

## PATIENT

Cassie Lingo

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

12 Years 4 Months

## WEIGHT

57 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cameron Johnson  
DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Cameron Johnson  
DVM

## INVOICE

15362

## DATE

04/24/26

## PRESENTING CLINICAL SIGNS

Hx of valley fever, Addison's, and elevated liver enzymes suspected to be secondary to chronic antifungal administration. Concerned about cirrhosis with decreasing albumin and increasing bilirubin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was subnormal in size owing to lack of urinary distention, prohibiting full evaluation of the urinary bladder wall. Mild dependent lumen mineral was present. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 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. Nonobstructive medullary renoliths were present. The left kidney was primarily visualized in the transverse plane. The right kidney measured 7.1 cm in length.

### *Adrenal Glands*

The adrenal glands were not visualized, consistent with patient's history.

### *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 subjective borderline to mild subnormal in size with mild asymmetrical hepatic capsule contour exhibiting nonhomogenous parenchyma with variable coarse echotexture and indistinct portal vascular borders.

The gallbladder was non distended in size with mild nondependent to peripherally congealed yet nonorganized biliary sludge. The common bile duct was not visualized. No evidence of gallbladder inflammation or wall edema.

### *Gastrointestinal*

The stomach presented overtly normal intact wall layering. The stomach contained a mild amount of strongly shadowing ingesta measuring approximately 2.5 cm to 3.0 cm in diameter.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material.

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

### *Pancreas*



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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 overt visualized significant omental lymphadenopathy was present. A mild volume of primarily perihepatic effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Borderline to mild subnormal liver size exhibiting heterogeneous parenchyma.
- Nonorganized gallbladder debris (non-mucocele).
- Nonspecific gastroenteritis pattern with nonobstructive shadowing gastric ingesta and mild segmental intestinal ileus.
- Chronic renal changes with medullary renoliths.
- Nondistended urinary bladder with lumen mineral.
- Mild volume of perihepatic effusion.

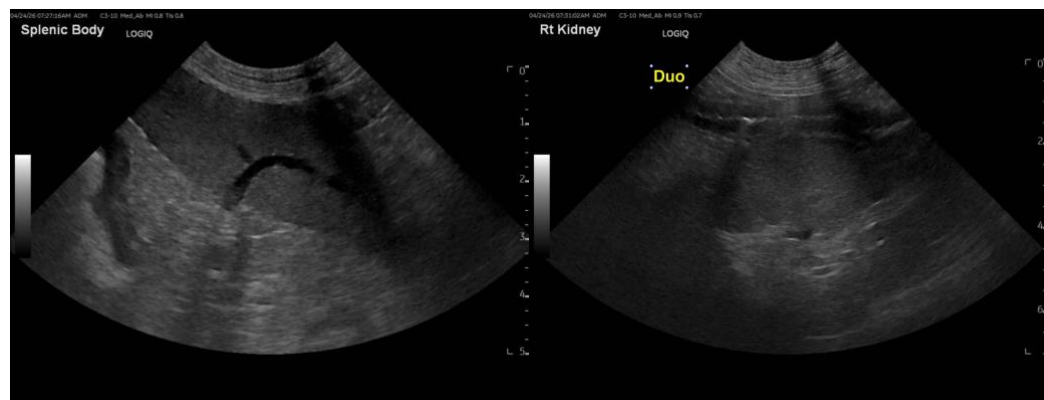
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver suggests chronic to acute on chronic hepatopathy criteria, while potential for emerging hepatic failure cannot be excluded. Considerations may include chronic inflammation, fibrosis, cirrhosis, or other hepatopathy with hepatic neoplasia considered unlikely.

Further assessment may include bile acid profile and if accessible, FNA cytology if normal clotting status. Effusion secondary to hepatopathy, i.e. portal hypertension, decreased hydrostatic pressure secondary to hypoalbuminemia or combination is possible. Concurrent effusion analysis may be considered.

Intestinal disease as a contributing factor to the hypoalbuminemia would be considered less likely given no reported gastrointestinal signs. The strongly shadowing gastric contents may indicate retained dense ingesta, while potential for non-obstructive gastric foreign body is not excluded. Documented 12-hour fast and sonographic reassessment of the stomach would be ideal.

No current evidence of mechanical gastrointestinal or post-hepatic obstruction. If significant elevated postprandial bile acids, advanced imaging may be indicated to assess for non-obvious shunt given renal and urinary bladder mineral. Correlation with urinalysis is recommended.





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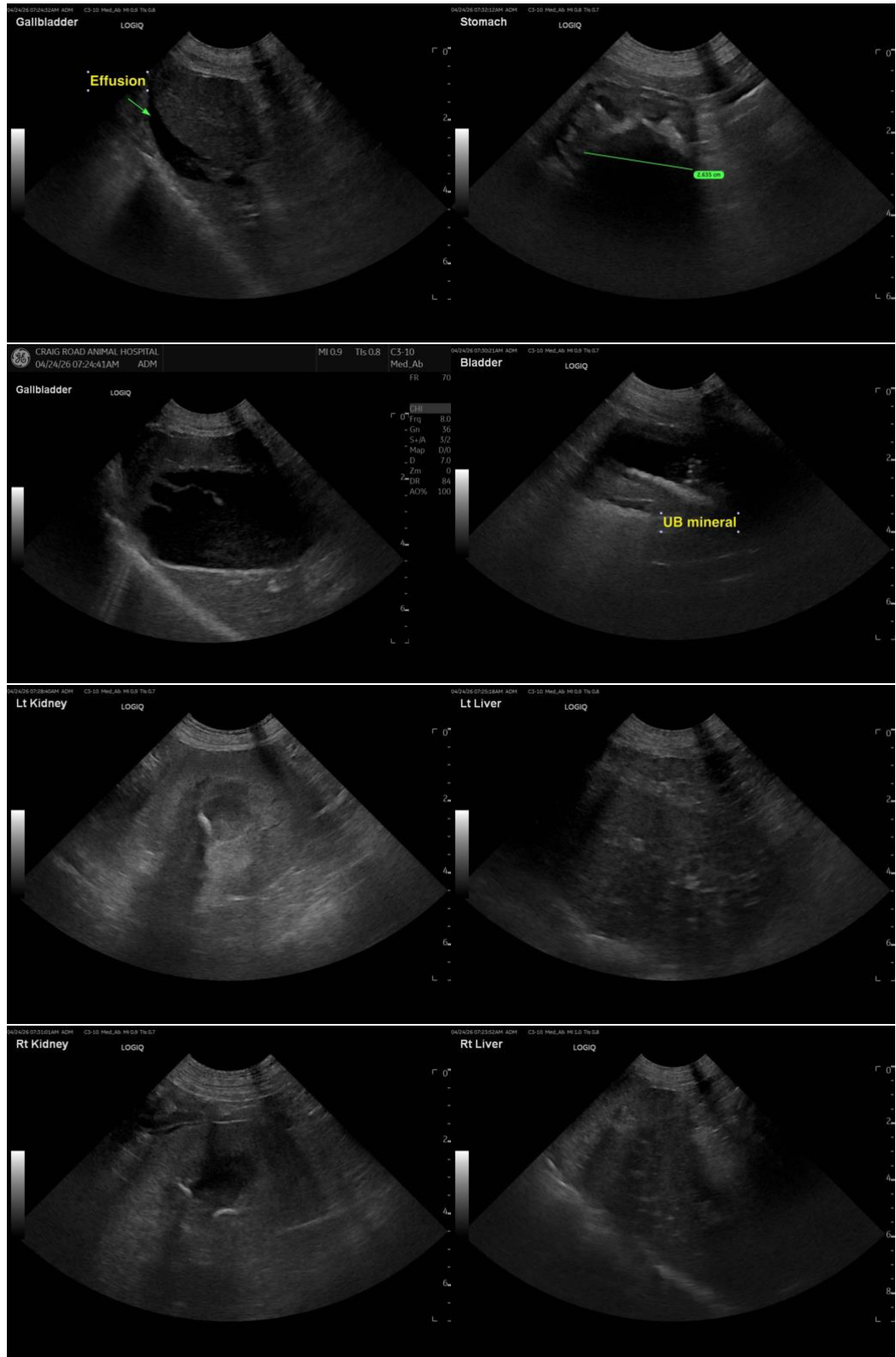
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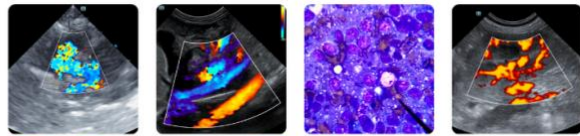
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)