

PATIENT

Hawkeye Ponnabalam

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Woodlands Vet
Hospital

REFERRING VET

Dr. Leboldus

INVOICE

15638

DATE

04/30/26

PRESENTING CLINICAL SIGNS

AUS to investigate chronic ALP elevation

Abnormal PE/Chem/CBC/UA Results: Chronic progressive ALP elevation - 800's now

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 residual prostate appeared normal and free of pathology.

The visualized medial iliac lymph nodes were sonographically normal.

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 7.7 cm in length. The right kidney measured 7.1 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 0.62 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 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small well demarcated hyperechoic nodules were present. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate primarily gravity dependent congealed nonorganized hyperechoic biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

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 primarily intact wall layering with normal wall layer ratio. The duodenum wall measured 0.51 cm wall width. The jejunum wall measured 0.46 cm wall width. Segmental jejunum in the mid abdomen exhibited mildly thickened wall with mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer. Concurrent mildly hyperechoic nonhomogenous peri-intestinal omentum in the mid abdomen. Mildly thickened jejunum wall by comparison measured 0.62 cm wall width.

Normal visible colon wall layers were present with formed fecal matter.

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

Minor prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- suggestive of vacuolar/cholestatic hepatopathy given ALP elevations and gallbladder debris.
- Nonorganized gallbladder debris (non-mucocele).
- Mild age-related renal changes.
- Normal adrenal glands.
- Segmental intact mildly thickened mid abdomen jejunum wall with associated peri-intestinal nonhomogenous hyperechoic omentum.
- Small hyperechoic splenic nodules- consistent with benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification and assessment for non-obvious inflammation. No evidence of hepatic neoplastic criteria, which is considered less likely. No evidence of adrenal pathology as a contributing factor. If clinical signs consistent with adrenal disease are non-reported or arise, adrenal screening or work up, is recommended. Hepatosupportive medications may prove beneficial.

Given no reported gastrointestinal signs or weight loss, the possible segmental enteropathy is of unclear clinical significance. Monitoring for gastrointestinal signs going forward with sonographic reassessment, if gastrointestinal signs arise is recommended.



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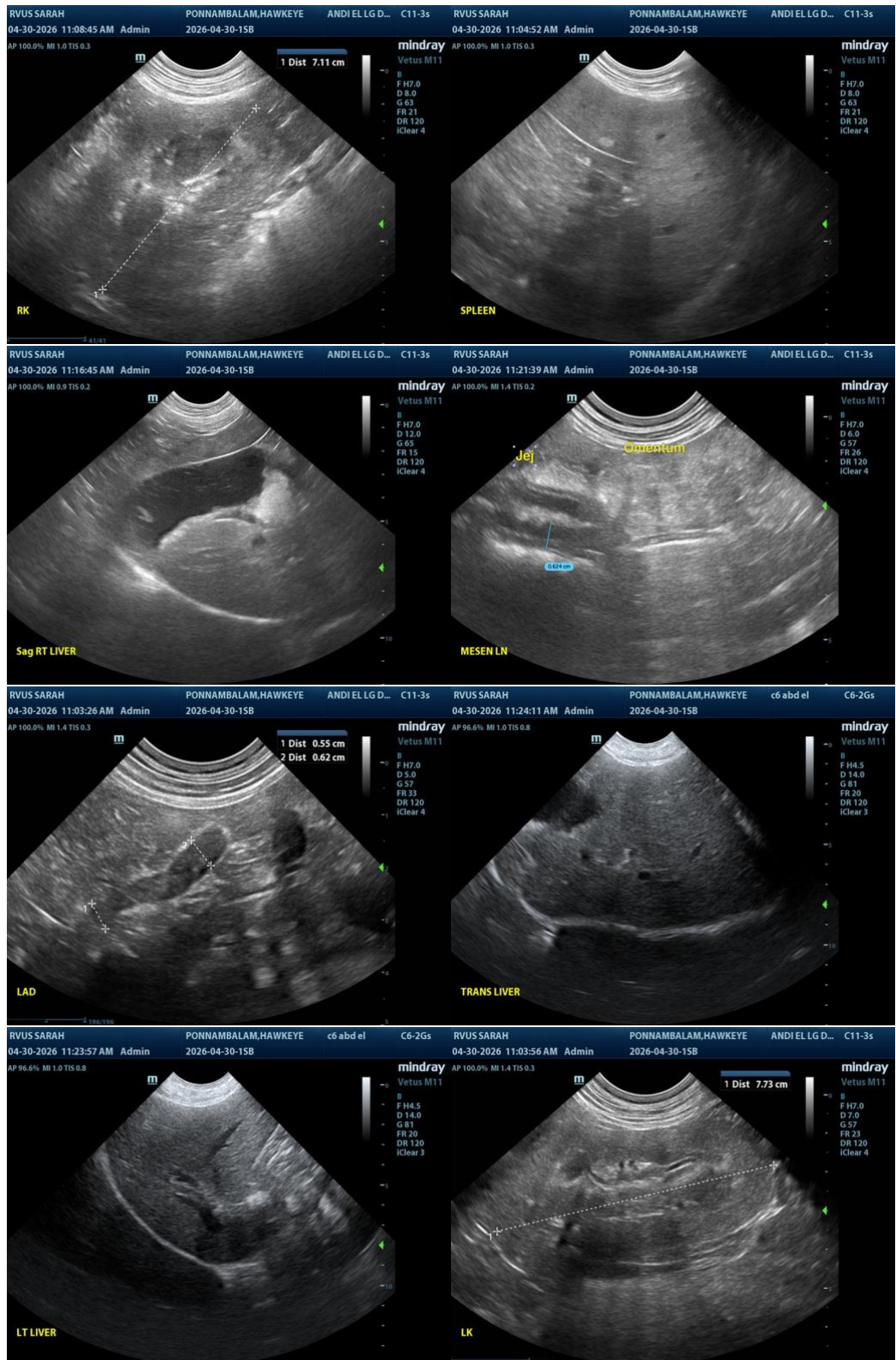
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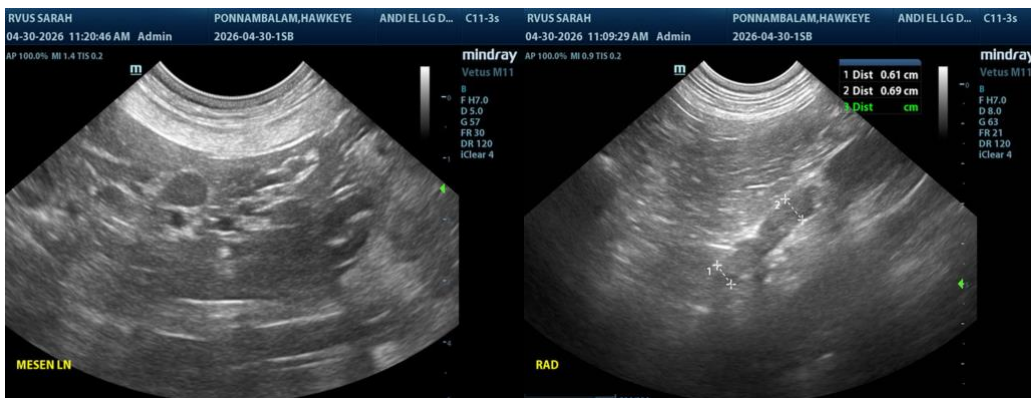
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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