

PATIENT PRESENTING CLINICAL SIGNS

May May Hawkins P presented for not eating and jaundice

SPECIES CBC: HCT 36.4, Retic 144, WBC 44.3, Neu 38.3, Mono 2.7, Baso 0.19 Chem ALKP 2880, ALT 1460, Tbili >27.9, K 3.3 Lepto Negative Collected urine and ascites today
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boston Terrier

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent to swirling significant sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

3 Years

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

WEIGHT

8.2 kg

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 5.0 cm in length. The right kidney measured 5.7 cm in length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kathleen Byrnes

The right adrenal gland was indistinctly visualized owing to increased periadrenal omental artifact with no obvious pathology. The right adrenal gland subjectively measured 0.59 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.

HOSPITAL NAME

Animal Emergency Clinic of the High Country

Liver & Gallbladder

REFERRING VET

Dr. Watson

The liver presented subjectively normal to adequate size and vascular volume with symmetrical mildly rounded contour and homogenous mild hypoechoic parenchyma compared to the spleen exhibiting mild to variably coarse echotexture.

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The gallbladder was non-distended in size exhibiting thickened wall without evidence of wall edema. A nonobstructive choleolith was present in the dependent lumen and gallbladder neck measuring approximately 1.1 cm in diameter. The common bile duct was not definitively visualized to an approximate level of the duodenal papilla. No obvious visualized duodenal papilla pathology.

DATE

04/01/26

Gastrointestinal



PATIENT	The stomach presented intact mildly thickened wall with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.
May May Hawkins	
SPECIES	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.
Canine	Normal visible colon wall layers were present with semi formed to soft fecal matter.
BREED	Pancreas
Boston Terrier	The pancreas exhibited generalized asymmetrical enlargement exhibiting nonhomogenous hypoechoic parenchyma with discrete hypoechoic parenchymal striations.
SEX	Free Abdomen
Spayed Female	No definitive visualized significant or swollen mesenteric lymphadenopathy was present. A moderate volume of peritoneal effusion and generalized primarily homogenous hyperechoic omentum.
AGE	ULTRASONOGRAPHIC FINDINGS
3 Years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Hepatopathy- acute versus acute on chronic. • Nondistended thickened gallbladder with solitary choleolith. • Enlarged nonhomogenous hypoechoic edematous pancreas. • Mild gastritis pattern with retained nonshadowing ingesta, sonographically unremarkable empty small intestine. • Peritoneal effusion. • Significant urinary bladder sediment.
8.2 kg	
INTERPRETED BY	Secondary Findings
R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)	<ul style="list-style-type: none"> • Sonographically normal kidneys and adrenal glands.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kathleen Byrnes	Acute liver failure may be of concern in this patient with considerations including non-specific inflammatory, infectious, or immune-mediated disease, hepatotoxic insult, xylitol toxicity if hypoglycemia is not reported or arise are all potential considerations. No definitive evidence of current post-hepatic obstruction or intra-hepatic/extra-hepatic vascular anomaly. Active pancreatitis or secondary pancreatic edema are possible. Correlation with a spec cPL is suggested.
HOSPITAL NAME	Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology, leptospirosis titers/PCR on serum and urine despite negative initial testing, effusion analysis, and bile acid profile.
Animal Emergency Clinic of the High Country	Hospitalization with empirical therapy for possible non-specific hepatitis and acute liver failure with gastrointestinal support pending additional diagnostics is recommended. Acute hepatic neoplastic criteria is thought less likely. Sonographic monitoring is indicated if non-responsive or progressive hepatopathy.
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SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

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 DVM, DABVP (Canine
 / Feline Practice)

**IMAGING
 PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

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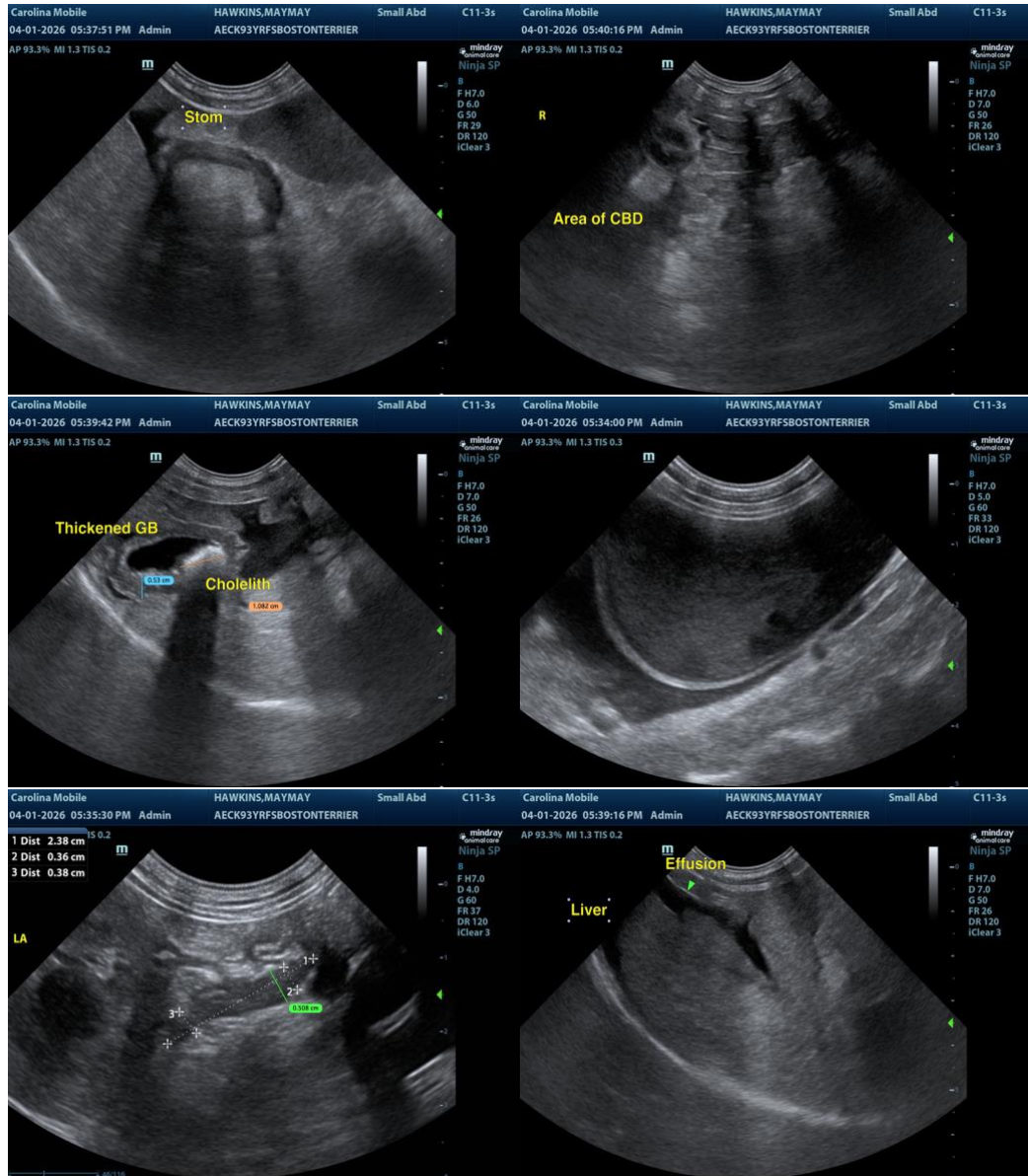
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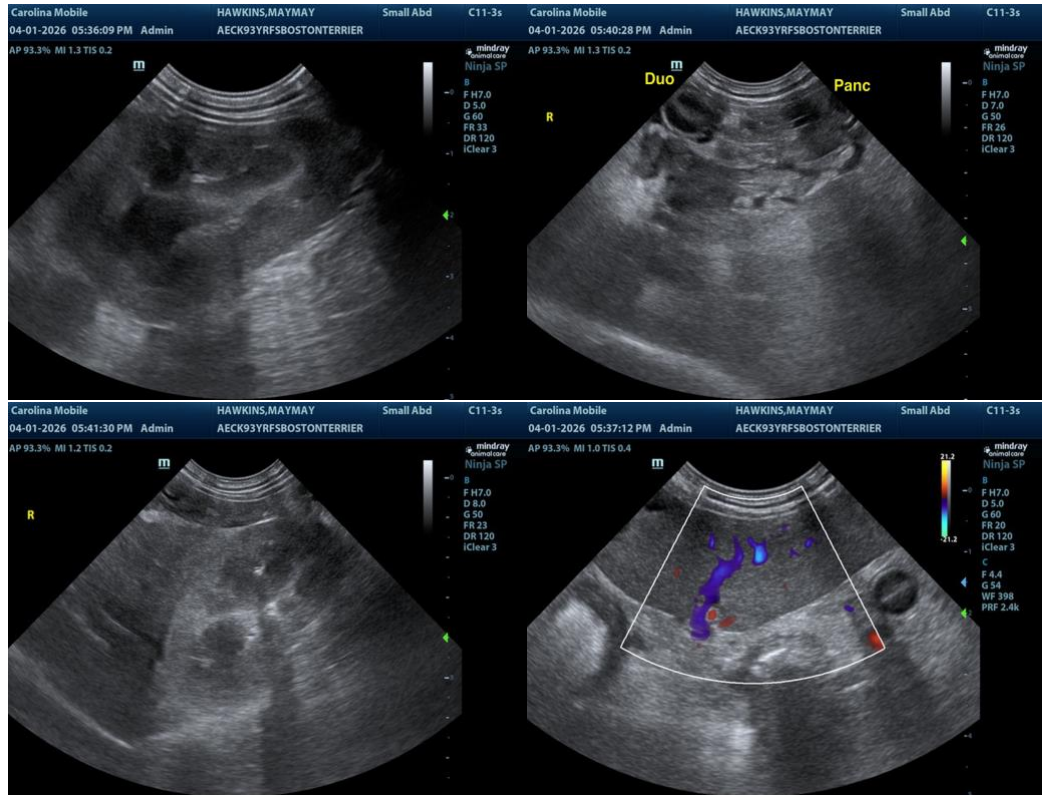
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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