



## PATIENT

Buddy Somdahl

## SPECIES

Canine

## BREED

ChiWeenie

## SEX

Male Neutered

## AGE

10 years 10 months

## WEIGHT

17.4 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chrissy Krell, DVM

## HOSPITAL NAME

Aurochs VS

## REFERRING VET

Sara Mattson, DVM

## INVOICE

10830

## DATE

4/28/26

## PATIENT

## PRESENTING CLINICAL SIGNS

Presented for a dental cleaning on 4/8/2026. BW revealed increased liver/GB enzymes from previous testing a year ago. Patient is otherwise stable and no symptoms. Not on any medications/supplements.

Abnormal PE/Chem/CBC/UA Results: PE: dental disease grade 3-4/4, heavy calculus and loose incisors, BCS 8/9 LAB 4/28/26: FNA cytologies pending of liver and spleen. 4/10/26: CBC: 9.1, MCV 56, MCHC 40 Chem: Creat 0.4, CI 106, An Gap 27, TP 8.9, Glob 5.2, ALT 308, AST 80, ALKP 3677, T Bili 0.9, Bili Unconj 0.7, Bili Conj - 0.2, Chol 428, Triglyc 658, Lipase 402, Creat 276, TT4 normal 4dx: AP + 2/5/2025: CBC: RBC 9.5, HCT 64.9, Retic 133, Retic Hg 23.4 Chem: Creat 0.4, CI 108, An Gap 27, TP 8.1, Glob 54.1, ALT 147, AST 34, ALKP 1752, Triglyc 287, TT4 normal 4dx: AP +

## 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 with no mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.43 cm width in the caudal pole. The right adrenal gland measured 0.68 cm width in the caudal pole.

### *Spleen*

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-defined, symmetrical, hyperechoic nodules were present in the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### *Liver/Gallbladder*

The liver presented subjective borderline to mild hepatomegaly with variably nonhomogeneous remodeled hepatic parenchyma exhibiting coarse echotexture and discreet intermittent



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nonhomogeneous to hypoechoic intraparenchymal nodules. An example of the nodules measured 1.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size, containing primarily anechoic content with mild, gravity-dependent, nonorganized, nonhomogeneous gallbladder debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme without signs of 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 formed feces in lumen.

### *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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting nonhomogeneous remodeled, discretely nodular parenchyma
- Nonorganized gallbladder debris (non-mucocele)
- Benign splenic nodules – consistent with myelolipomas
- Mild chronic renal changes
- Normal bilateral adrenal glands

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the chronic hepatopathy is most suggestive of chronic benign criteria, with considerations including vacuolar / cholestatic hepatopathy, inflammatory disease, hyperplasia with parenchymal remodeling, or other.

Correlation with pending FNA cytology is recommended. Gold Standard hepatic biopsy with histopathology +/- copper assessment is likely required for a definitive diagnosis. There is no evidence of adrenal disease as a contributing factor in conjunction with no reported clinical signs. Hepatosupportive medications, including Denamarin and Ursodiol if tolerated, or similar, with continued clinical monitoring given the patient is asymptomatic, would be more conservative.



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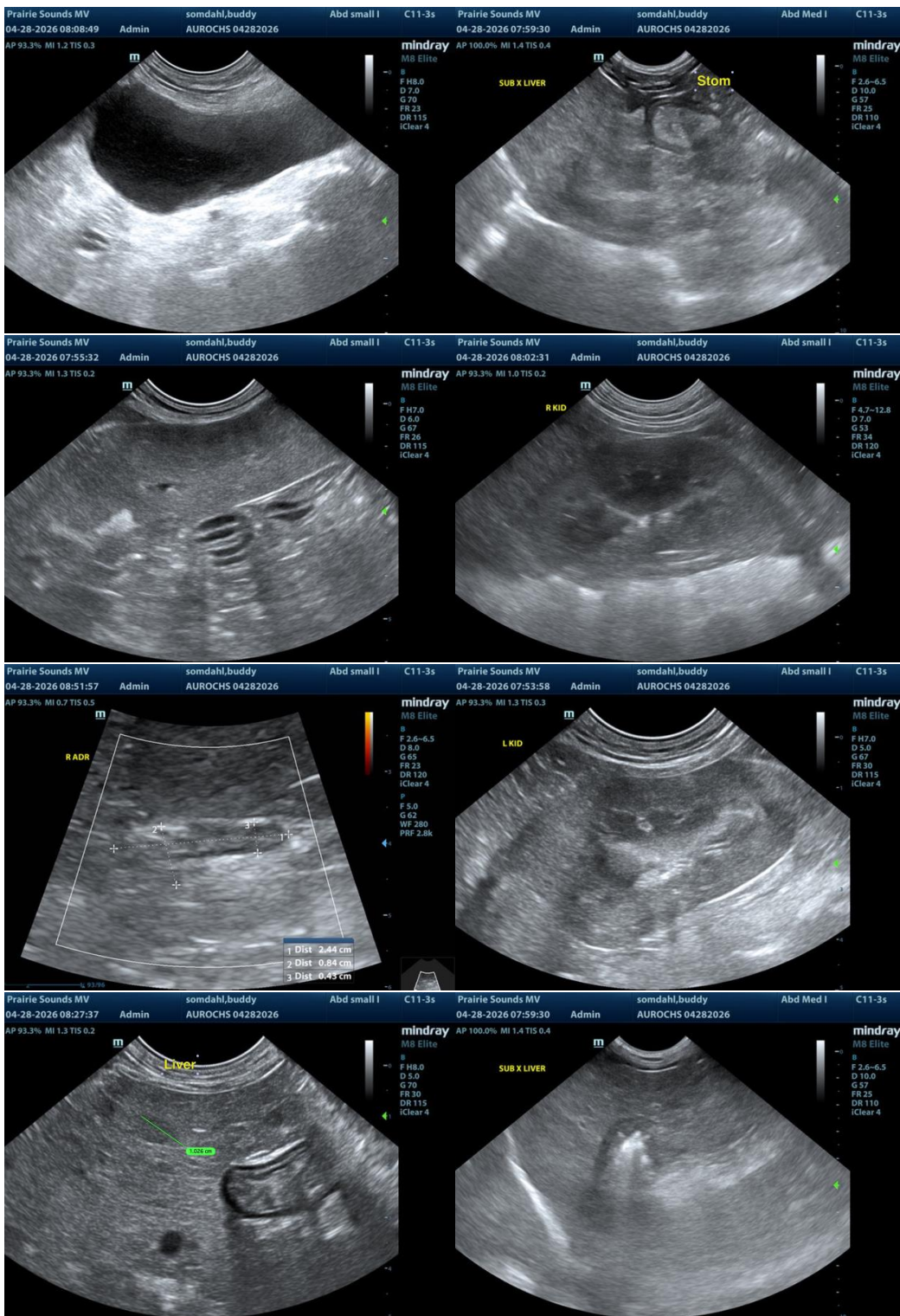
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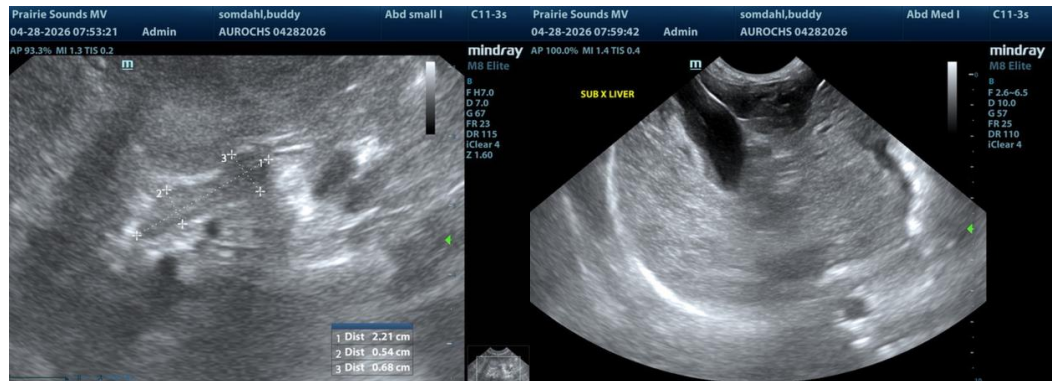
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)