



PATIENT

Richard Longenbach

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

2020

WEIGHT

47.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
Hospital

REFERRING VET

Dr. Meyer

INVOICE

14659

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Elevated liver values
- Clinically normal
- Medication: anxitane, trazadone, reconcile

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

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 5.9 cm in length. The right kidney measured 6.3 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 0.51 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 0.44 cm width at the caudal pole.

Spleen

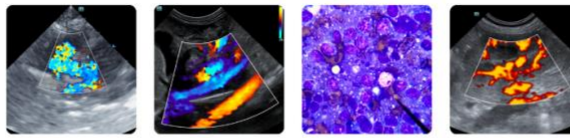
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented possible borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild congealed peripheral lumen debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 overall intact wall layering with maintained wall layer ratio. Segmental mid to caudal abdomen jejunal corrugation and peri-intestinal mildly hyperechoic omentum most notable in the mid to caudal abdomen and cranial to the urinary bladder. Scant pockets of peri-intestinal free fluid.

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

Intermittent elongated to mildly enlarged homogenous mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting subjective borderline subnormal liver size.
- Nonorganized gallbladder debris (non-mucocele).
- Nonspecific segmental mid to caudal abdomen jejunal corrugation with peri-intestinal reactive hyperechoic omentum and scant effusion.
- Intermittent mildly enlarged to elongated mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is non-specific yet consistent with benign criteria, non-specific inflammatory, infectious or immune-mediated hepatopathy, portal hyperplasia/microvascular dysplasia in conjunction with elevated ALT is possible. Definitive evidence of an intra-hepatic or extra-hepatic macroscopic shunt was not obvious.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology, bile acid assay if evidence of hepatic dysfunction or clinical hepatopathy +/- leptospirosis titer/PCR. Biopsy is likely required for a definitive diagnosis. Although patient is non-clinical, suspect segmental enteropathy involving the jejunum. Clinical monitoring for gastrointestinal signs going forward is advised with as needed gastrointestinal support. Recheck sonogram if progressive hepatopathy or gastrointestinal signs.



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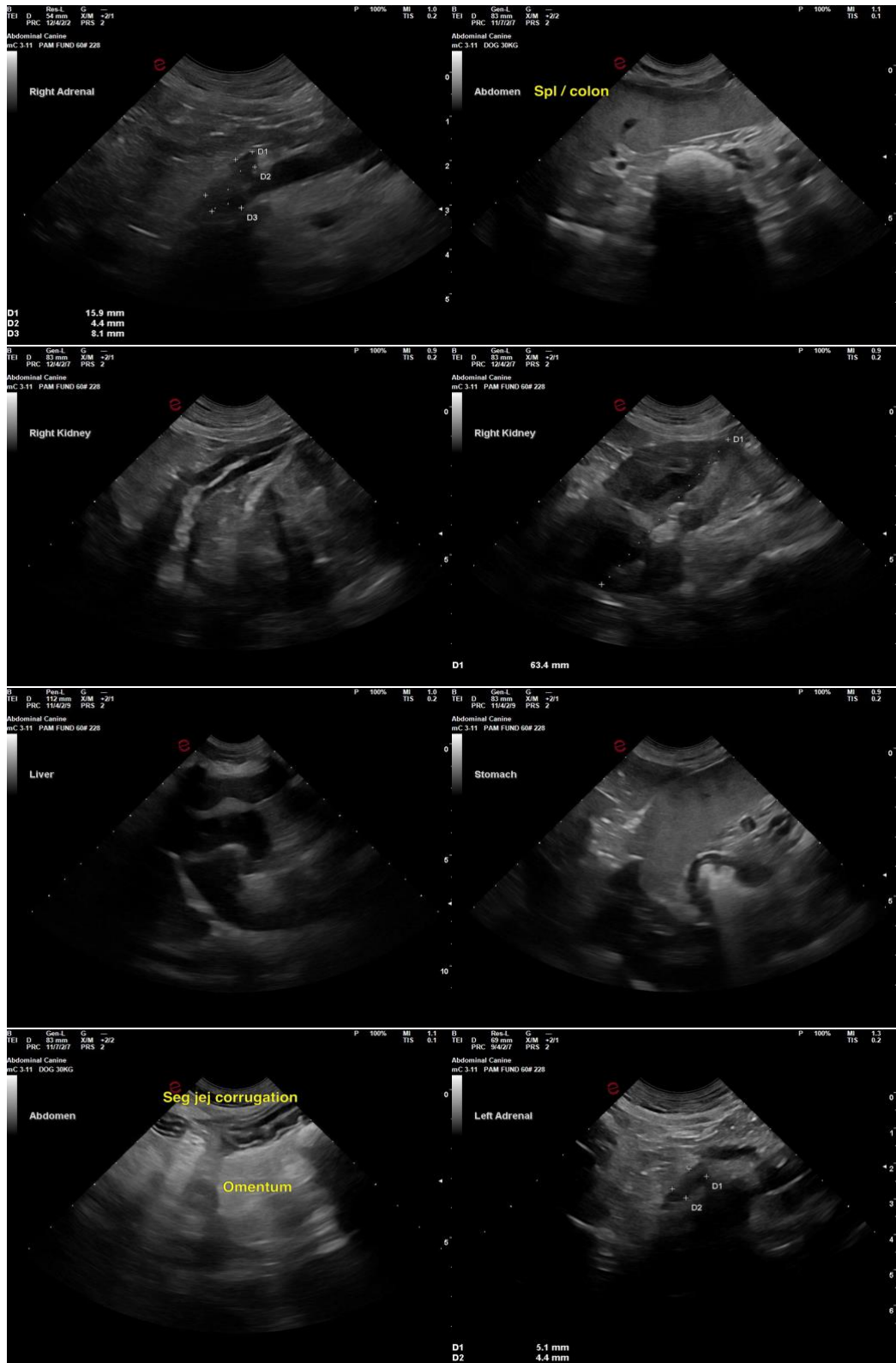
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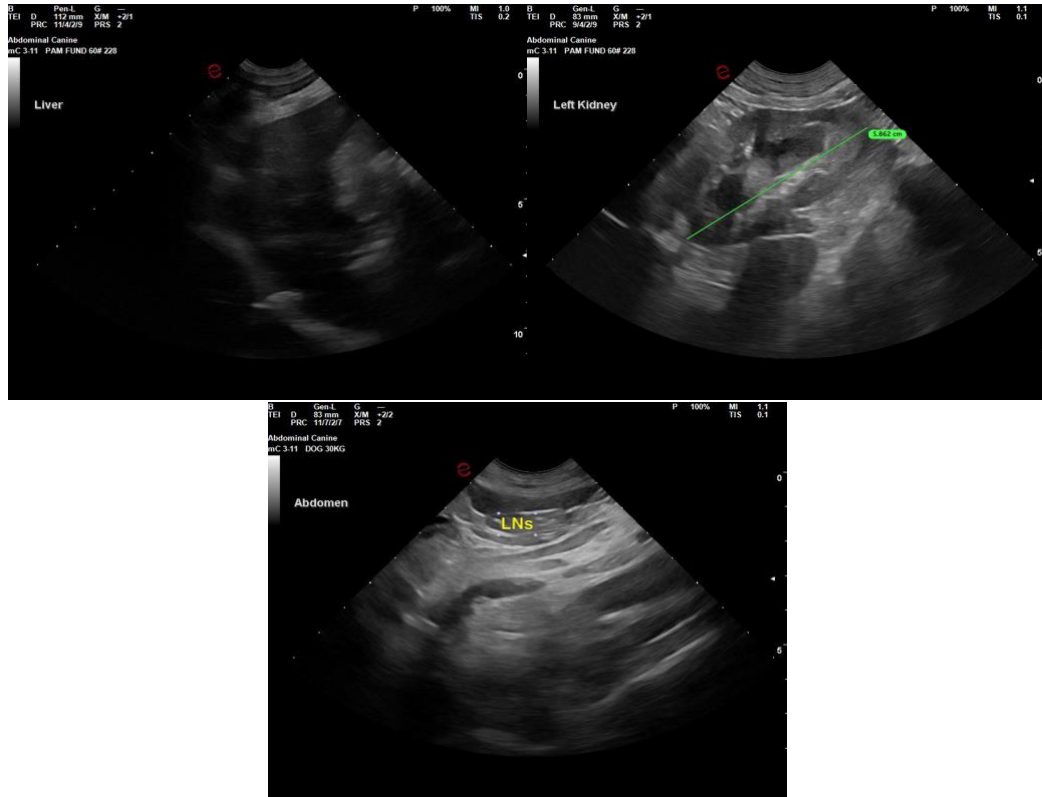
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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