



PATIENT

Perla Caamano

SPECIES

Canine

BREED

Mixed

SEX

Female Sped

AGE

12y 2m

WEIGHT

24.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

13333

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Elevated liver values (chronic) worsening
- Meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: 3/21/26 ALT 162, ALP 1133, GGT 16 1/22/26 ALT 185, ALP 441 2/24/25 ALT 167, ALP 172 PLT count 169 HCT 51%

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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands were mildly enlarged in size with symmetrical contour and primarily homogeneous parenchyma. The left adrenal gland measured 0.7 cm width at the caudal pole. The right adrenal gland measured 0.67 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

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 non distended in size with mild, non-organized, echogenic, nonmineralized 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.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild gallbladder debris (non-mucocele)
- Age-related renal changes
- Bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most suggestive of benign hepatopathy criteria such as vacuolar or cholestatic hepatopathy, inflammatory disease, hyperplasia or other without overt evidence of hepatic neoplasia which is thought less likely. Adrenal workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome.

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation. Denamarin/Ursodiol combination, if tolerate, may prove beneficial. Biopsies with histopathology is likely required for definitive diagnosis if no evidence of Cushing's Syndrome.



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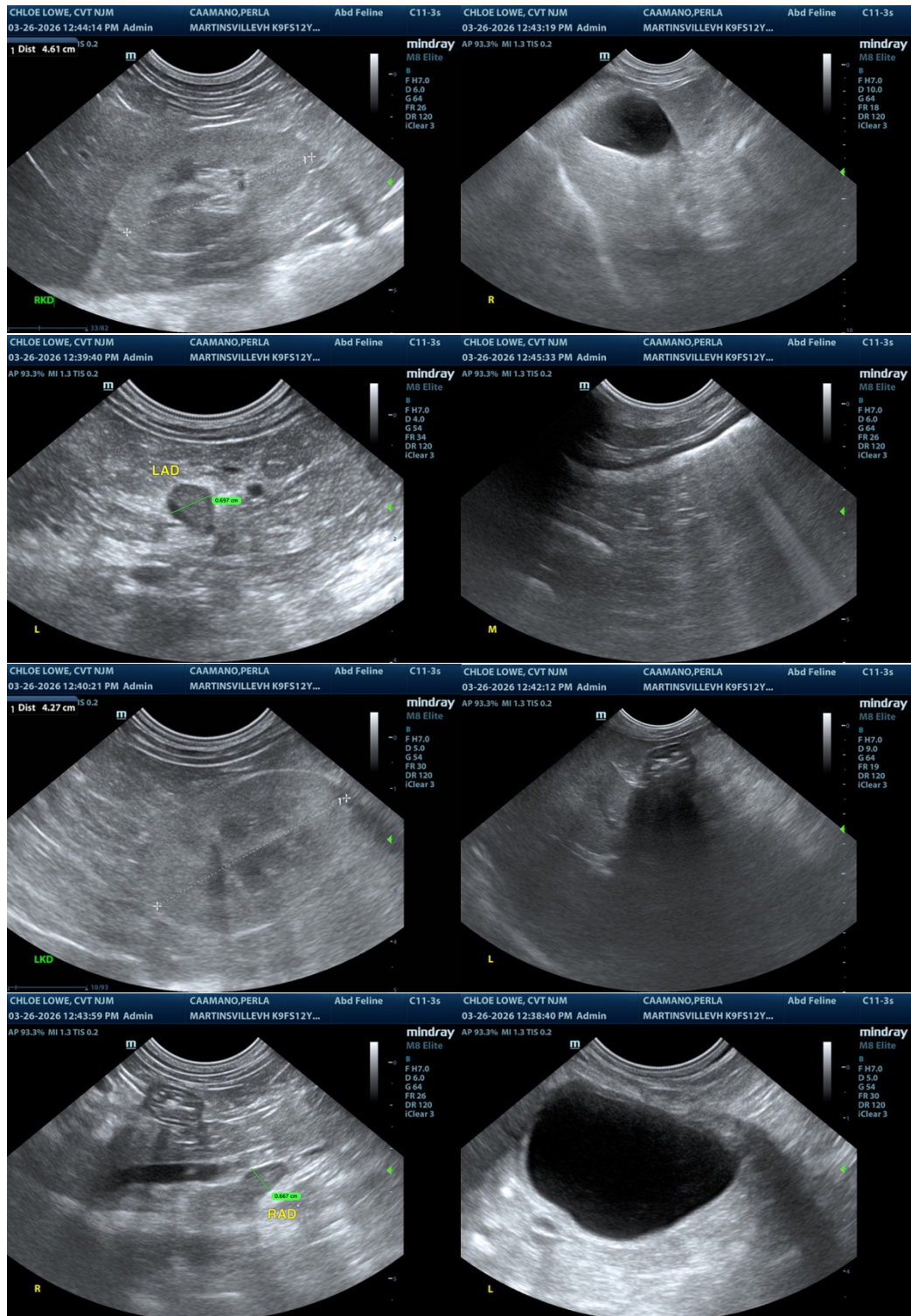
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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