



PATIENT

Chloe McCary

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

15469

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Patient is a recent adoption being rehomed. Has not been to a veterinarian in quite some time. No overt symptoms are reported by the owner.

Abnormal PE/Chem/CBC/UA Results: On examination patient has marked severe dental disease. lab work shows marked increases in liver chemistries that is repeatable. The most recent lab work is attached for your convenience.

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 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 4.2 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 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 0.40 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 subjective mild asymmetrical enlargement with variable nonhomogenous hepatic parenchyma exhibiting discrete to indistinctly marginated mildly nonhomogenous hypoechoic parenchymal nodular changes with an example measuring 1.8 cm in diameter.

The gallbladder was non distended in size with mild nondependent variably congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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.

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

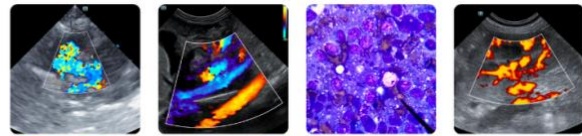
- Hepatopathy exhibiting variable nonhomogenous indistinctly nodular parenchyma.
- Nonorganized mild gallbladder debris (non-mucocele).
- Age-related renal changes.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is nonspecific with considerations including chronic, vacuolar or cholestatic hepatopathy, nonspecific chronic/chronic active hepatitis, cholangiohepatitis, fibrosis, cirrhosis, hyperplasia, hepatotoxicosis, i.e. copper neoplasia or other.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology, and if evidence of hepatic dysfunction, bile acid profile. No obvious visualized portosystemic shunt or evidence of post-hepatic obstruction. A definitive diagnosis would require biopsies for histopathology and copper assessment. If patient is non-clinical, hepatosupportive medications including Denamarin and ursodiol, if tolerated with clinical and as needed sonographic monitoring may be considered.





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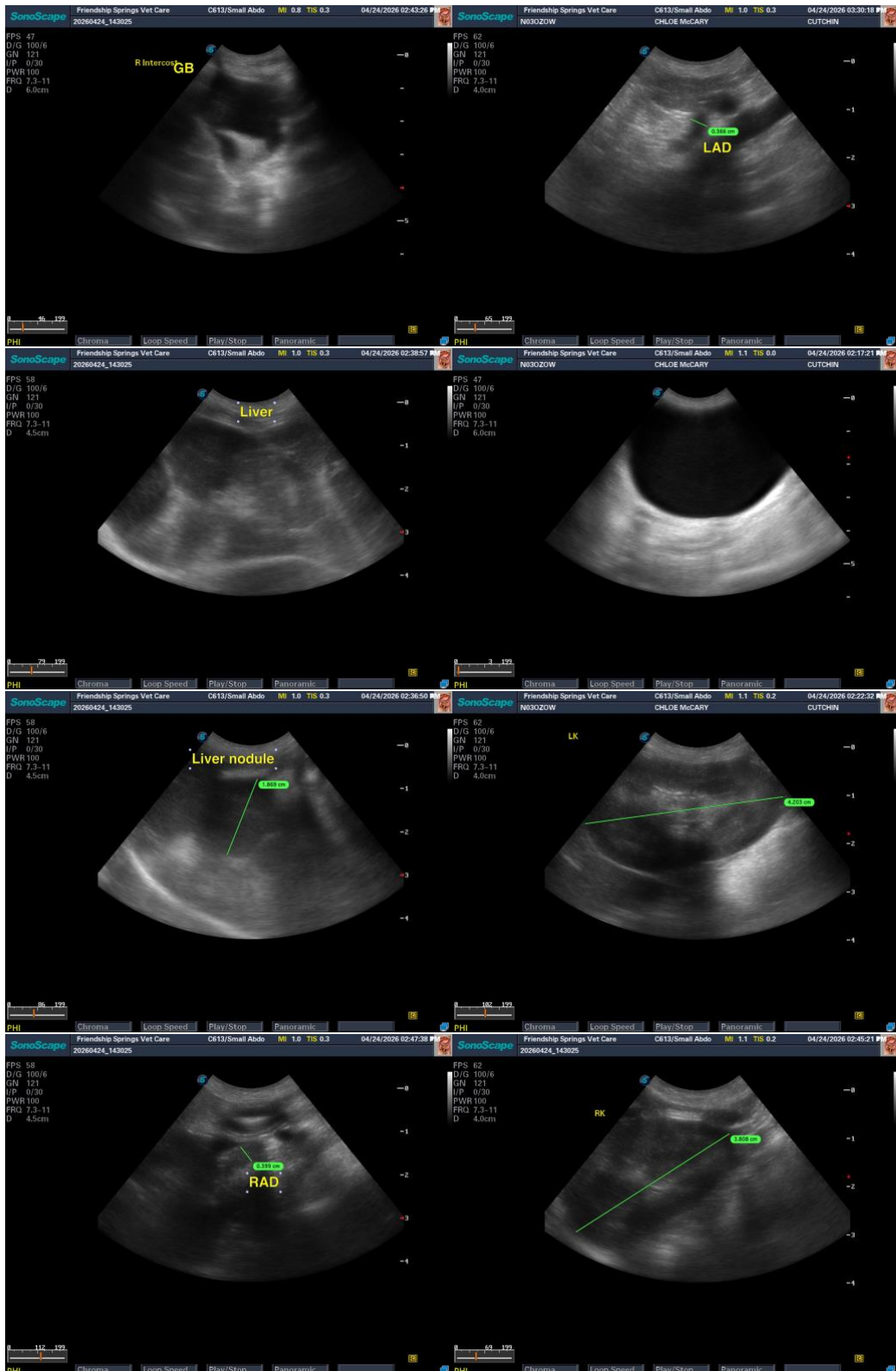
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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