

PATIENT

Wyatt Cray

SPECIES

Canine

BREED

Schnauzer Mix

SEX

MN

AGE

13yr

WEIGHT

22lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr Davis

INVOICE

24589

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

P presented for US due to continued elevation of ALT. Previous US last year showed sludge in GB. P has history of chronic pancreatitis and renal dz. Owner reports PU/PD since renal dz diagnosis unsure if related to liver at all.

Abnormal PE/Chem/CBC/UA Results: BUN 44, Crea 22, ALT 337, AST 72

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Subjective mild generalized thickened bladder wall without evidence of tumor. The 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. The urinary bladder wall measured 0.47 cm in width.

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. Mild right kidney pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

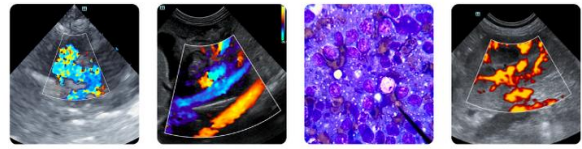
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width 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 was subjectively normal in size, structure, and contour. Mild lobar non-homogenous remodeled parenchyma with focally intermittent discrete non-homogenous hypoechoic non-capsule forming intraparenchymal nodules. An example of a liver nodule measured 1.1 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate gravity dependent, non-organized shadowing debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

WEIGHT

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- Chronic hepatopathy exhibiting mild parenchyma remodeling and discrete nodules- subjective benign
- Non-organized to emerging mineralized gallbladder debris
- Mild heterogeneous remodeled pancreas - remodeling owing to previous inflammation or age, possible persistent mild chronic pancreatitis
- Mild chronic renal changes with mild right kidney pyelectasia
- Normal adrenal glands

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Secondary

- Gastrointestinal ingesta - probable post prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, chronic non-specific inflammatory hepatic or hepatobiliary disease is probable in conjunction with elevated ALT/ AST. The discrete nodular changes suggest benign criteria such as nodular hyperplasia or potential regeneration, minor potential for emerging neoplasia thought less likely. Further assessment may include hepatic FNA cytology, if normal clotting status to assess for inflammatory cell type.

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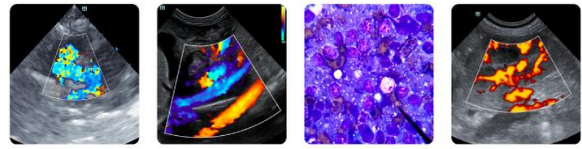
The right kidney pyelectasia is non-specific and may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Hepatosupportive medications including Denamarin and ursodiol may prove beneficial. If evidence of hepatic dysfunction, bile acid profile given PU/PD may be considered.

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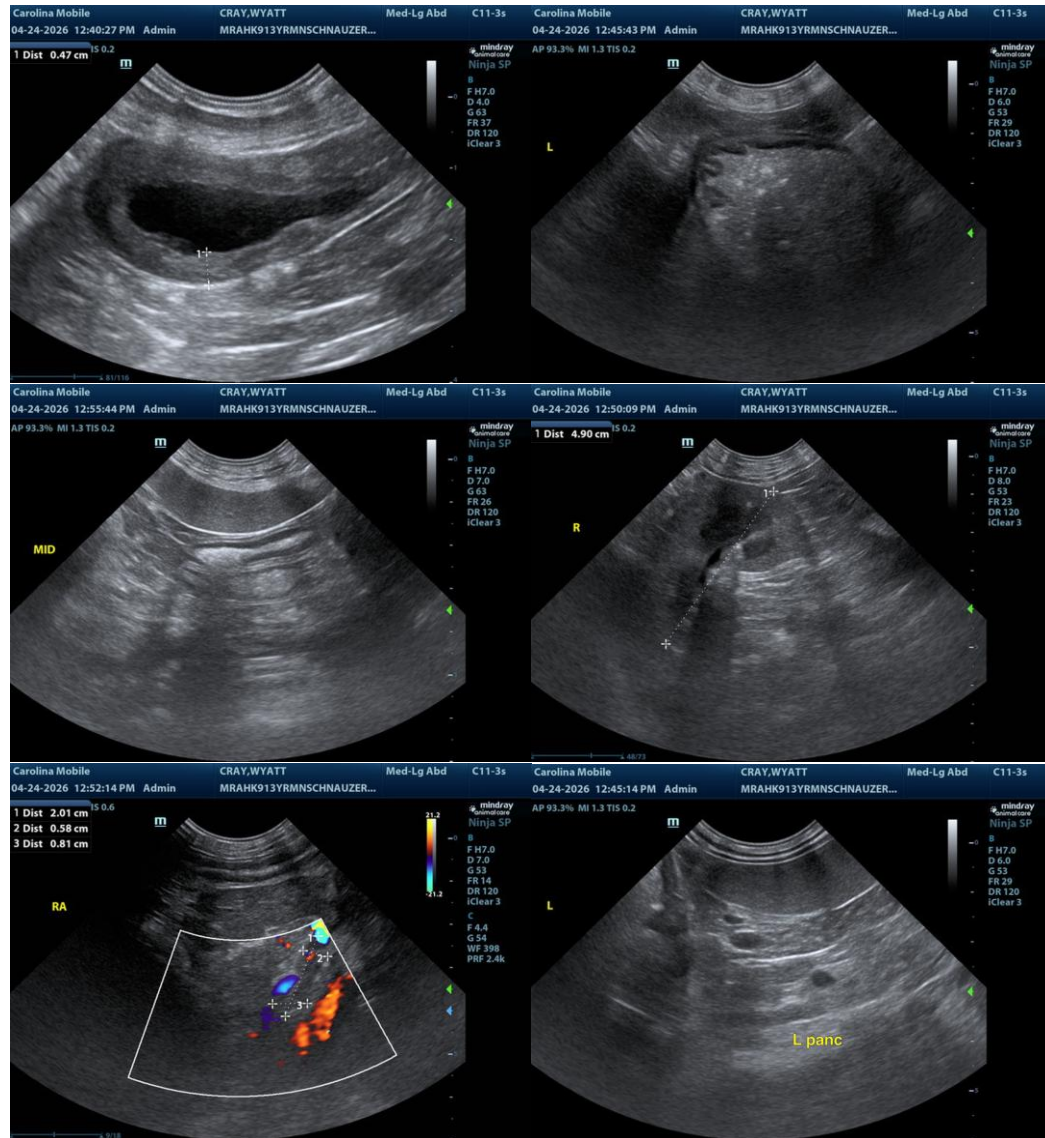
Dr Davis

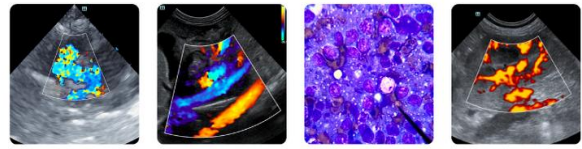
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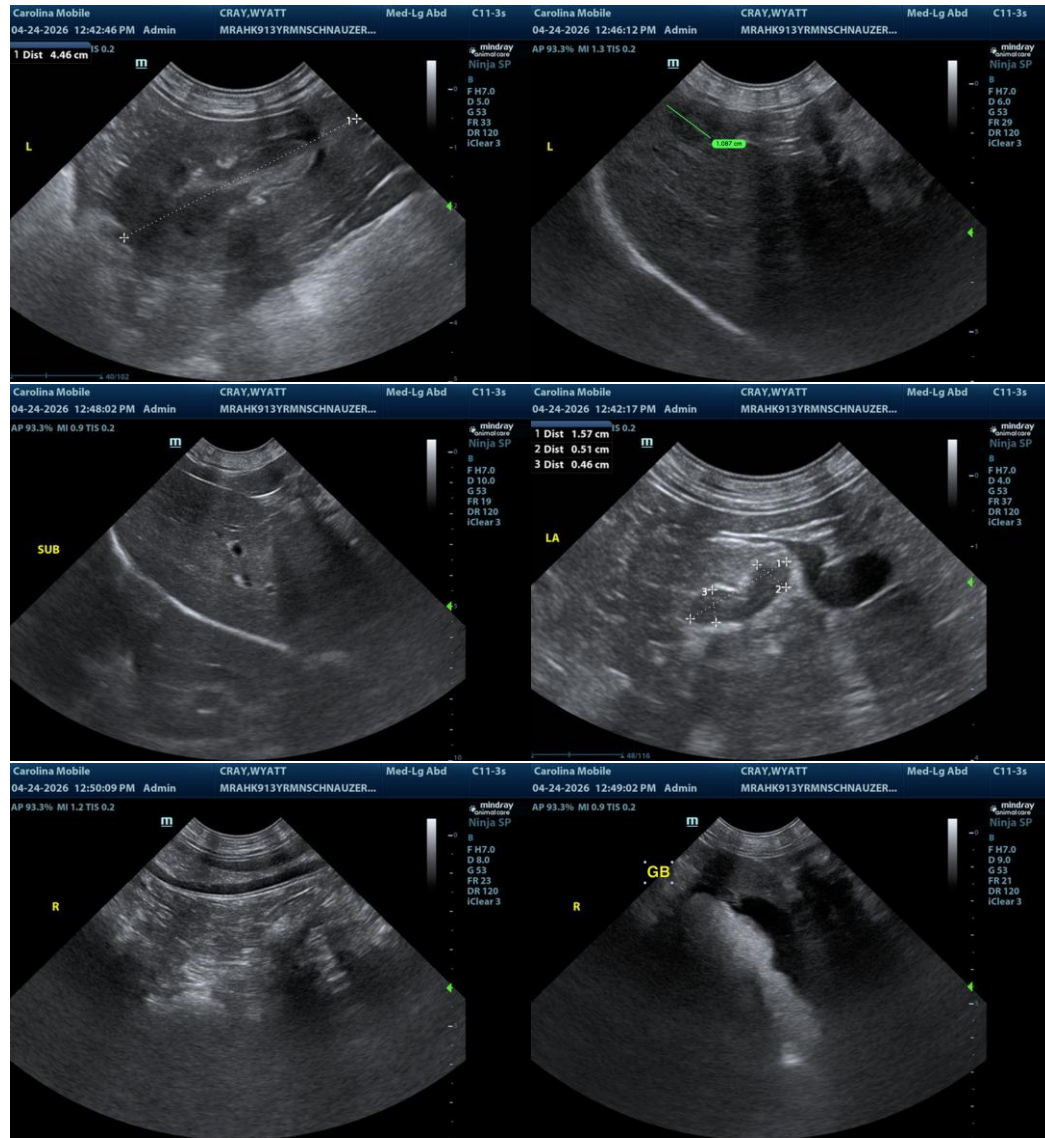
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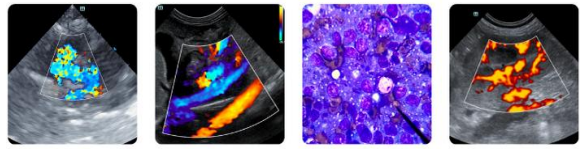
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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