



## PATIENT

Ollie Ridgway

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

MN

## AGE

12yr

## WEIGHT

24.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Solitaire Goldfield

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Solitaire Goldfield

## INVOICE

24110

## DATE

03/04/2026

## PRESENTING CLINICAL SIGNS

P is a 12yr3mo old MN Shih Tzu presenting for a dental today. O states P hasn't been eating a lot over the last 5-6 days, has been rubbing his eyes, they seem glassy--went to Ark Animal Hospital, no recent bloodwork performed, last dental was at Rainbow AH several years ago--1 extracted & 1 bonded according to O.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem - elevated ALT

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate 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 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and 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 0.41 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 0.53 cm width at the caudal pole.

### *Spleen*

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small non-homogenous hyperechoic nodules were present throughout the perihilar. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mildly enlarged non-homogenous liver
- Normal gallbladder
- Benign perihilar splenic nodules, most consistent with myelolipomas
- Bilateral chronic renal changes
- Normal adrenal glands
- Sonographically unremarkable gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the liver is consistent with benign chronic hepatopathy. Non-specific inflammatory hepatopathy is favored given ALT elevation. No evidence of intra-hepatic or extra-hepatic macroscopic shunt or overt hepatic neoplastic criteria. Further assessment may include assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory cell type. Hepatosupportive medications with concurrent gastrointestinal support and monitoring is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural intestinal disease or mild pancreatitis may be considered. Recheck sonogram if progressive hepatopathy or gastrointestinal signs is recommended.



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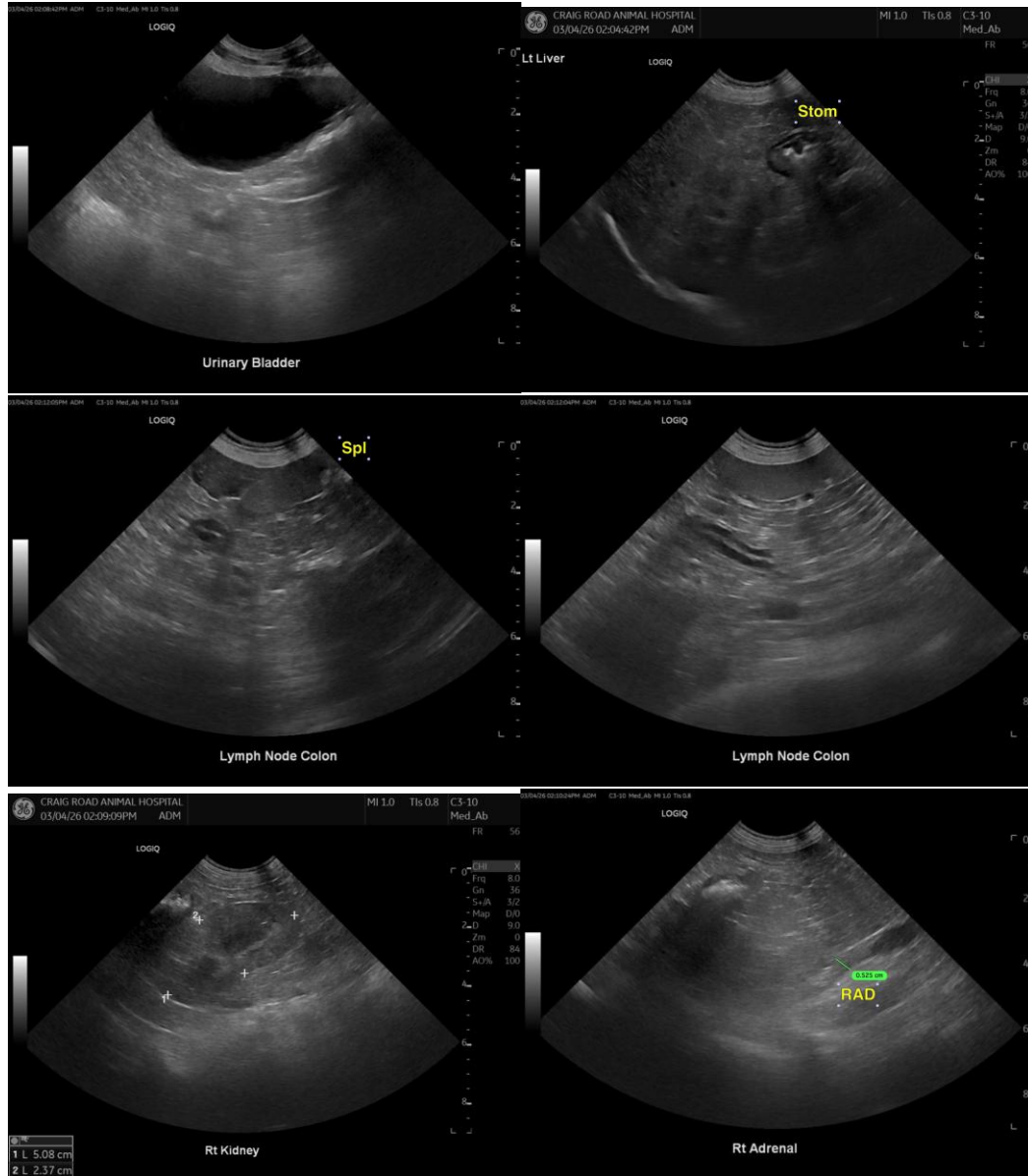
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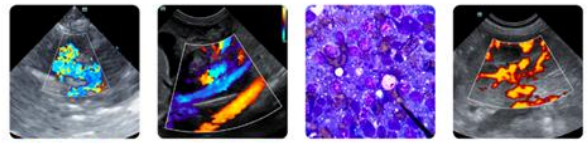
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)