented 3/12/26, at that time O declined animal sounds AUS and bile culture. Initiated current medications at that time, appetite has mildly improved, energy mildly improved.
- **ABNORMAL Lab work Values:** Mild nonregenerative anemia: RBC-5.46M/ $\mu$ L, Hematocrit-35.9%, Reticulocyte Hemoglobin-21.2pg, WBC-17.16K/ $\mu$ L, Monocytosis-3.6K/ $\mu$ L, Eosinopenia-0.03K/ $\mu$ L, Mild Thrombocytopenia: Platelets-122K/ $\mu$ L, MPV-14.6fL, BUN-5mg/dL, Potassium-3.2mmol/L, ALT-832, ALP-1,188, GGT-22, Cholesterol-388
- Current Medications: Capromorelin, Ursodiol, Denamarin Advanced, Gabapentin, Amoxicillin, Enrofloxacin, Maropitant.

**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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation and focal areas of medullary mineral were present. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the caudal pole. The right adrenal gland measured 0.55 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**

Hepatomegaly exhibiting generalized, variable, non-homogeneous to non-uniform increased hepatic parenchyma. Discrete, hypoechoic nodules were present. Mid liver intraparenchymal non-



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homogeneous, hypoechoic nodule or cystic lesion measuring 1.9 cm in diameter. The gallbladder was mildly distended in size with normal wall and without evidence of edema. Mild, congealed, hyperechoic, primarily gravity dependent debris were present. The common bile duct was not visualized with no evidence of post hepatic obstruction.

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**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.

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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.

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The colon exhibited generalized distention with normal visible colon wall layers and soft to non-formed feces in lumen.

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**Pancreas**

The pancreas was normal in size and contour with heterogeneous, variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

Mild increased mid cranial abdomen omental echogenicity, no visualized significant omental lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mildly enlarged, variably non-homogeneous liver with intraparenchymal nodule vs cystic lesion
- Mild, congealed gallbladder debris – not consistent with mature mucocele, no evidence of posthepatic obstruction
- Non-homogeneous, hyperechoic pancreas – chronic pancreatitis vs fibrosis and remodeling
- Sonographically unremarkable gastrointestinal tract
- Generalized distended colon with soft/non-formed fecal matter
- Bilateral chronic renal changes
- Bilateral mild adrenomegaly – subjective benign

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Considerations for the liver may include chronic vacuolar or non-obstructive cholestatic hepatopathy. Inflammatory disease, hyperplasia, hepatic cyst vs less likely abscess, hepatic neoplasia not definitively excluded. Further assessment may include, assuming normal clotting status, hepatic FNA cytology and spec cPL. Adrenal screening may be considered if clinically indicated. Continued current empirical hepatic therapy with supportive care for chronic pancreatitis would be reasonable with clinical monitoring. Sonographic reassessment indicated if progressive hepatopathy or gastrointestinal signs.

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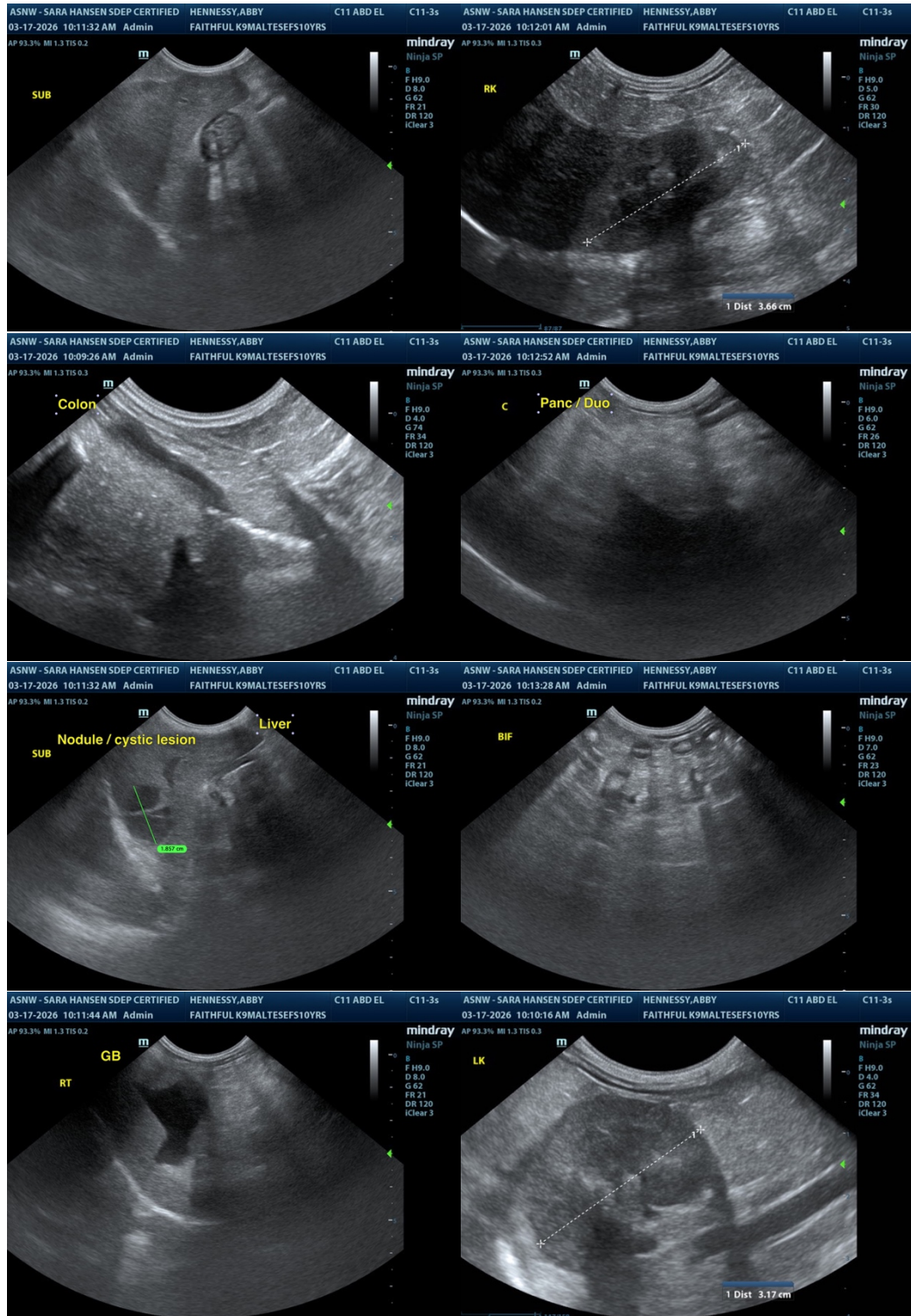
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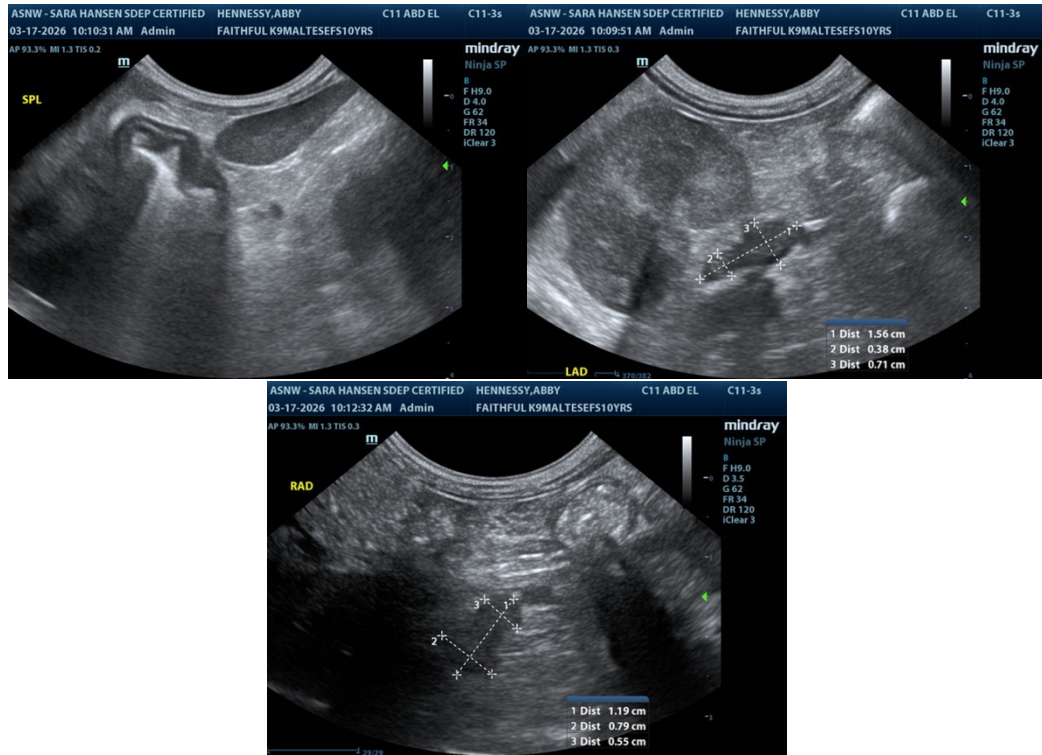
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)