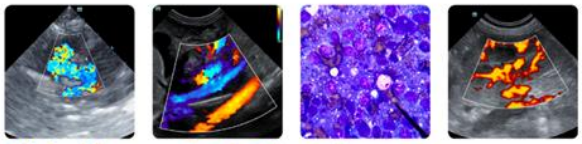


PATIENT
Bonny Stucker

SPECIES
Canine

BREED
Hound Mix

SEX
FS

AGE
9yr

WEIGHT
47.6lb

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

IMAGING PERFORMED BY
Quinn Robinson, RVT

HOSPITAL NAME
Hess Ridge Animal Hospital

REFERRING VET
Kevin Frint, DVM

INVOICE
24098

DATE
03/03/2026

PRESENTING CLINICAL SIGNS

- ADR past ~1 week, vomiting

Abnormal PE/Chem/CBC/UA Results: Mildly febrile 103.8, PE otherwise unremarkable Reticulocytes 14, Lymphocytes 0.4k, PLT 112k, SMDA 15, Sodium 139, K 3.8, ALT 297, AST 135, ALP 1967, TBili 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, 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 6.3 cm in length. The right kidney measured 5.8 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 0.63 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 0.56 cm width at the caudal pole.

Spleen

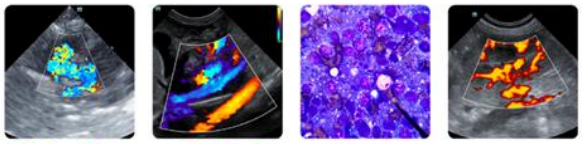
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/Gallbladder

The liver presented 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 hyperechoic debris. The cystic and common bile ducts were normal.

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.



PATIENT

Bonny Stucker

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

9yr

WEIGHT

47.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

Kevin Frint, DVM

INVOICE
24098

DATE
03/03/2026

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.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific hepatopathy
- Mild non-organized gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract
- Normal area of pancreas
- Normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the non-specific hepatopathy, no evidence of visceral pathology as an obvious contributing factor to the patient's clinical signs.

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e., copper) or other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy is likely required for definitive diagnosis.

Three view chest radiographs recommended if not done. Hepatic support with potential empirical coverage for hepatobiliary inflammation with concurrent gastrointestinal support and clinical monitoring is recommended. Sonographic reassessment recommended if evidence of progressive gastrointestinal signs or hepatopathy.

PATIENT

Bonny Stucker

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

9yr

WEIGHT

47.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

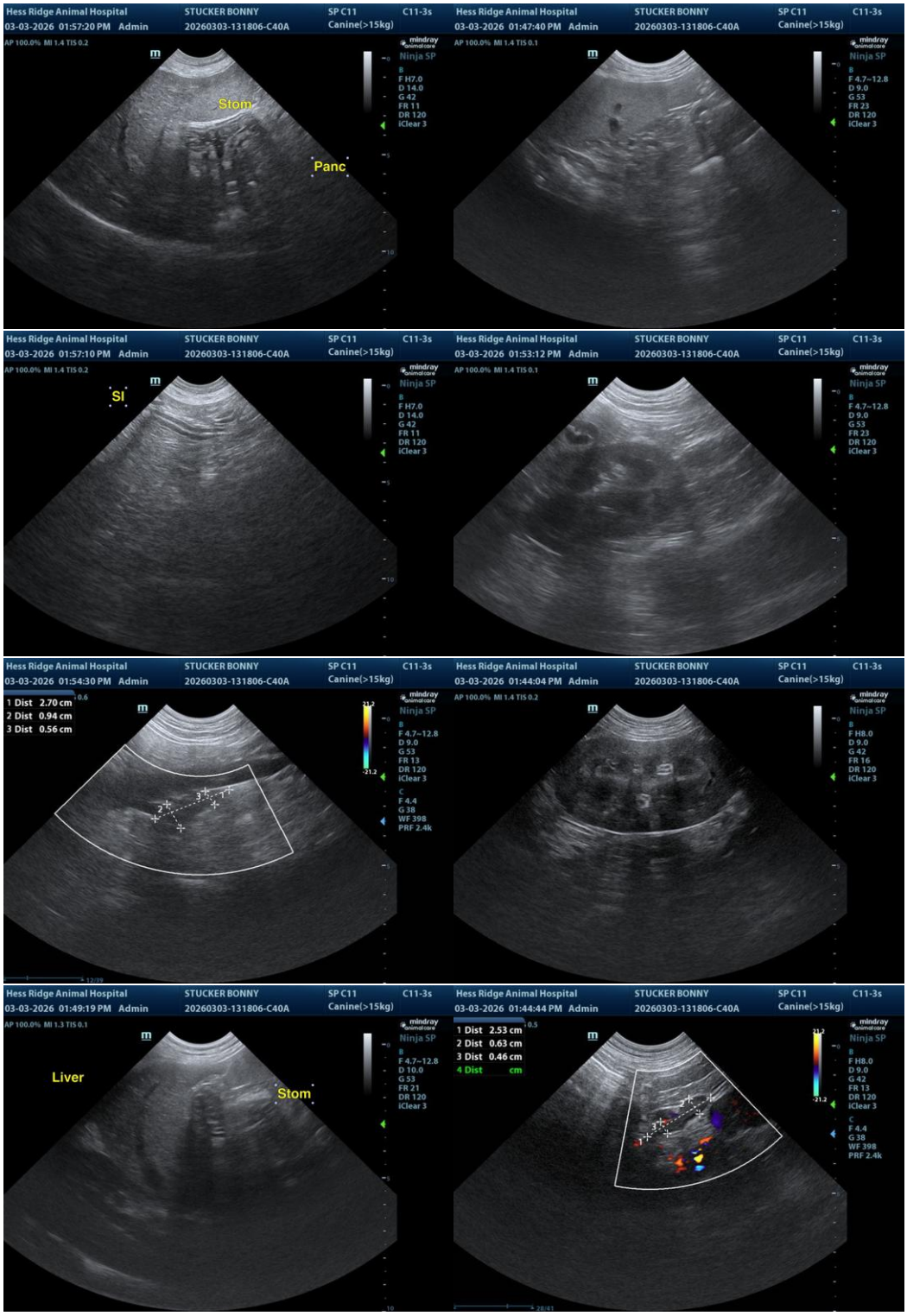
Hess Ridge Animal Hospital

REFERRING VET

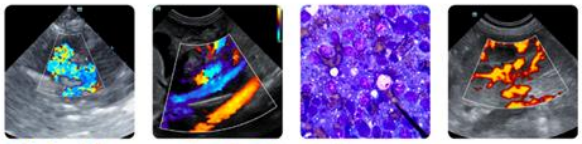
Kevin Frint, DVM

INVOICE
24098

DATE
03/03/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Bonny Stucker

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

9yr

WEIGHT

47.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

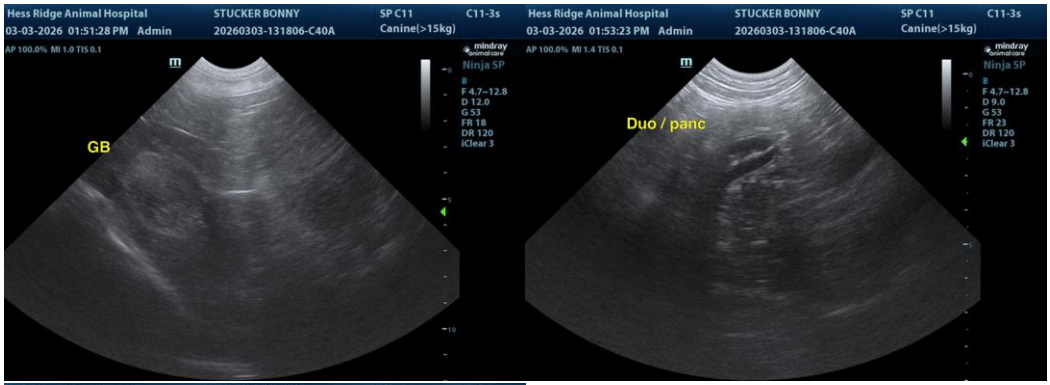
Hess Ridge Animal Hospital

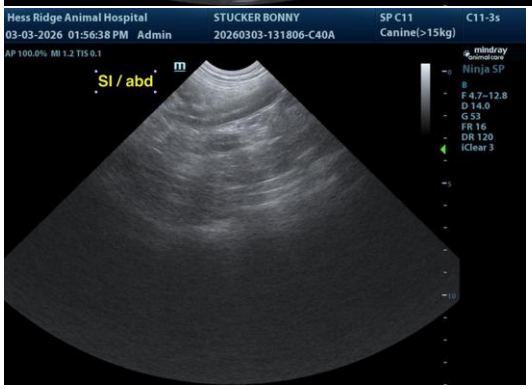
REFERRING VET

Kevin Frint, DVM

INVOICE
24098

DATE
03/03/2026





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