



## PATIENT

Axel Greene

## SPECIES

Canine

## BREED

Morkie

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

17.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Sanchez

## INVOICE

14012

## DATE

03/02/26

## PRESENTING CLINICAL SIGNS

- Pet presented for ADR per owner, he is also drinking more water than normal and urinating more. His appetite also appears increased.

Abnormal PE/Chem/CBC/UA Results: CBC RBC: 5.75 Hct: 40.6% Hgb: 13.8 Mono: 1.408 Plt: 480 Chem BUN: 48 Phos: 6.7 Na:K: 27 Cl: 105 ALT: 557 AST: 56 ALP: 1,490 GGT: 133 Lip: 599 UA SG: 1.032 pH: 5.5 T4: wnl

## 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 change were noted.

The area of the residual prostate appeared normal and 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

The adrenal glands were indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.52 cm width. The right adrenal gland subjectively measured 0.51 cm width.

### *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 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 mild hyperechoic potentially emerging mineralized debris in the dependent lumen. The cystic duct and common bile ducts were normal without evidence of dilation.



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### *Gastrointestinal*

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta consistent with food echogenicity without signs of 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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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 overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder.
- Mild chronic renal changes.
- Overtly normal adrenal glands.
- Nonspecific hepatopathy.
- Mild possibly mineralized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta- consistent with food echogenicity.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with considerations including vacuolar, inflammatory, hyperplastic or cholestatic hepatopathy with occult hepatic neoplasia thought less likely. Although no visualized evidence of adrenal pathology, adrenal work up with LDDST is warranted given the patient's clinical signs despite urine specific gravity greater than 1020. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation. Hepatosupportive medications may prove beneficial.



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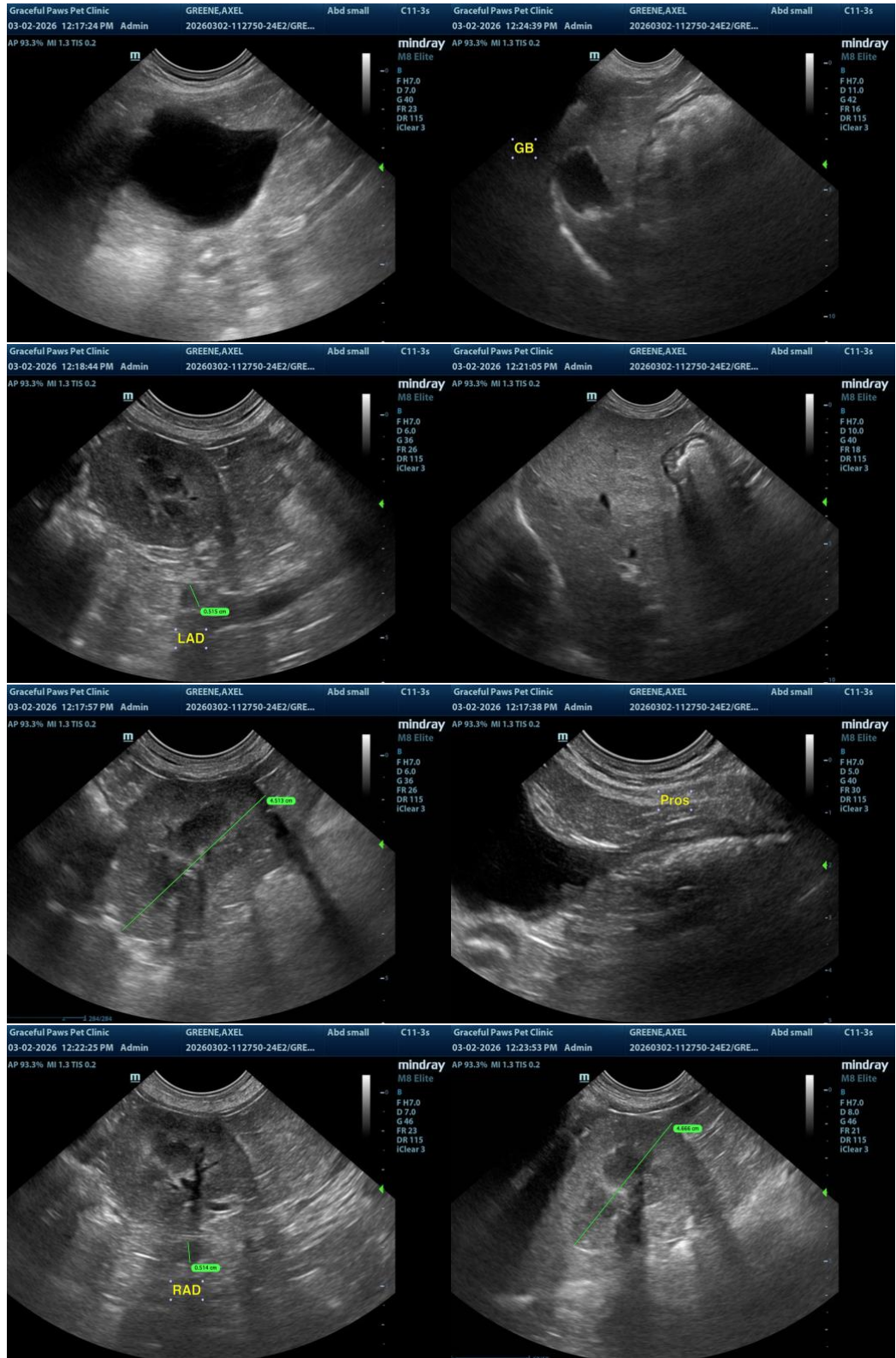
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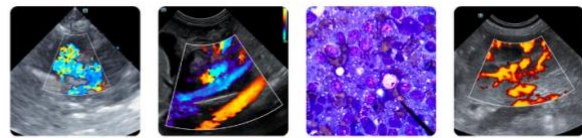
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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