



PATIENT

Fionn Donohue

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

12 yrs

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Celine Ward

INVOICE

10764

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- Elevated ALT, ALKP since March 2025, increasing over time. (ALT moderate, AlkP mild)
- Decreasing since beginning ProLiv supplement
- Was on Galliprant and apoquel, discontinued in case of reason for increasing liver values
- On /off diarrhea, Had two courses of metronidazole recently, resolves while on metronidazole but recurs upon stopping

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. Nor urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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 6.9 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.65 cm caudal pole width and the right adrenal gland measured 0.67 cm caudal pole width.

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 was subjectively normal in size, structure, and contour. Adequate hepatic vascular volume was present. 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 and common bile duct were not definitively visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Mild to possible moderate lumen gas was noted.

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 formed to semi-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Non-visualized gallbladder – possible gallbladder contraction, correlation with clinical history is recommended
- Sonographically unremarkable gastrointestinal tract and colon with formed to semi-formed fecal matter
- Mild age-related renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), 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. Continued hepatosupportive medications including hepatic nutraceuticals with consideration for ursodiol owing to its antioxidant and immunomodulatory effects within the liver, as well as vitamin E may prove beneficial. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis. There is no evidence of adrenal pathology as a contributing factor.

Continued gastrointestinal support which may include bland or hydrolyzed diet trial, as-needed high colony count probiotics such as ProViable, and empirical deworming +/- empirical therapy for antibiotic responsive diarrhea is recommended.



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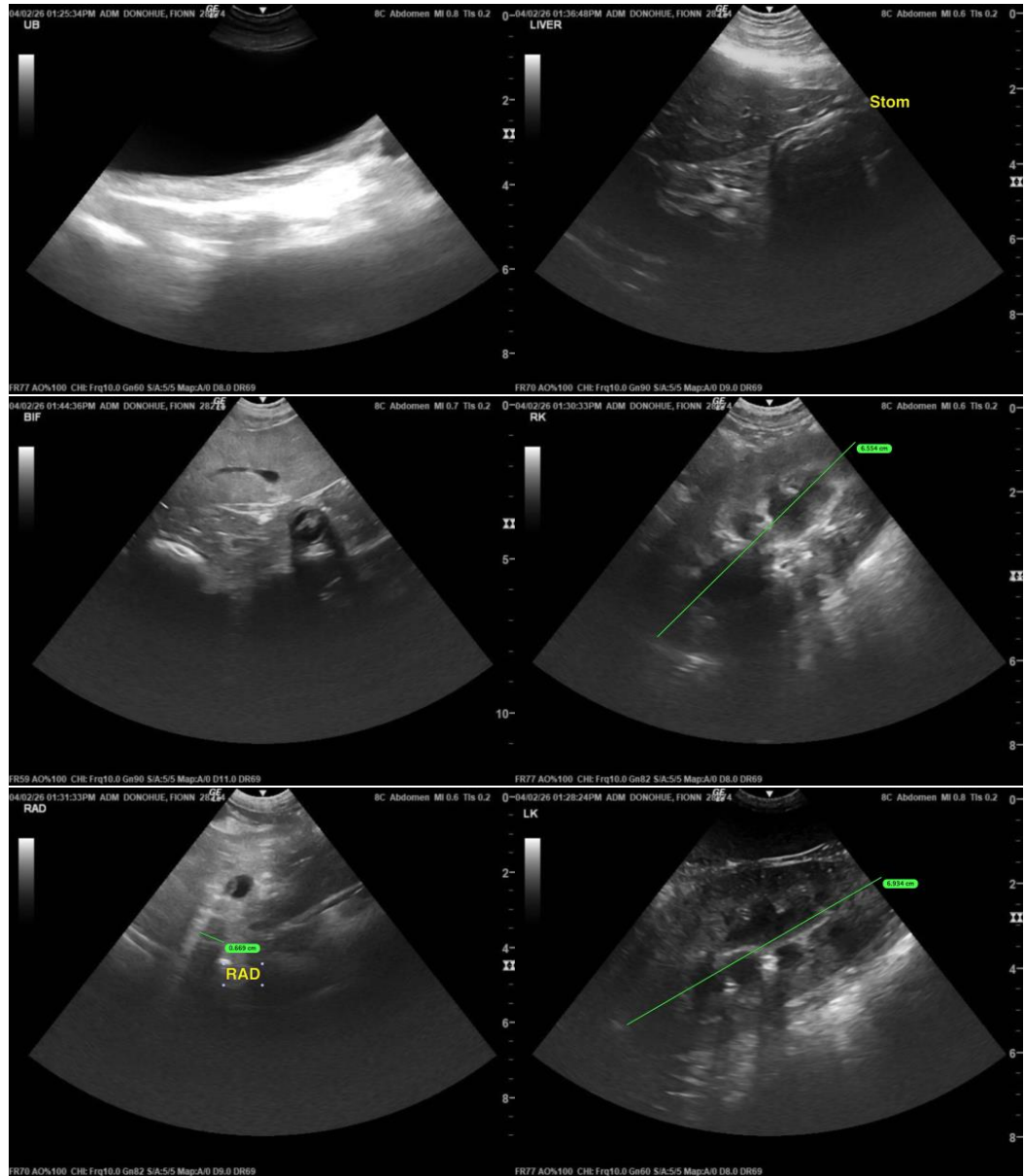
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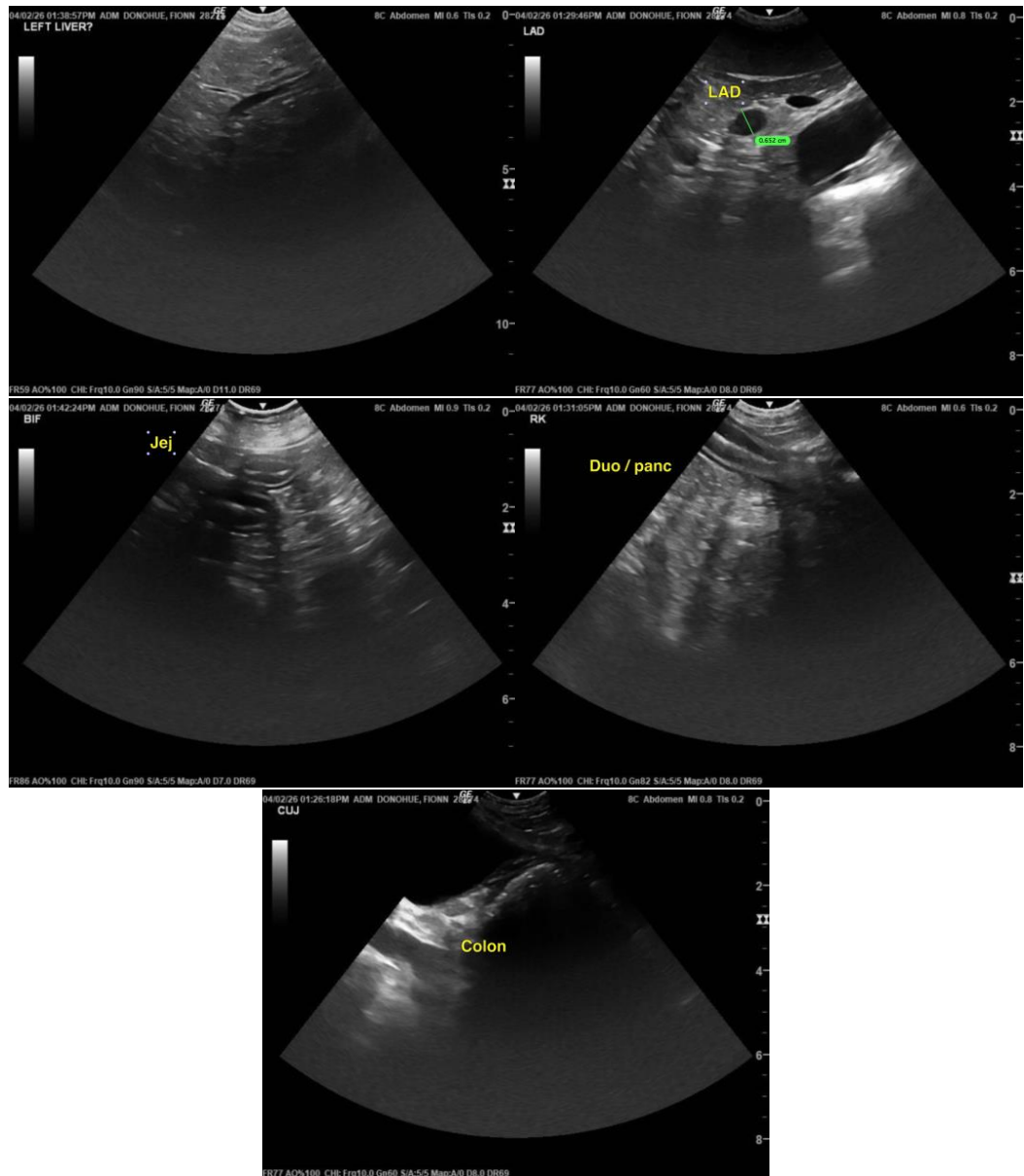
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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