



PATIENT

Penny Philip

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

6

WEIGHT

36kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Ashlyn brulotte

INVOICE

24263

DATE

03/23/2026

PRESENTING CLINICAL SIGNS

- Abdominal distention
- ascites
- Abdominocentesis showed low protein, acellular
- Elevated ALT, ALP, GGT, tbilli, low urea, low normal albumin.
- PT/PTT normal
- bile acids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED CARDIAC

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 mild to moderate non-dependent particulate sediment with no evidence of 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at 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 normal in size with areas of asymmetrical capsule contour. The parenchyma of the liver was variable in echogenicity with variably coarse echotexture. Reduced distinction and visualization of the portal structures was present. Subjective adequate to normal hepatic vascular volume.



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The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

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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 lumen gas and 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 mechanical/metabolic ileus, obstruction or foreign material.

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/Cardiac

Moderate volume anechoic peritoneal effusion.

Generalized primarily homogenous hyperechoic mesentery.

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No visualized significant or swollen mesenteric lymphadenopathy.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal left and right chamber dimension and adequate LV systolic function. No obvious arrhythmia.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Irregular non-homogenous liver
- Non-distended mild edematous gallbladder
- Sonographically normal gastrointestinal tract
- Normal bilateral kidneys / adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of structural or functional cardiomyopathy, passive hepatic congestion, gastrointestinal disease, significantly decreased reported ALB or other pathology, primary hepatopathy and associated secondary effusion with suspect portal hypertension is probable. Considerations for the liver may include nonspecific inflammatory disease, i.e. chronic active hepatitis, vacuolar or non-obstructive cholestatic hepatopathy, immune mediated or infectious disease, or other with occult hepatic neoplasia thought less likely. A definitive intra-hepatic or extra-hepatic macroscopic shunt was not obvious.

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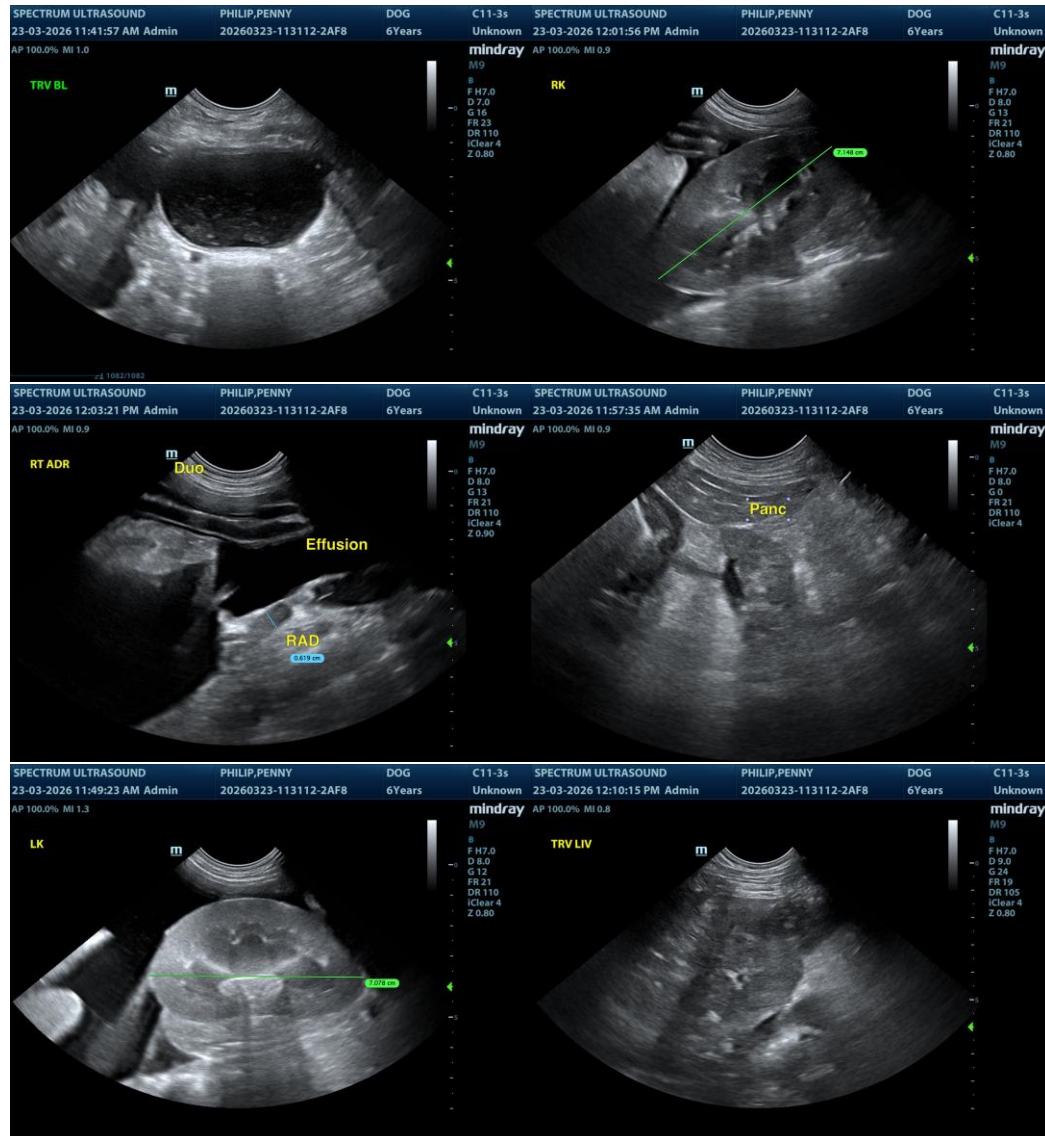
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Correlation with bile acid profile is recommended. Hepatic sampling is required for further clarification. Assuming normal clotting status, initial hepatic FNA cytology could be considered, whereas gold standard biopsies with histopathology would be ideal. Hepatic support and consideration for empirical therapy for nonspecific hepatitis is recommended. A leptospirosis titer/PCR recommended if clinically indicated or if potential exposure/endemic to the area.





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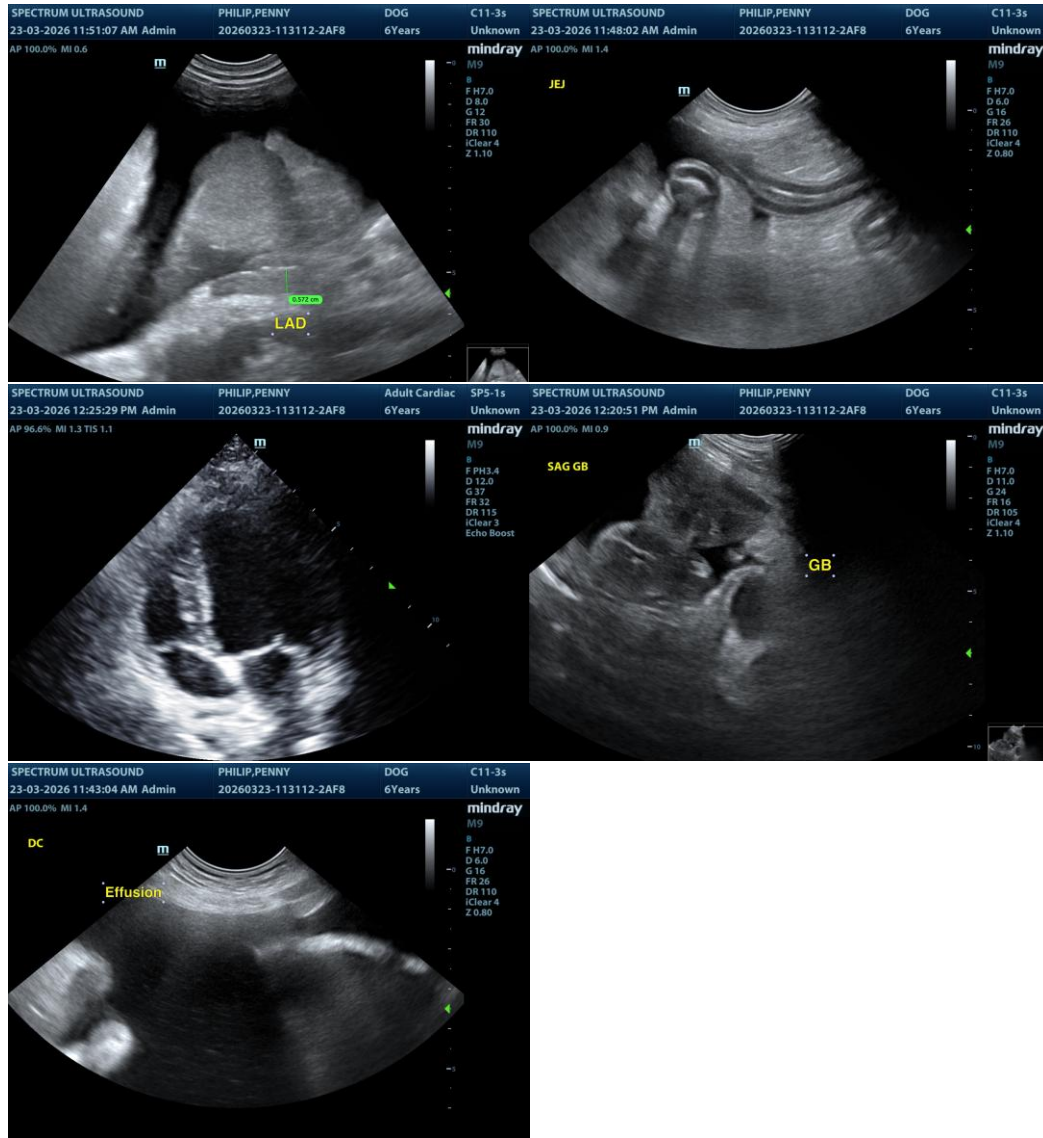
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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