



PATIENT PRESENTING CLINICAL SIGNS

Penny Sarcone Elev alt 219 chronic elev tbili-2.7

SPECIES Abnormal PE/Chem/CBC/UA Results: Low eos

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Lab 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.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

5 Years 3 Months

Normal size and margination was 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 6.0 cm in length. The right kidney measured 6.2 cm in length.

WEIGHT

75 pounds

Adrenal Glands

INTERPRETED BY

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

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland measured 0.77 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Kerri Becker

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.

HOSPITAL NAME

Rockaway Animal
Hospital

Liver & Gallbladder

The liver presented subjective subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Dubos

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

14907

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.

DATE

04/07/26

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.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

Penny Sarcone

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Lab

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Benign hepatopathy pattern with subjective borderline to mild subnormal liver size.
- Normal gallbladder.
- Normal bilateral kidneys and overtly normal adrenal glands.
- Normal urinary bladder- no evidence of mineral or calculi.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

5 Years 3 Months

Primary hepatic parenchymal disease with non-specific inflammatory hepatopathy with potential for hepatotoxicosis i.e. copper hepatopathy in conjunction with ALT elevation is favored. Portal hyperplasia/microvascular dysplasia is also a potential without definitive evidence of intrahepatic or extrahepatic macroscopic shunt. No evidence of post-hepatic stasis or obstruction.

WEIGHT

75 pounds

INTERPRETED BY

Further assessment may include (assuming normal clotting status and if accessible) hepatic FNA cytology to assess for inflammatory cell type in conjunction with bile acid profile. Hepatic core surgical biopsy is likely required for a definitive diagnosis. If patient is non-clinical, hepatosupportive medications and monitoring would be reasonable.

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

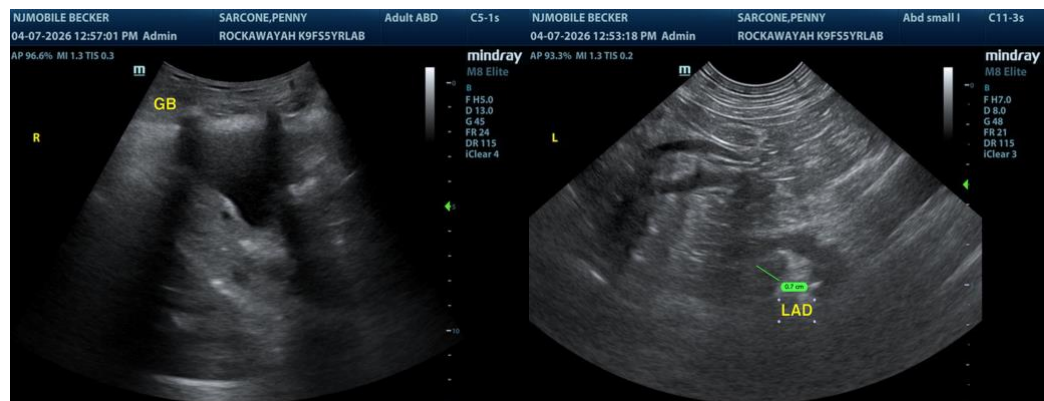
Dr. Dubos

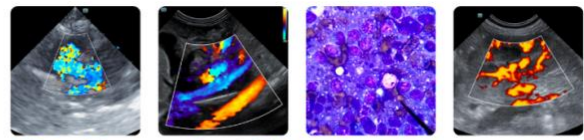
INVOICE

14907

DATE

04/07/26





PATIENT

Penny Sarcone

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

5 Years 3 Months

WEIGHT

75 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Rockaway Animal
 Hospital

REFERRING VET

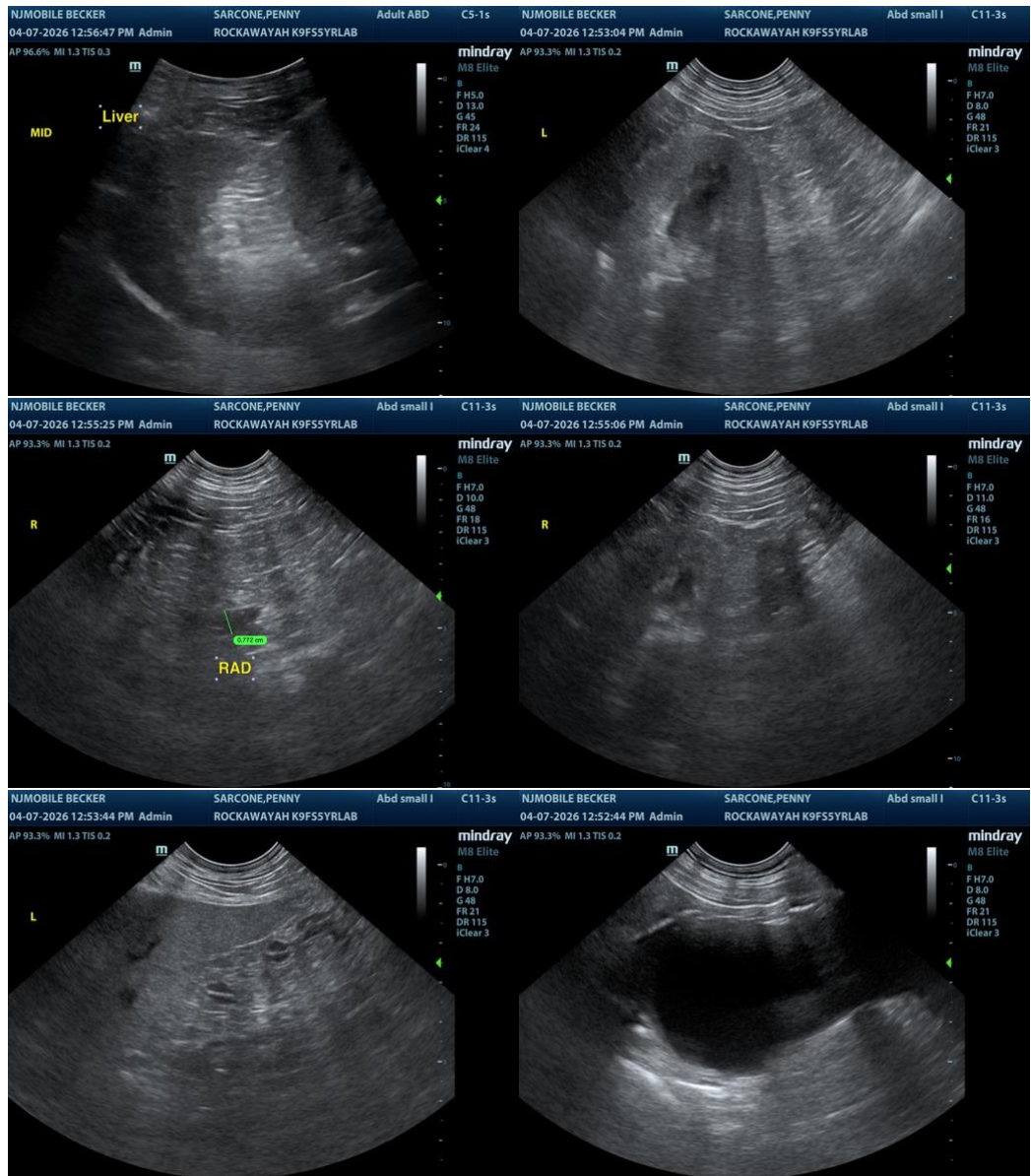
Dr. Dubos

INVOICE

14907

DATE

04/07/26



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