



PATIENT

Gazelle Peck

SPECIES

Canine

BREED

Min Pin

SEX

FS

AGE

13yr

WEIGHT

12.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

Dr Guy

INVOICE
 24649

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

- Bilateral cataracts- Moderate dental tartar- Chronic hepatopathy
 Eating/Drinking/Urinating/Defecating normally
 ABNORMAL Labwork Values

04/15/26 03/09/26 03/19/25 03/18/23

Globulin 3.9 (1.6-3.6) H 3.9

AST 140 (15-66) H 71

ALT 570 (12-118) H 581 467 842

ALP 786 (5-131) H 362 569 374

GGT 19 (1-12) H 22 19 23

03/09/26

RBC 8.0 (4.8-9.3) WNL 8.0

nRBC 5 (0-1) 6

platelet 100 (with small clumps) 102

Current Medications Denamarin Advanced started 03/12/26, no improvement

Notes to Specialist (if any)

AFast ultrasound in clinic showed several small nodules in liver and several in the spleen. Unable to visualize gallbladder well. Liver and spleen aspirates with histopathology requested. aPTT/PT to be done the morning of (already scheduled for Monday 4/27/26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen was subjective mildly enlarged with symmetrical contour and primarily homogenous parenchyma. Intermittent discrete hyperechoic small non-capsule deforming splenic nodules were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.



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Liver/Gallbladder

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The liver was possible borderline to mild subnormal in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was not definitively visualized, non-specific; potentially secondary to the presence of gastric ingesta. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic 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 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.

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Pancreas

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.

WEIGHT

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy, exhibiting subjective borderline to mild subnormal liver size
- Non-visualized gallbladder
- Mild splenomegaly with discrete hyperechoic nodules
- Gastric ingesta - consistent with food echogenicity
- Bilateral chronic renal changes
- Bilateral borderline adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with chronic benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, toxic hepatopathy (i.e., copper) or other with neoplasia thought less likely. The overall splenomegaly is non-specific with considerations including hyperplasia, hematopoiesis, inflammation, or other with subjective discrete hyperechoic benign nodules suggestive of benign myelolipomas. Likewise, occult splenic neoplasia considered less likely. Correlation with pending hepatosplenic cytology is recommended. 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

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surgical biopsy is likely required for definitive diagnosis. No obvious evidence of intrahepatic or extrahepatic macroscopic shunt, although bile acid profile is warranted if evidence of hepatic dysfunction. Correlation with clinical history in regard to non-visualized gallbladder to rule out potential previous cholecystectomy is recommended.

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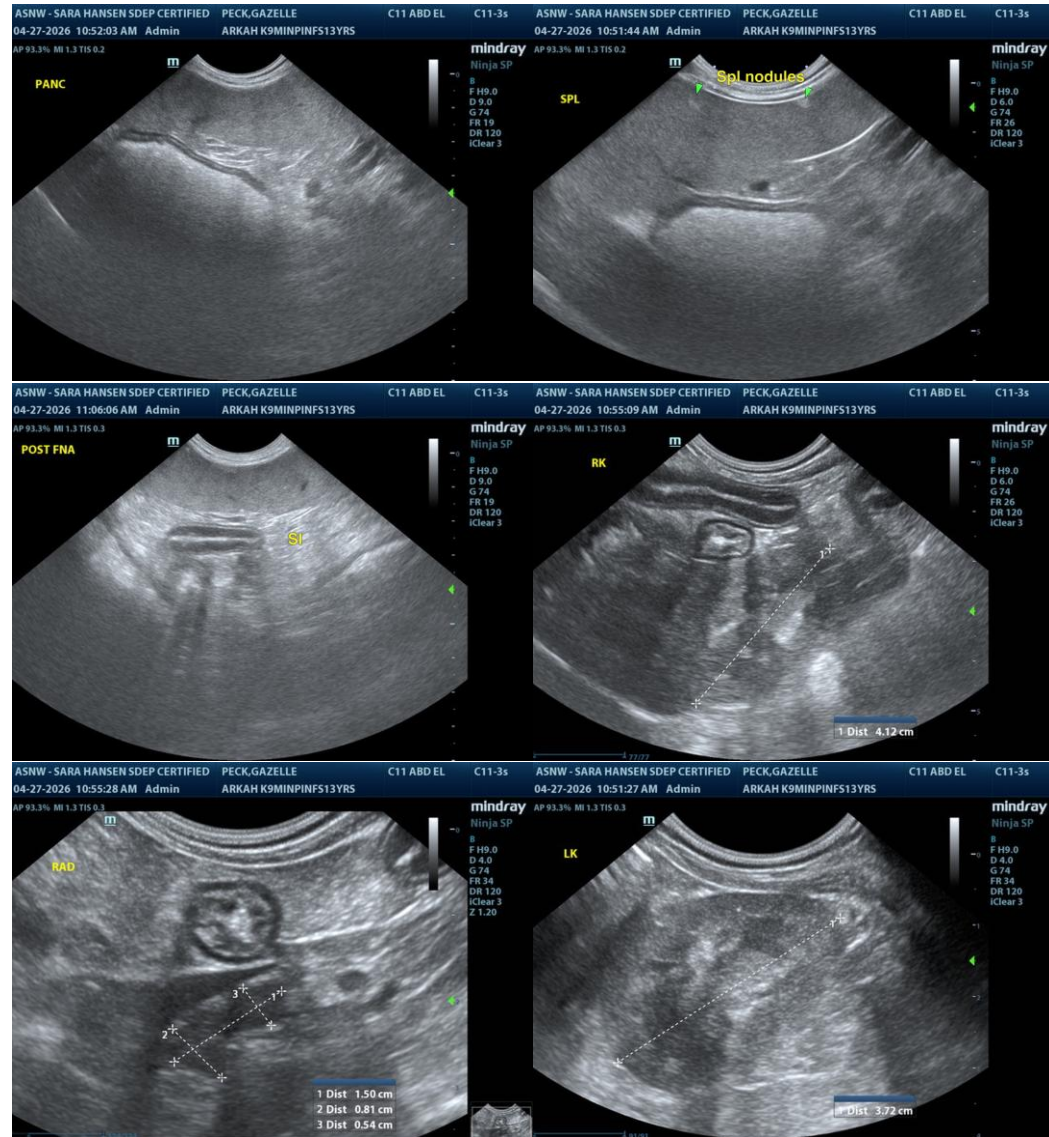
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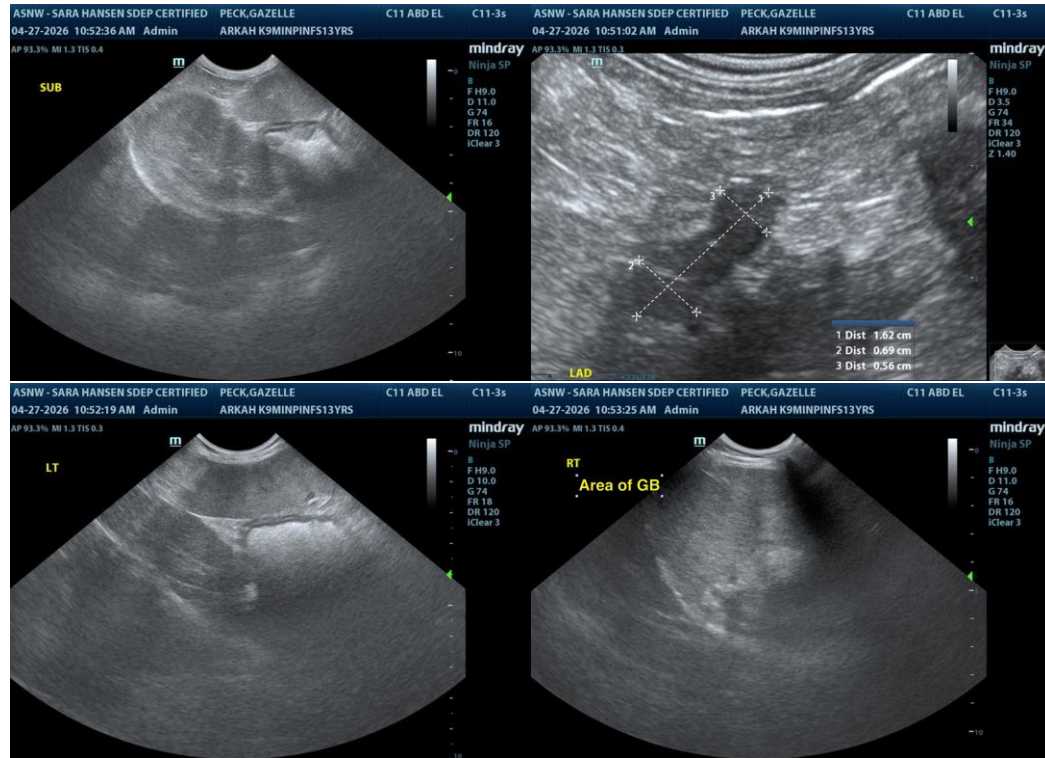
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com