



PATIENT

Honey Massey

SPECIES

Canine

BREED

Jack russell Terrier X

SEX

Female Spayed

AGE

11y

WEIGHT

14.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Hoerauf

INVOICE

13378

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: Patient had a dental cleaning in February at which time; liver enzymes were mildly elevated. Anesthesia and cleaning went well. When bloodwork was rechecked in March, liver values had increased further, and owner had started to notice decreased energy/activity level.

ABNORMAL Lab work Values: March: Total Protein 8.4, albumin 4.7, ALT 298, ALP 521, PT 7.9 (6.3-13.3), PTT 17 (10.6-16.8). Technologist noted that hemolysis was present in blue tube, potentially altering coag. results. February: Total Protein 9.7, albumin 5.1, ALT 235, ALP 242

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, 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 aortic trifurcation was free of pathology.

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 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary, non-capsule deforming, hypoechoic nodules present subjective caudal spleen measuring 0.62 cm in diameter.

Liver

The liver was mildly enlarged in size with normal vascular volume. Generalized mild non-homogenous remodeled parenchyma exhibiting mild increased echogenicity compared to the spleen. Indistinct portal vascular borders. No mass or nodules present. The gallbladder was non distended in size with minor, non-organized, echogenic, nonmineralized 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 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 apparent formed feces in lumen.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Bilateral mild adrenomegaly
- Non-expansive splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepato-supportive 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 surgical biopsy likely required for definitive diagnosis.

The clinical relevance of the mild bilateral adrenomegaly in conjunction with current clinical signs is unclear. Adrenal screening or workup warranted if clinical signs consistent with Cushing's Syndrome are nonreported or arise. Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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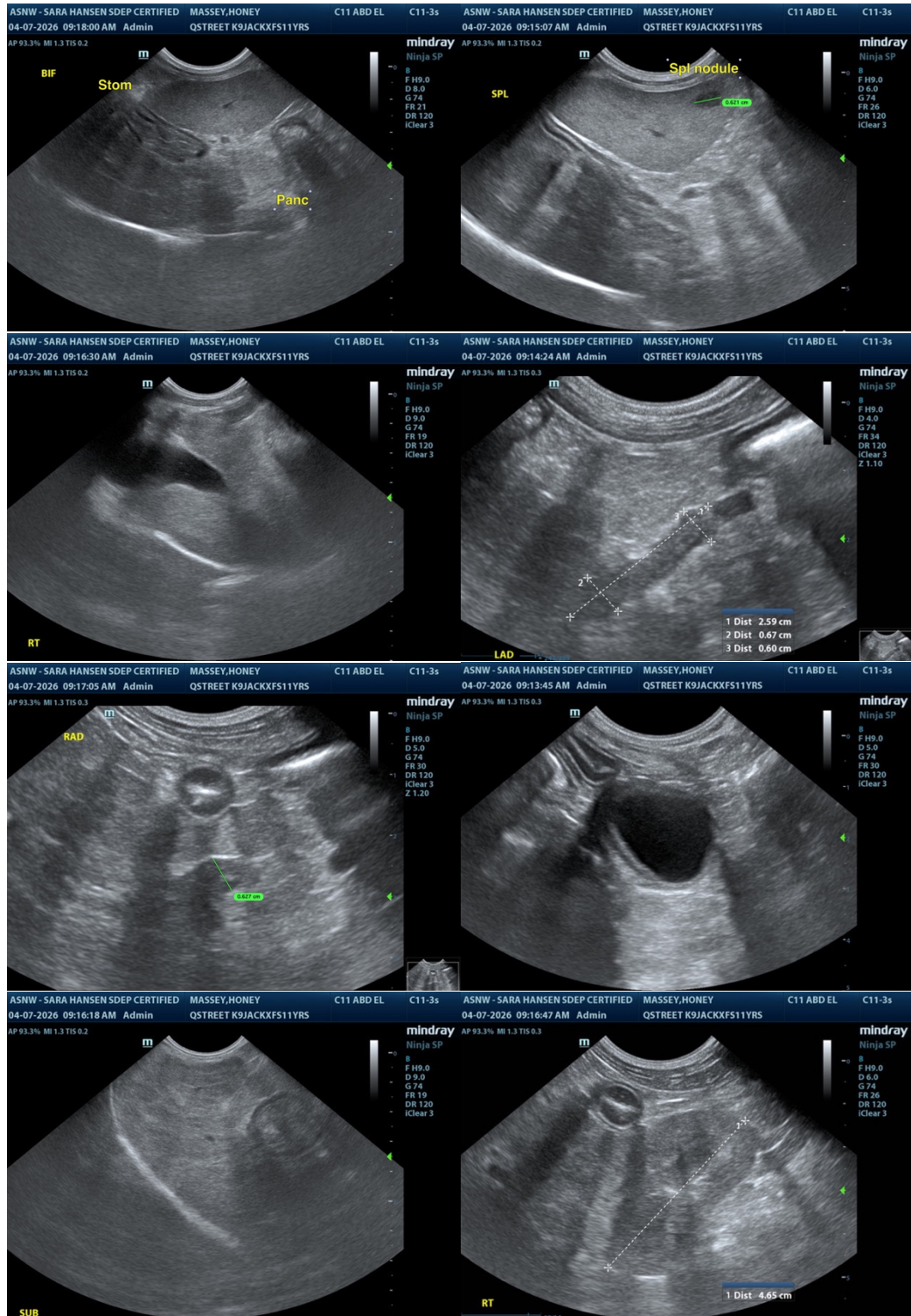
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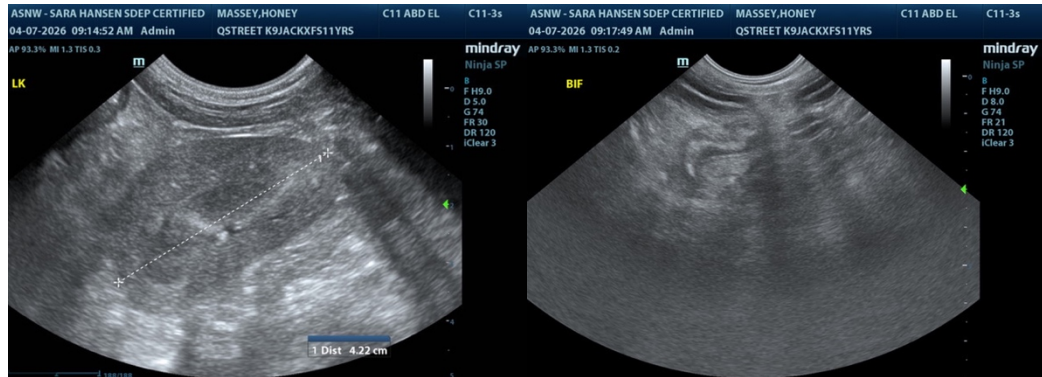
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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