

PATIENT

Annie Torres

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

37 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Aaron Lucas DVM,
PhD

INVOICE

15035

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Evaluated on 3/26/26 for lethargy and decreased appetite and major finding was neck back pain and response to NSAIDs and Gabapentin was marked and patient returned to normal after 2-3 doses. Presented to ER on 4/5/26 with similar clinical signs, but this time febrile. CBC at this time revealed marked Leukocytosis characterized by neutrophilia with left shift. Lumbar pain with decreased CP on left pelvic limb. Abdominal and thoracic radiographs (reviewed by radiologist unremarkable). Evaluated by me on 4/6/26 with continued fever and worsening leukocytosis (neutrophilia - 20,430 with 1700 bands). 4dx negative at this time with marked lumbar pain and decreased CP on right rear. Lumbar spine radiographs were normal at this time (no evidence of discospondylitis). Treated again with NSAIDs amoxi/clav from ER and added on doxycycline. Re-evaluated on 4/9/26 with improvement in attitude and no longer febrile (temp decreased from 103.4 to 101.2) and improved back pain and CP on RR. WBC remained elevated at 21,830 with neutrophilia and decreased band count 700). At this time radiographs of right pelvic limb were taken to R/O potential infected implant from TPLO carried out on 11/28/25. Reviewed by boarded surgeon and found to be unremarkable. Remains febrile elevated WBC today

Abnormal PE/Chem/CBC/UA Results: Fever (103.8 off NSAIDs) - Unknown origin Persistently elevated WBC (characterized by neutrophilia with left shift - 32,900 as of Friday 4/11/26) ALP - 910 and bilirubin 0.4 Persistent lumbar pain and decreased C/P on RR

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 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 5.3 cm in length. The right kidney measured 5.6 cm in length.

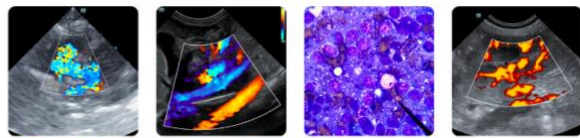
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 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 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



PATIENT

Annie Torres

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

37 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Aaron Lucas DVM,
PhD

INVOICE

15035

DATE

04/13/26

thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 nondependent particulate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

Cardiac

Brief subjective cardiac assessment revealed normal left and right heart chamber enlargement with adequate LV systolic function. No evidence of cardiac tumors or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver with mild nonorganized gallbladder debris (non-mucocele)-consistent with benign hepatopathy.
- Subjective normal brief echocardiogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral or cardiac pathology as a definitive cause of the patient's clinical signs, fever, or leukocytosis. The liver and gallbladder suggest benign, vacuolar or cholestatic hepatopathy criteria in conjunction with elevated ALP and bilirubin without evidence of post-hepatic obstruction or inflammation. No evidence of neoplastic criteria. Hepatosupportive medications including Denamarin and Ursodiol may be considered.



PATIENT

Annie Torres

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

37 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

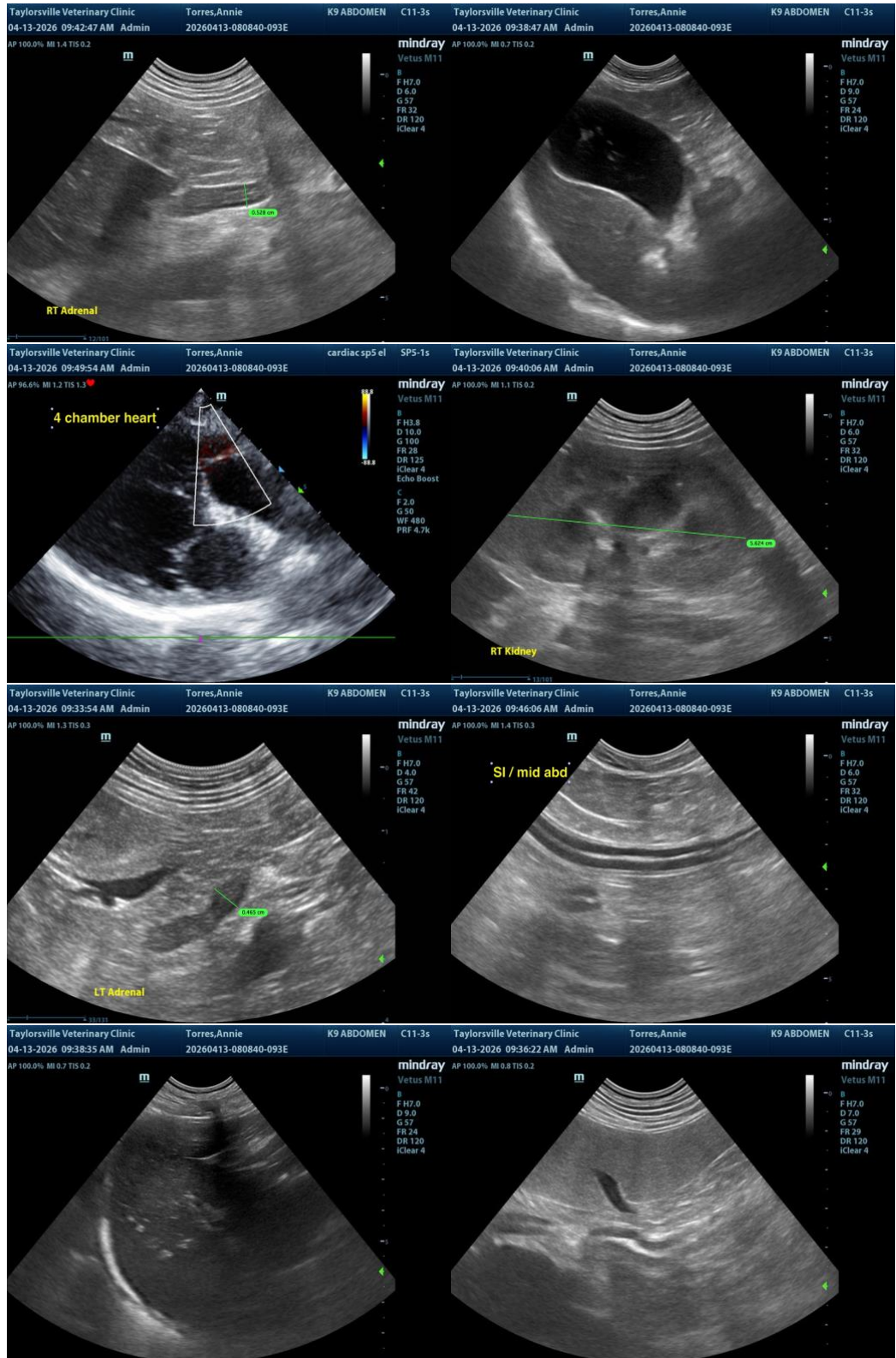
Dr. Aaron Lucas DVM,
PhD

INVOICE

15035

DATE

04/13/26





PATIENT

Annie Torres

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

37 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

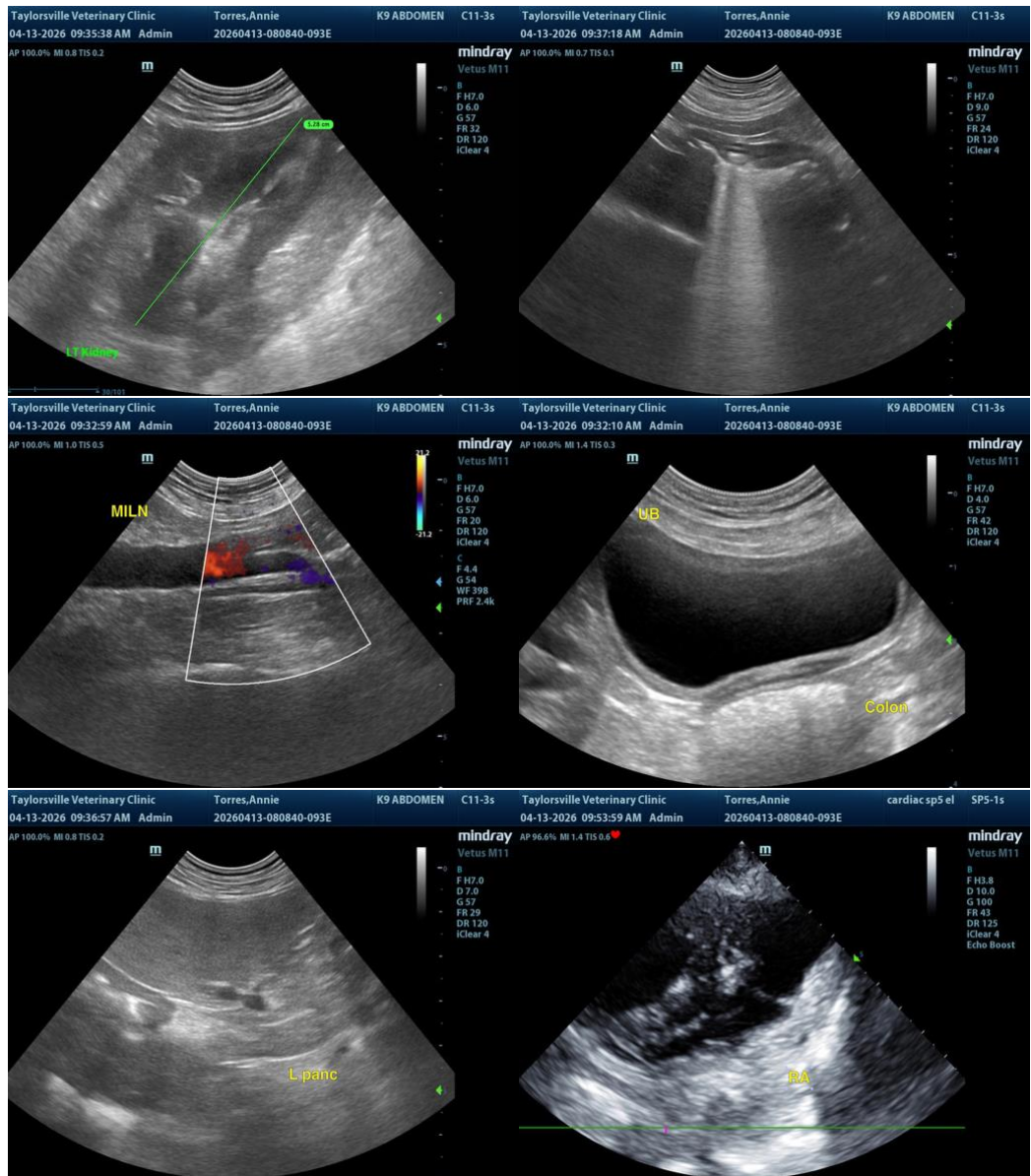
Dr. Aaron Lucas DVM,
PhD

INVOICE

15035

DATE

04/13/26



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