



PATIENT

Maverick Moore

SPECIES

Canine

BREED

Mini Australian Shep

SEX

MN

AGE

5yr

WEIGHT

35lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Hello Vet for Pets

REFERRING VET

Dr Christensen

INVOICE

24546

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

Intermittent vomiting and inappetence.
 ABNORMAL Labwork Values BUN
 Current Medications Denamarin, Cerenia
 Radiographic Findings n/a at this time
 Notes to Specialist (if any) Worried about pancreatitis or gall bladder/liver concerns

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination were 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 5.2 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was 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 0.47 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.

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 presented mildly 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Maverick Moore

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

Mini Australian Shep

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Benign hepatomegaly pattern
- Normal gallbladder
- Sonographically normal gastrointestinal tract/ pancreas
- Normal kidneys /adrenal glands

AGE

5yr

WEIGHT

35lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification although no sonographic evidence of hepatobiliary pathology aside from mild non-specific hepatomegaly. Mild pancreatitis may present sonographically normal and may be suspected if cranial abdomen or subxiphoid discomfort or palpation. Hepatogastrointestinal support which may include dietary therapy and gastroprotectants may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted. Recheck sonogram recommended if progressive gastrointestinal signs or hepatopathy.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Hello Vet for Pets

REFERRING VET

Dr Christensen

INVOICE
24546

DATE
04/21/2026



PATIENT

Maverick Moore

SPECIES

Canine

BREED

Mini Australian Shep

SEX

MN

AGE

5yr

WEIGHT

35lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

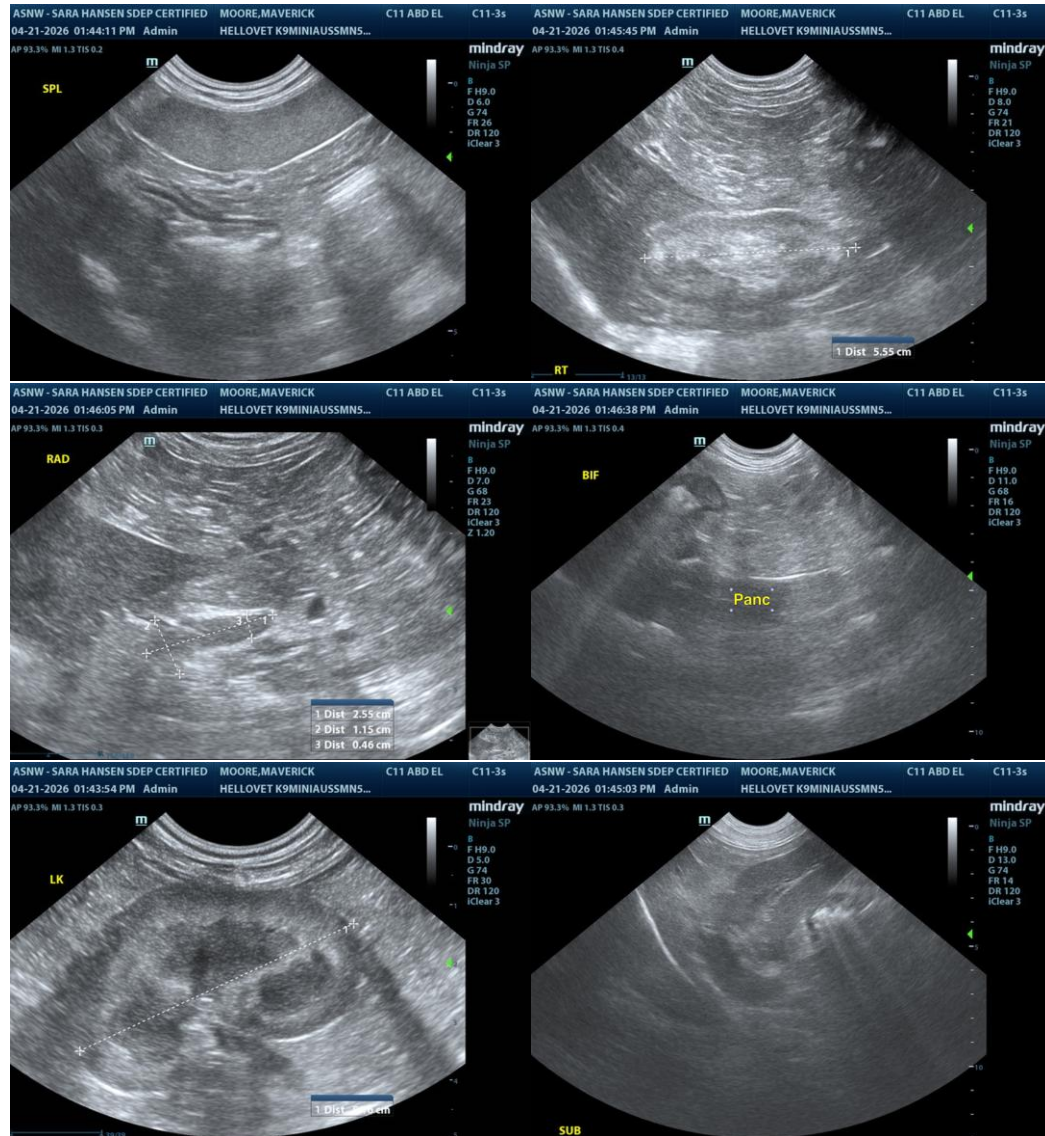
Hello Vet for Pets

REFERRING VET

Dr Christensen

INVOICE
 24546

DATE
 04/21/2026





PATIENT

Maverick Moore

SPECIES

Canine

BREED

Mini Australian Shep

SEX

MN

AGE

5yr

WEIGHT

35lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

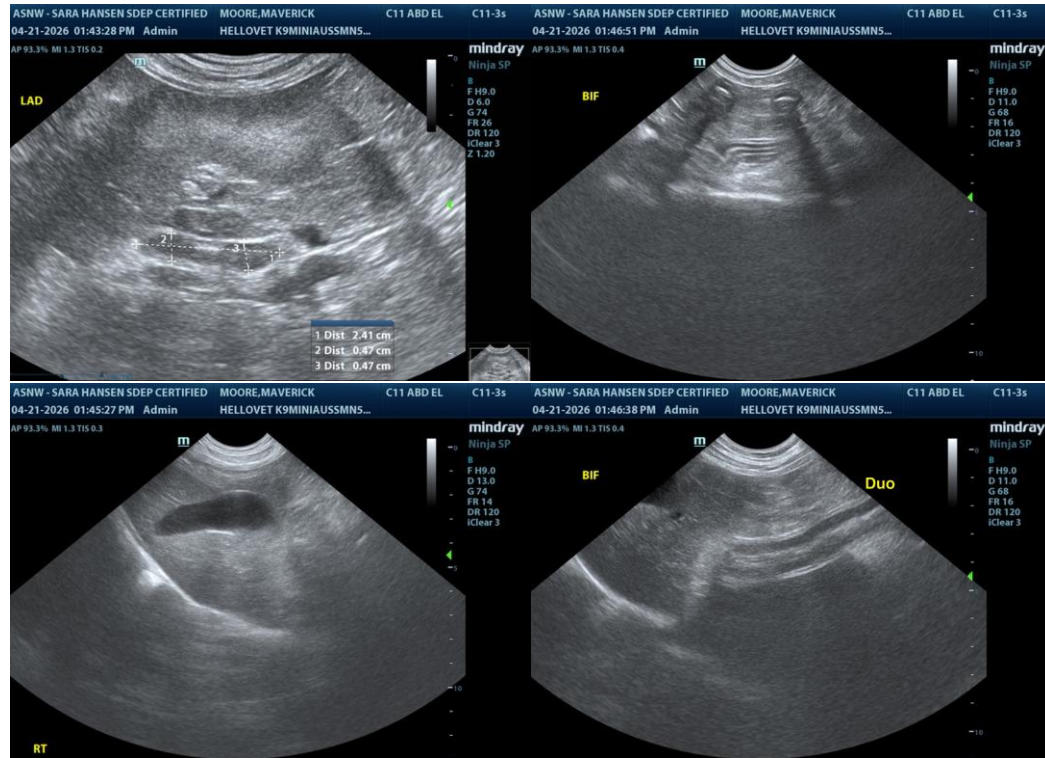
Hello Vet for Pets

REFERRING VET

Dr Christensen

INVOICE
 24546

DATE
 04/21/2026



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