

**PATIENT**

Margaux Smith

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed Female

**AGE**

2019

**WEIGHT**

15.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

White Haven  
 Veterinary Hospital

**REFERRING VET**

Dr. Vollers

**INVOICE**

14655

**DATE**

03/26/26

**PRESENTING CLINICAL SIGNS**

- P was seen for initial visit 10/25/26 and felt hepatomegaly on exam that was confirmed with rads and no other abnormalities seen. BW was sent out then and ALT and ALP both elevated and T4 was <0.5. We followed up with an MSU Thyroid panel that confirmed hypothyroidism. P was started on Levothyroxine, 4 was rechecked 4weeks later as well as liver recheck. ALT returned to normal, ALP continued to be >1000. Ps T4 was elevated, therefore dose was decreased. Recent T4 recheck revealed within range now. LDDST also performed that stated that it wasn't supportive of Cushing's at this time but could be the early start. Performing abd u/s to get a better look at liver and adrenal glands to ensure there is not more than can be done.
- Medication: Denamarin, thyroxine .05 BID

**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 aortic trifurcation was free of pathology.

Normal size and margination was 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 3.3 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width at the caudal pole.

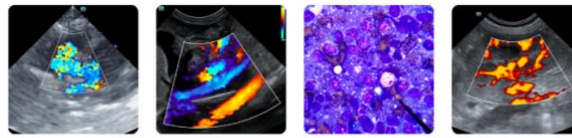
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole.

**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 revealed generalized hepatomegaly with rounded symmetrical contour and mild nonhomogenous increased hepatic parenchyma echogenicity compared to the spleen exhibiting mild to variable coarse echotexture. No mass or nodules were evident. Normal vascular volume was present.



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The gallbladder was non distended in size with moderate congealed nonorganized biliary sludge. 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 was empty with 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 ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Enlarged mild nonhomogenous liver.
- Mild congealed nonorganized gallbladder debris (non-mucocele).
- Normal adrenal glands.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatopathy is nonspecific yet, suggestive of benign criteria, idiopathic vacuolar hepatopathy, non-obstructive cholestasis, inflammatory disease, hyperplasia are all potentials. Occult hepatic neoplasia is thought less likely.

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Further assessment may include (assuming normal clotting status) hepatic FNA cytology. No evidence of adrenal pathology as a contributing factor. If patient is non-clinical, Ursodiol in addition to Denamarin may be beneficial owing to its antioxidant and immunomodulatory effects within the liver, as well as evidence of non-obstructive cholestasis. Recheck sonogram is indicated if continued or progressive hepatopathy or evidence of cholestasis.

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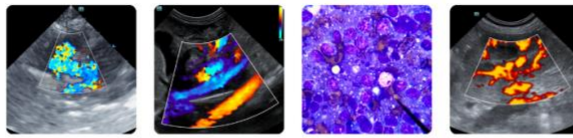
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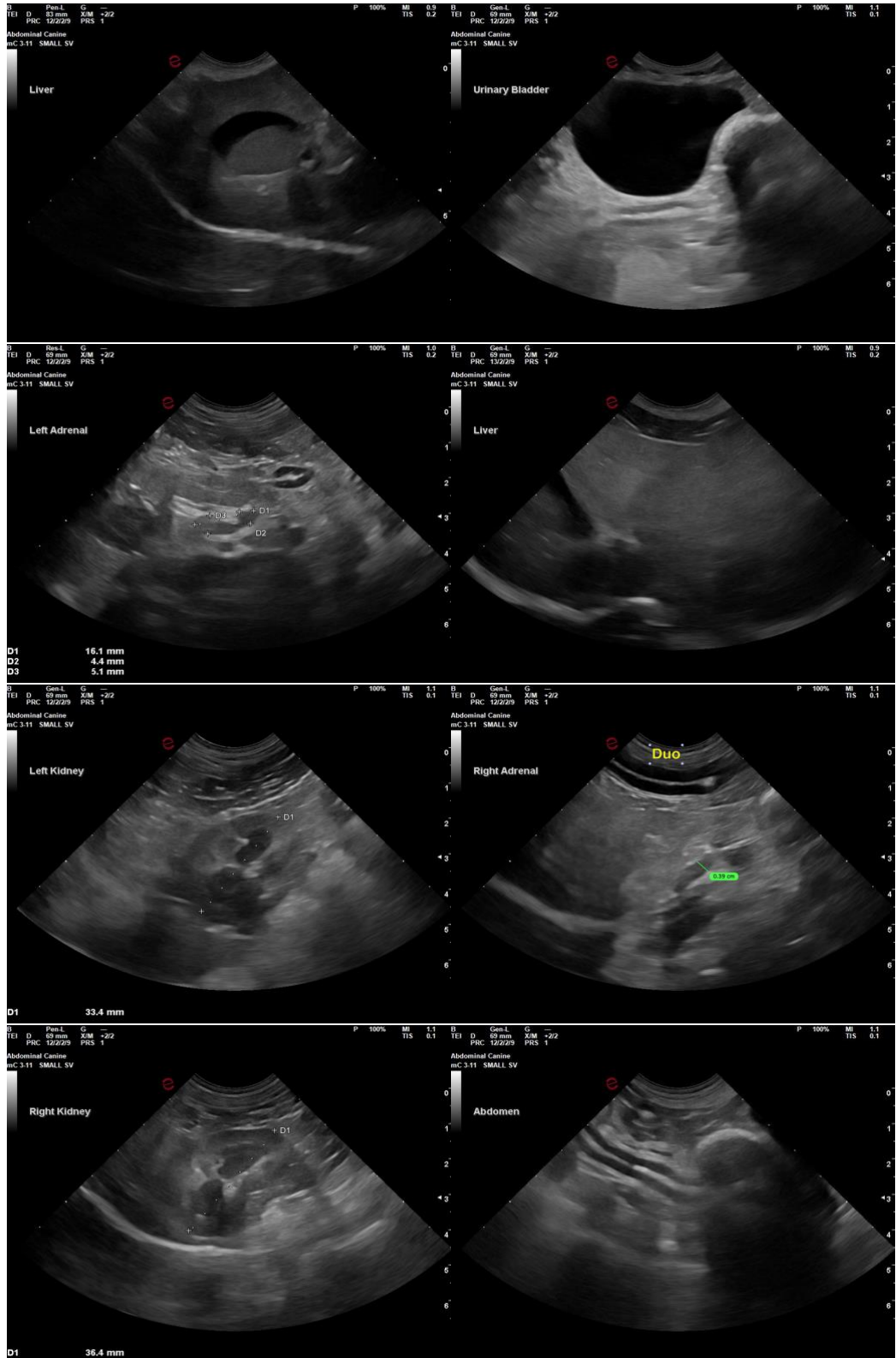
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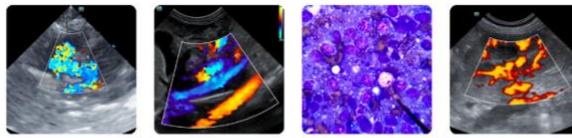
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@SonoPath.com](mailto:info@SonoPath.com)

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