



PATIENT

Submission requested additional subjective echocardiogram, but no cardiac images were received.

Marshall Moser-Dudley

SPECIES

Canine

BREED

Australian Shepherd

SEX

M

AGE

7yr

WEIGHT

22.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr Wayland

INVOICE
24586

DATE
04/25/2026

PRESENTING CLINICAL SIGNS

The last week pt has been more lethargic. Pt gave O a marrow bone Tuesday night which pt V+, pt normally V+ afte getting a bone. PT went to the beach on 4/22. Pt was seen eating a shell. Pt also went on a hike, had less energy that day but was still doing fine. Pt was fine all day 4/23 until the night, pt V+ twice. Pt V+ once again this morning and then 2 more times before coming in. Most recent V+ has been just liquid.

O gives pt fish oil tablets everyday, pt did not eat them last night but did eat his normal food. No known toxicities or ingestions per O, pt does not normally eat odd things.

O's do have a river by the house, pt does have access but pt does not normally go down to the river per O, but still a possibility.

O's other dog has lung cancer, is pt's mother. O talked to other pt's oncologist, do not think cancer is genetic..

Abnormal PE/Chem/CBC/UA Results: pt severely icteric. ALT 297 (10-125) ALP 1068 (23-212) GGT 27 (11) TBIL 8.9 (0.9) AMY >2500 (500-1500) Lipase 5624 (200-1800) RBC 5.42 (5.62-8.87) RDW 13.4 (13.6-21.7) Neu 12.76 (2.95-11.64) Mono 1.79 (0.16-1.12) Eosin 0.02 (0.06-1.23) IH Lepto Witness Test: NEGATIVE Citrated Prothrombin: 13.0 sec (11-17)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 6.6 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape although indistinctly visualized. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was not visualized, no overt pathology in the area of the right adrenal gland.

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.



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Liver/Gallbladder

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was subnormal in size with mild anechoic bile. Subjective mild thickened hyperechoic gallbladder wall. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild retained fluid and lumen gas with no signs of overt 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute hepatopathy
- Non-distended mild thickened gallbladder
- Normal gastrointestinal tract with mild retained gastric fluid
- Sonographically unremarkable visible pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, or foreign material. Considerations for the liver may include non-specific acute hepatitis, (viral, bacteria, leptospirosis toxin), vacuolar/ cholestatic hepatopathy without evidence of post-hepatic obstruction, hepatotoxicosis i.e. copper, or other with acute hepatic neoplasia thought less likely yet not definitively excluded. Further assessment may include assuming normal clotting status, hepatic FNA cytology. Consider Leptospirosis PCR both in serum and urine given that IgG presence is detected in the serum in early phase (up to 10 days) of infection and in the urine after 14 days. Paired convalescent titers after 2-3 weeks would be ideal. Urine testing is not affected by vaccination status. No evidence of posthepatic obstruction.

Hospitalization with empirical therapy for nonspecific hepatitis with gastrointestinal support, clinical monitoring, and sonographic reassessment if evidence of progressive hepatopathy is recommended.



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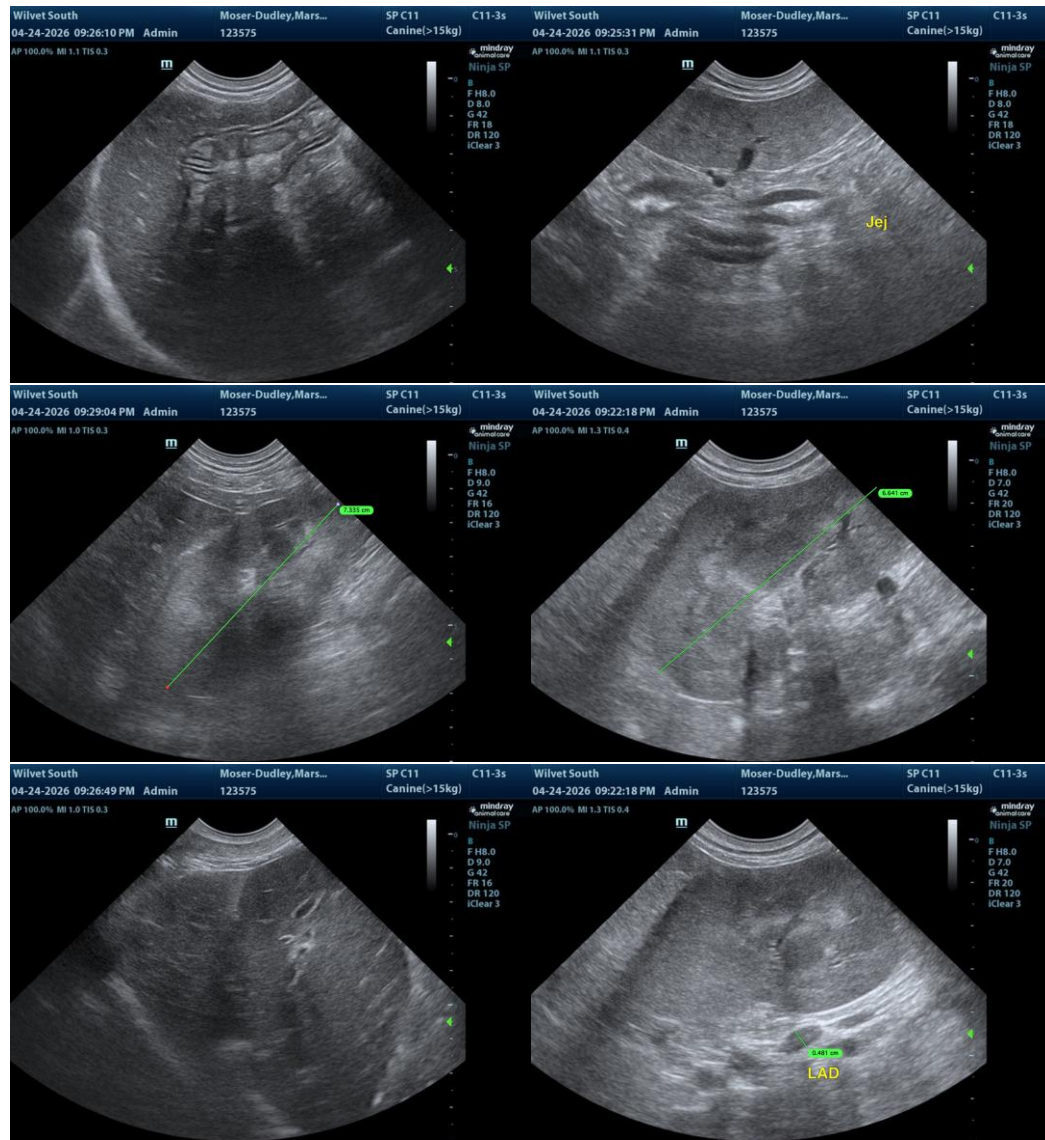
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No sonographic evidence of active or significant pancreatitis, although mild pancreatitis or secondary elevated pancreatic parameters owing to nonspecific structurally insignificant gastroenteropathy is possible.





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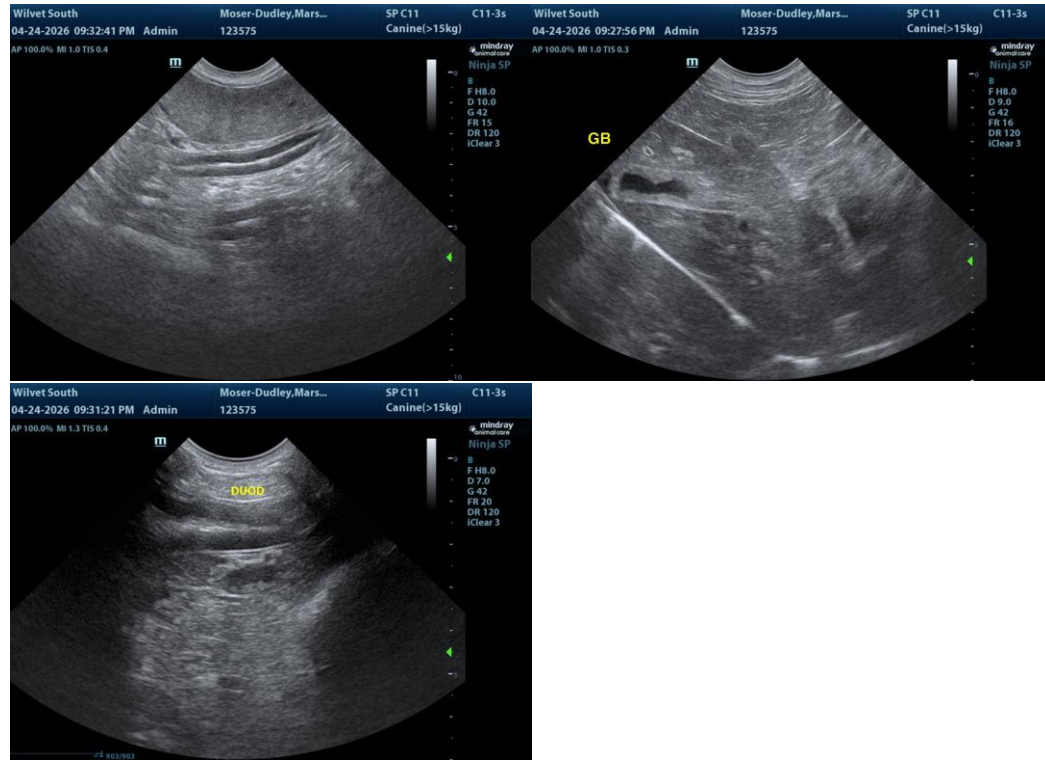
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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