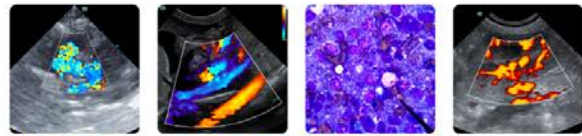


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Buttercup Trevorrow	Yellow, Jaundace, anemic
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elev. liver enzymes mild anemia
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Lab	The urinary bladder, trigone, cystourethral 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.
<b>SEX</b>	
Spayed Female	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney measured 6.1 cm. Left kidney measured 6.2 cm.
<b>AGE</b>	<b>Adrenal Glands</b>
11 Years 2 Months	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.76 cm at the caudal pole. Right measured 0.51 cm at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
70 lbs	The spleen was normal in size with areas of mild asymmetrical medial capsule contour and minor non-homogeneous splenic parenchyma. No masses or nodules.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented subjective borderline to mild hepatomegaly. Non-homogeneous to remodeled parenchyma with subtle overall hypoechoic hepatic parenchyma echogenicity. Mild increased yet indistinct portal vascular borders. Normal vascular volume.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Kerri Becker	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid and luminal gas.
<b>HOSPITAL NAME</b>	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.
Rockaway Animal Hospital	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Maniar	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.
<b>INVOICE</b>	
73936	
<b>DATE</b>	
3/23/26	



**PATIENT**

Buttercup Trevorrow

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

11 Years 2 Months

**WEIGHT**

70 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

73936

**DATE**

3/23/26

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

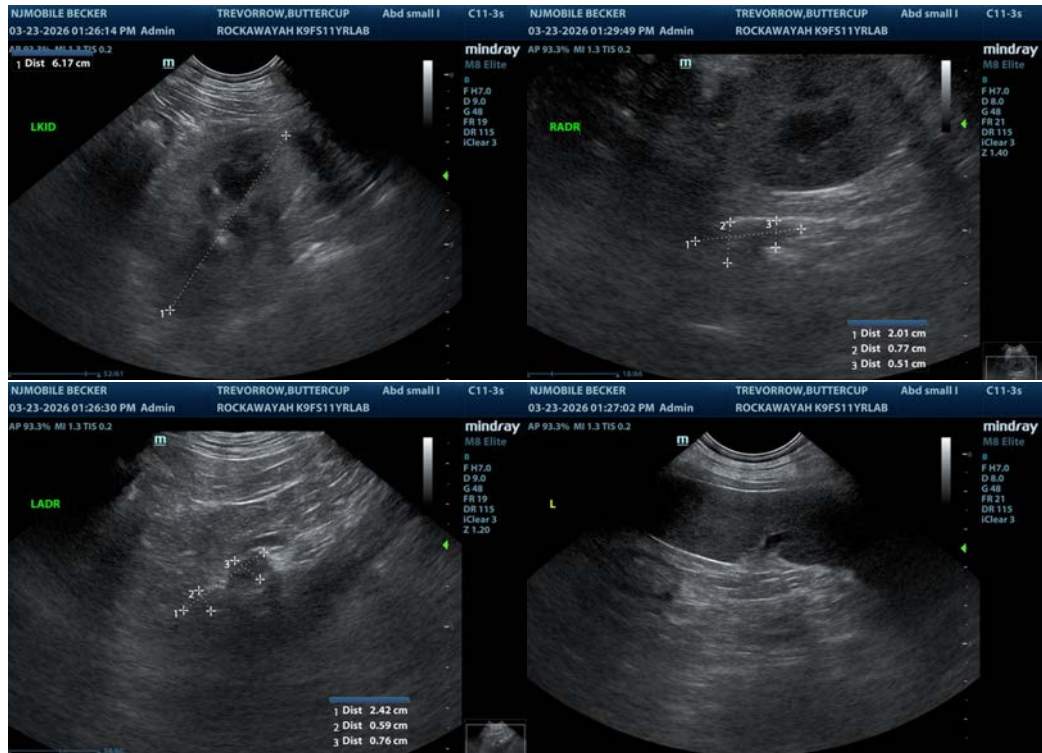
- Chronic to acute on chronic hepatopathy.
- Normal non-distended gallbladder.
- Mild non-homogeneous spleen.
- Normal gastrointestinal tract with mild non-obstructive hypomotile stomach.
- Age related renal changes.

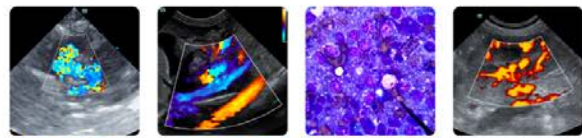
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Non-specific hepatitis (viral, bacterial, Leptospirosis, toxin), hepatotoxicosis i.e., copper, vacuolar or non-obstructive cholestatic hepatopathy, fibrosis, occult hepatic neoplasia are all potentials. Further assessment may include hepatic FNA cytology and Leptospirosis titers/PCR if clinically indicated.

The spleen is non-specific and may indicate age related or benign changes. Concurrent splenic FNA cytology using 25-gauge needle may be considered to assess for or rule out concurrent splenic pathology.

Hepato-gastrointestinal support, empirical therapy for non-specific hepatitis, with clinical monitoring and sonographic reassessment if progressive hepatopathy or cholestasis would be reasonable.





**PATIENT**

Buttercup Trevorrow

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

11 Years 2 Months

**WEIGHT**

70 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Rockaway Animal  
 Hospital

**REFERRING VET**

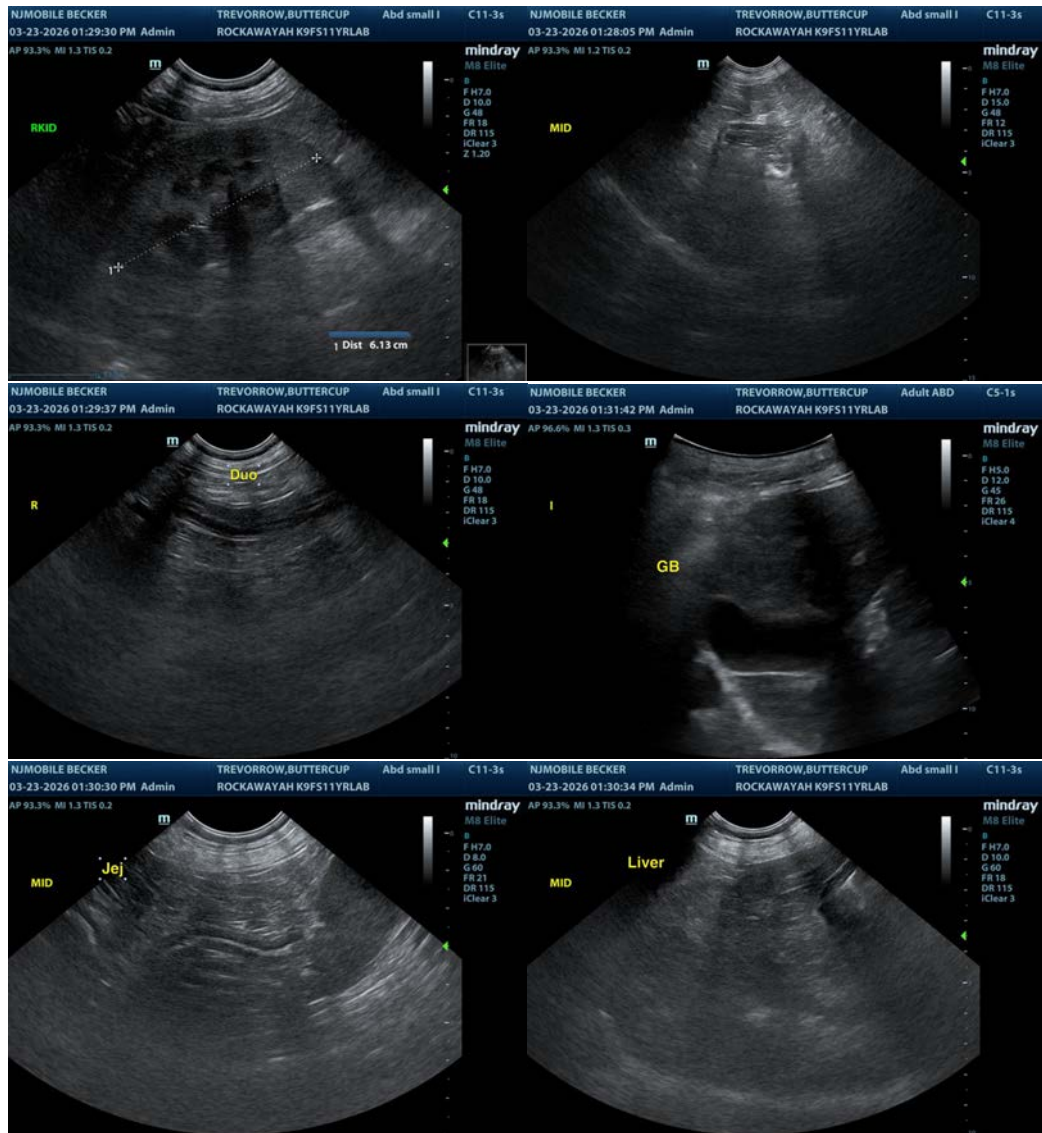
Dr. Maniar

**INVOICE**

73936

**DATE**

3/23/26



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