

PATIENT

Dobby Wolsink

PRESENTING CLINICAL SIGNS

Elev. ALP. PE SQ growth, Stifle BL OA, Nuclear sclerosis.

Abnormal PE/Chem/CBC/UA Results: ALP-1109 T4 wnl cbc wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

SEX

MN

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

WEIGHT

60lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 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 0.46 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

Liver/Gallbladder

HOSPITAL NAME

Animal General
Hudson

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 minor non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr DiGiuseppi

Gastrointestinal

INVOICE

24500

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.

DATE

04/13/2026



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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.

SPECIES

Canine

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.

BREED

Mix

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Minor non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Normal bilateral adrenal glands

AGE

13yr

WEIGHT

60lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is sonographically consistent with benign criteria and suggestive of benign or idiopathic vacuolar hepatopathy with potential for non-obstructive cholestasis given ALP elevation. Hepatic inflammatory disease is thought less likely without evidence of neoplastic criteria or adrenal pathology as a contributing factor.

INTERPRETED BY

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

Adrenal screening could be considered if clinical signs consistent with Cushing syndrome are non-reported or arise despite lack of adrenomegaly. Hepatic FNA cytology could be considered primarily to assess for non-obvious inflammation.

**IMAGING
PERFORMED BY**

Kerri Becker

Assuming the patient is non-clinical, hepatosupportive medications and monitoring would be reasonable

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr DiGiuseppi

**INVOICE
24500**

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IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

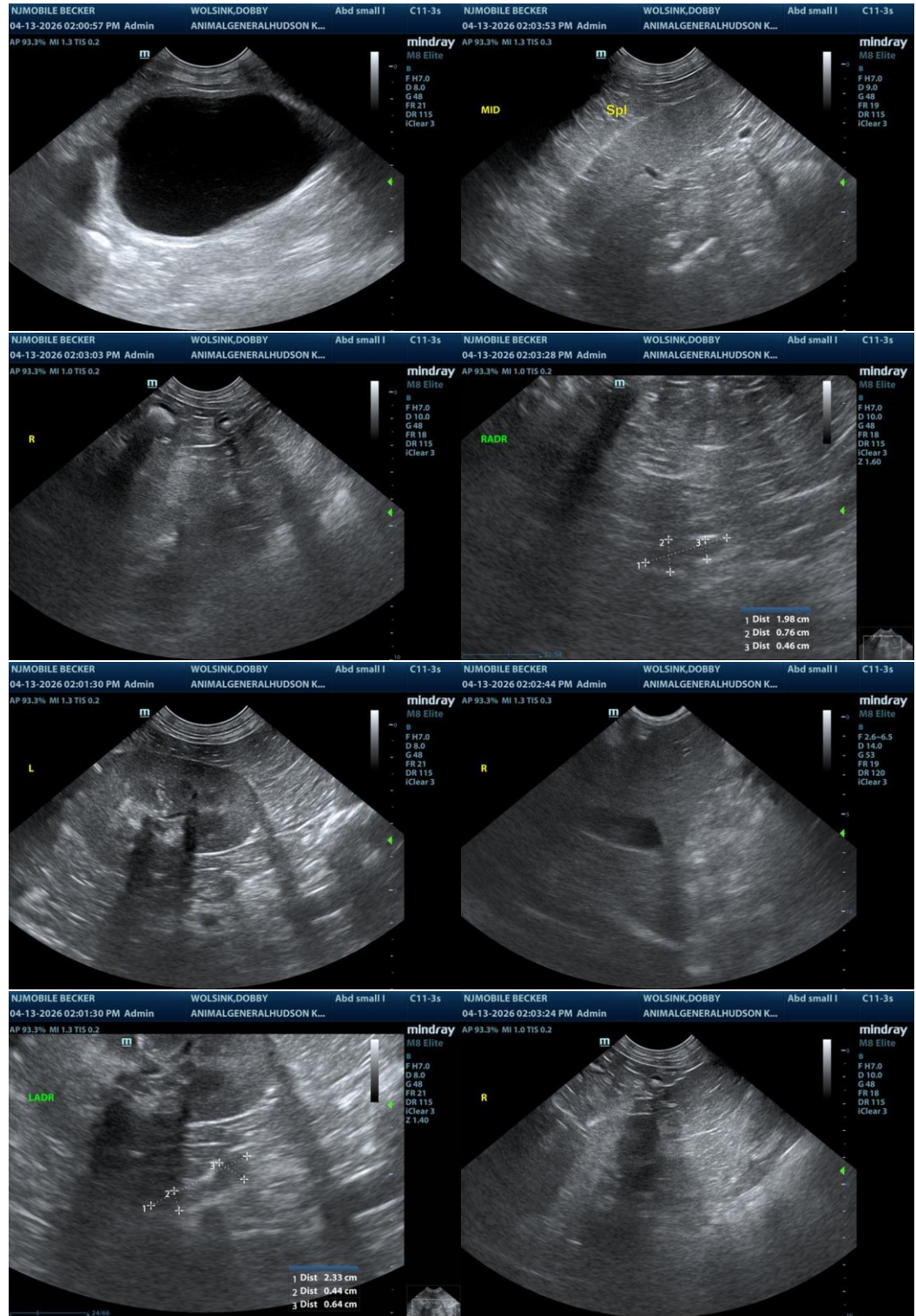
Animal General
 Hudson

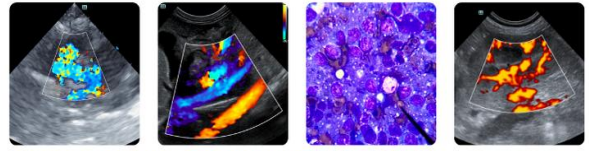
REFERRING VET

Dr DiGiuseppi

INVOICE
 24500

DATE
 04/13/2026





PATIENT

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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.

SPECIES

Canine

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.

BREED

Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

SEX

MN

AGE

13yr

WEIGHT

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

**IMAGING
PERFORMED BY**

Kerri Becker

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr DiGiuseppi

**INVOICE
24500**

DATE
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