

PATIENT

Onyx Sutch

SPECIES

Canine

BREED

Australian Cattle Dog x

SEX

Spayed Female

AGE

11 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Brooke Beatty

INVOICE

73926

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Annual screening BW showed mildly elevated cholesterol and ALT in November 2025. Repeat BW 3/20 showed further increased ALT and cholesterol as well as elevated ALKP and GGT. P has historical slow regrowth of hair, patchy hair on tail. Echo- p gets annual echo- hx of low resting heart rate, no heart murmur, p does have occasional syncopal episodes which have been worse recently

Abnormal PE/Chem/CBC/UA Results: 11/28/25 Chem- ALT 123 U/L, Chol 391 mg/dL, Lipase 414 U/L
CBC- WBC 5.5 k/uL T4- 2.7 ug/dL 3/20/26 Chem- ALT 226 U/L, ALP 322 U/L, GGT 30 U/L, Chol 1050 mg/dL
CBC- WBC 5.4 k/uL, Eos- 0.08 k/uL T4- 0.6 ug/dL 4DX- Neg x4 Fecal- Pending (Idexx) UA- protein 100mg/dL, Rods present 11/23/25 ACTH- Pre- 2.3 ug/dL, Post- 16.3 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild medullary mineral noted in both kidneys. Small right kidney cortical cyst noted. Right kidney measured 6.8 cm. Left kidney measured 6.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.65 cm at the caudal pole. Right measured 0.51 cm at the caudal pole.

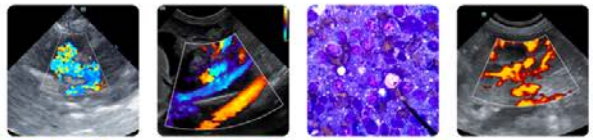
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, well-defined, symmetrical, hyperechoic nodule was present measuring 1.5 cm. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented generalized hepatomegaly with symmetrical rounded contour and homogeneous, mildly hyperechoic parenchyma exhibiting mild coarse echotexture. No masses or nodules visualized. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild similar appearing intestinal ingesta present to the level of the colon.

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 overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Hepatopathy, given mild parenchymal hyperechogenicity.
- Mild non-organized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting medullary mineral and cortical cyst.
- Hyperechoic splenic nodule – most consistent with benign criteria i.e., myelolipoma.
- Normal bilateral adrenal glands.

SECONDARY FINDINGS

- Gastrointestinal ingesta, consistent with food echogenicity.

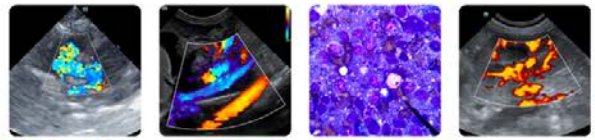
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies, chronic hepatitis/cholangiohepatitis, lipidosis, non-obstructive cholestatic hepatopathy, or fibrosis, with round cell hepatic neoplasia thought less likely. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected.

No overt adrenal pathology as a contributing factor, in conjunction with normal ACTH stimulation test.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Hepatic biopsy likely required for definitive diagnosis.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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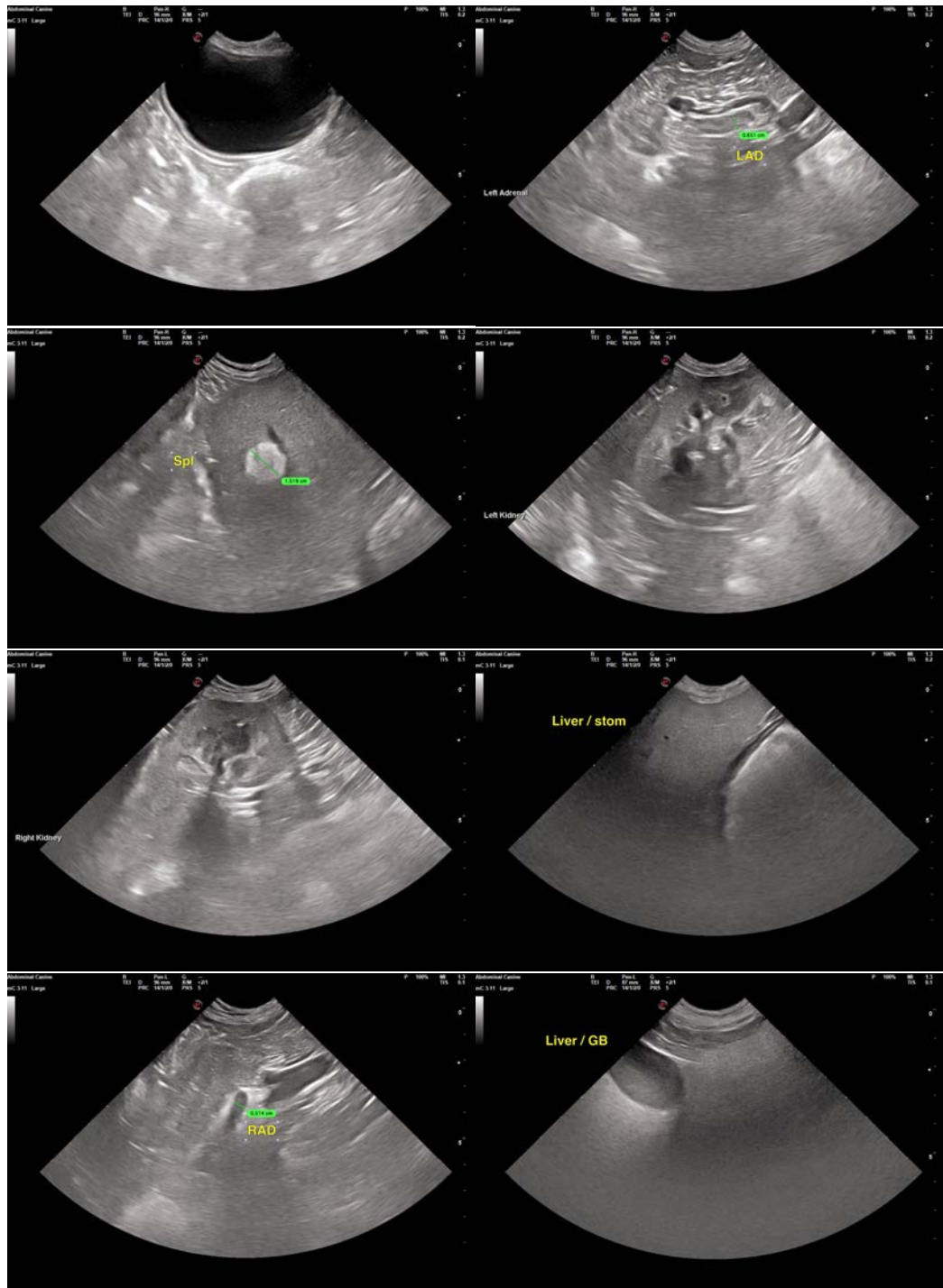
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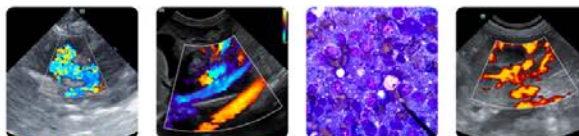
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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