

PATIENT

Shaggy Vanschaack

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

106

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

15372

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Shaggy has a history of on and off inappetence for the past month. The owner notes he is restless more at night and panting/pacing often. He often will eat grass. He is lethargic most days.

Abnormal PE/Chem/CBC/UA Results: Shaggy has chronic allergies and presented with associated pyoderma over multiple areas on abdomen. He is overweight 8/9 BCS. His vitals were WNL, and he was BAR today on exam. He has an elevated ALT and ALP today. (see attached bloodwork)

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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. A caudal right kidney cortical infarct was present. The right kidney measured 8.0 cm in length. The left kidney was primarily visualized in the transverse plane.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. 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 thin walls and 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 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.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

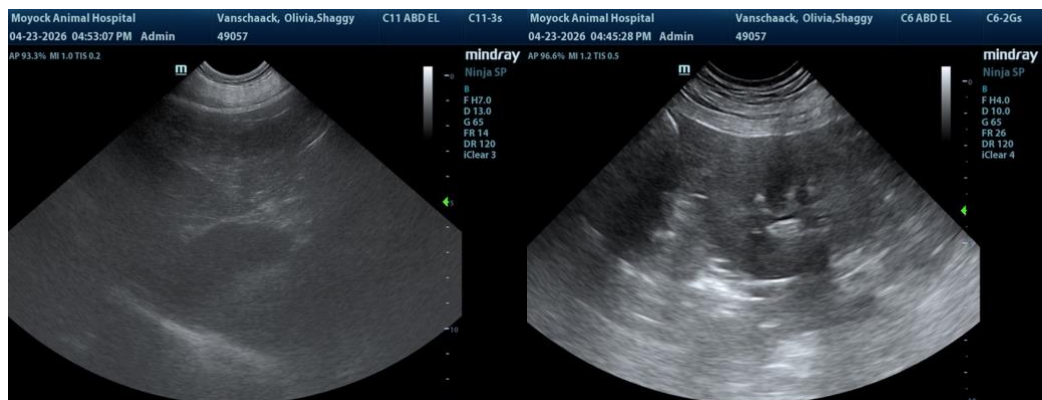
- Hepatopathy.
- Normal gallbladder.
- Sonographically unremarkable visualized gastrointestinal tract.
- Normal spleen.
- Caudal right kidney cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the nonspecific hepatopathy and right kidney cortical infarct, no evidence of visceral pathology as an obvious cause of the patient's clinical signs.

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. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy likely required for definitive diagnosis.

The right kidney cortical infarct is nonspecific and potentially incidental. Consideration for monitoring of systemic BP for hypertension as well as clotting profile is recommended. GI panel to include PLI, TLI, cobalamin and folate, and three view chest radiographs may be considered to assess for occult disease given gastrointestinal signs.





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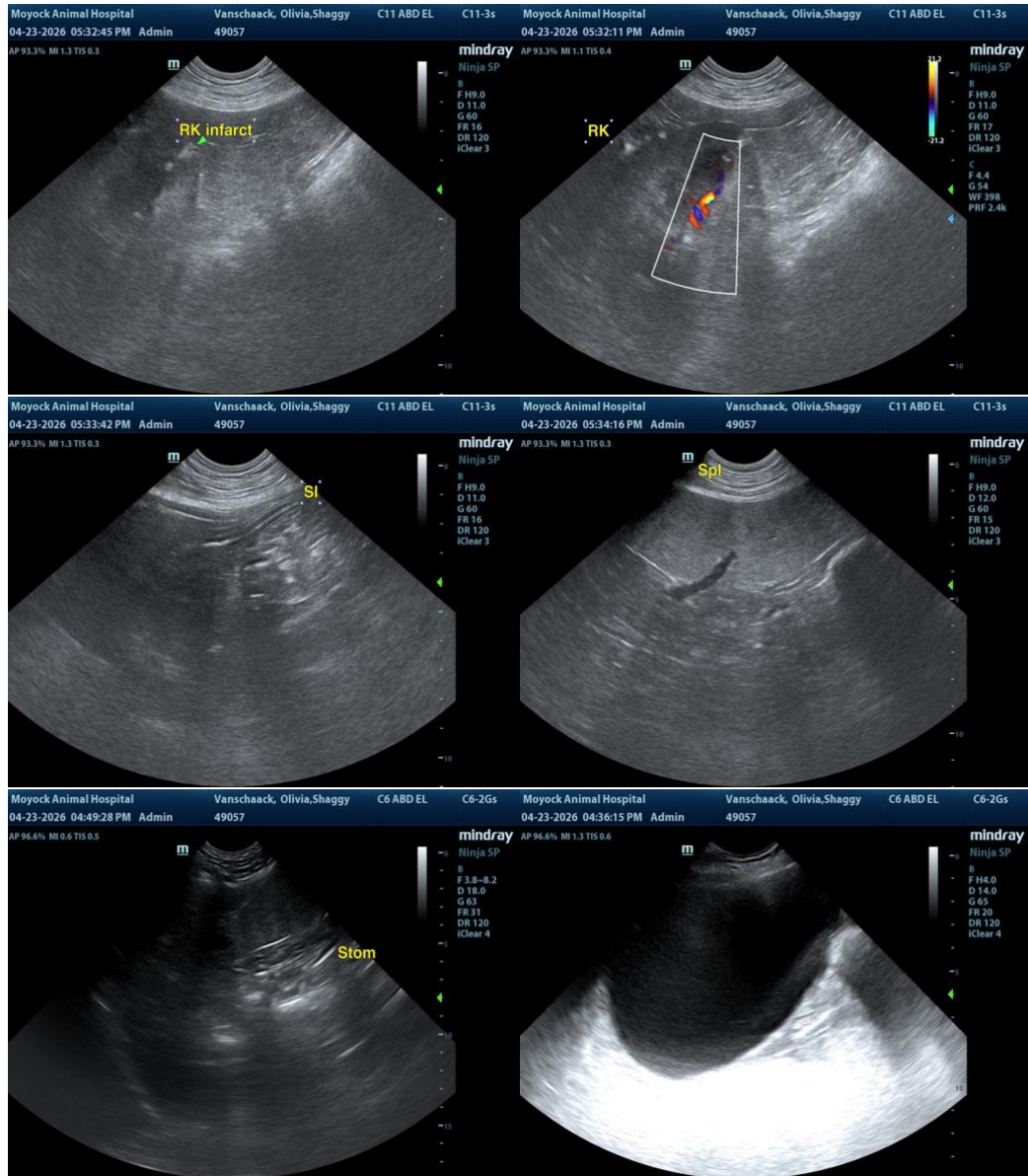
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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