



PATIENT

Damon Galla

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

12yr

WEIGHT

7.04kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patrick Hennigan,
DVM

HOSPITAL NAME

Mattydale Animal
Hospital

REFERRING VET

Patrick Hennigan,
DVM

INVOICE

24070

DATE

03/02/2026

PRESENTING CLINICAL SIGNS

- Patient presented February 19th for vomiting, inappetence and lethargy.
- Outpatient supportive care elected by owner at that time.
- Elevations of ALT, ALP, AST, GGT, Tbili, PSL, Neuts and Monos.
- DVM went over results/recommendations with owner and estimates given. Owners opted for supportive care only including Clavamox, Denamarin and Cerenia.
- Patient lost to follow-up and re-presented today with progressive clinical signs as well as weight loss, dehydration and visibly icteric on exam.

Abnormal PE/Chem/CBC/UA Results: 2/19/25: AST (193), ALT (252), ALP (324), GGT (18), Tbili (0.7), PSL (153), Neuts (15k), Mono (1038) Today's Bloodwork: Pending

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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.54 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



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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 distended in size with non-edematous mild hyperechoic thickening of the gallbladder wall. The gallbladder lumen was occupied by non-dependent, congealed to organized indistinctly striated gallbladder debris. Evidence of pericholecystic omental inflammation without obvious effusion.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing chyme with no signs of 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

- Gallbladder mucocele with peripheral inflammation
- Hepatopathy
- Normal gastrointestinal tract with mild non-obstructive hypomotile stomach

Secondary

- Age-related renal / adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clotting status, three view chest radiographs and correlation with pending lab work recommended. If normal clotting status and stable for anesthesia, cholecystectomy with hepatic biopsies is indicated. Potential for emerging pericholecystic bile peritonitis owing to leakage possible. Perioperative hepatic and gastrointestinal support is recommended. A guarded prognosis is indicated.



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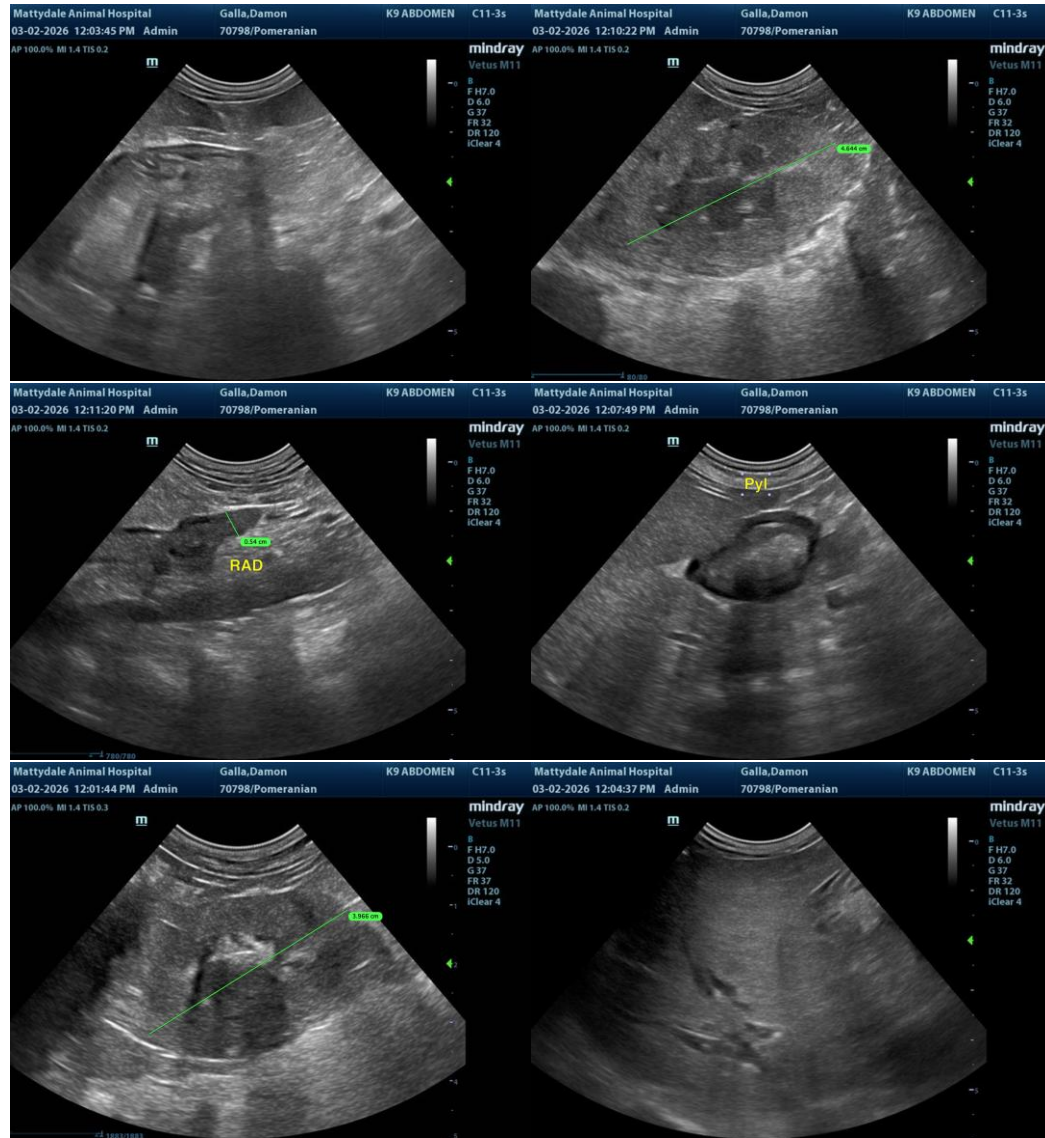
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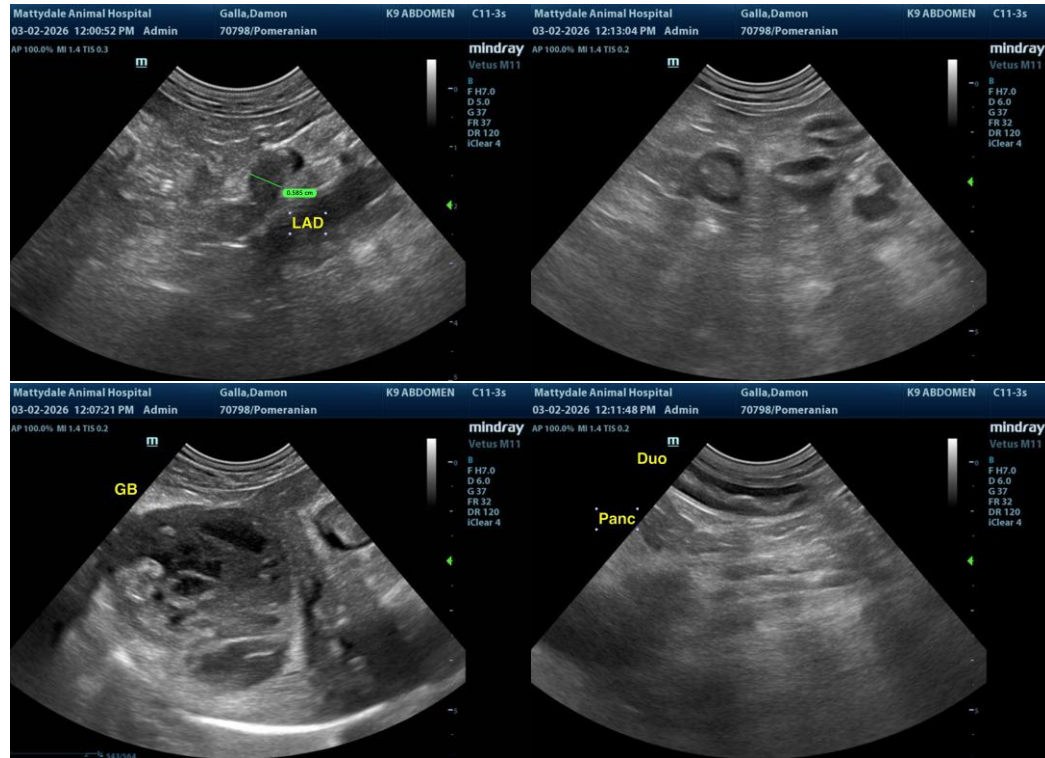
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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