



PATIENT

Cova Chalacoff

SPECIES

Canine

BREED

Lab

SEX

SF

AGE

9 yrs

WEIGHT

61.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

10794

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Routine U/S to investigate abnormal blood work
At home, the patient has been doing great, and no health concerns have been reported by the owner.
The patient is currently taking Apoquel and Trazodone daily.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL/NSF Chem: mild hyperglobulinemia (4.3) - similar to prev; moderate to severely elevated liver values (ALT = 826, AST = 291, ALP = 706, GGT = 15); severe hypercholesterolemia (643) UA: USG = 1.025; slight proteinuria (UPC = 0.6); 2+ CaOx crystalluria (artifact?) T4: WNL 4Dx: BDLx4 Fecal: roundworm and hookworm Ag positive; otherwise NAD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was empty in appearance, prohibiting full evaluation of the urinary bladder wall.
The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 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 6.8 cm in length. The right kidney measured 6.6 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 0.61 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 0.63 cm width at the caudal pole.

Spleen

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.

Liver/Gallbladder

The liver was subjectively normal in size with mild areas of hepatic capsule asymmetry. Heterogeneous to mixed echogenic hepatic parenchyma exhibiting parenchymal remodeling was noted. Indistinct portal vascular borders were noted. Subjective adequate hepatic vascular volume was present without signs of congestion.

The gallbladder was mildly distended with a non-thickened, non-edematous wall. The gallbladder lumen was primarily occupied by disorganized yet nondependent variably congealed to variably nonhomogeneous debris. Subjective mild peripheral gallbladder inflammation was noted. No evidence of effusion. The common bile duct was not definitively visualized.



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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 lumen gas, without evidence of retained ingesta, fluid, 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

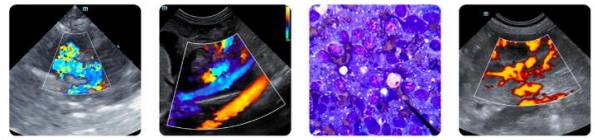
- Hepatopathy – most consistent with chronic hepatopathy
- Immature to atypical mature mucocele with mild peripheral inflammation
- Mild chronic renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the liver suggests chronic benign hepatopathy criteria. Vacuolar / cholestatic hepatopathy, nonspecific chronic to chronic active hepatitis, hepato-toxicosis, i.e., copper, or other are possible with hepatic neoplasia thought less likely.

There is no evidence of adrenal pathology as a contributing factor in conjunction with no reported clinical signs. Assessment of T4 level is recommended as mucoceles may be associated with hypothyroidism.

Prophylactic cholecystectomy with concurrent hepatic biopsies, assuming normal clotting status, is likely ideal in this case. Hepatosupportive medications with serial clinical and sonographic monitoring for evidence of progressive hepatopathy, cholestasis, cranial abdomen / subxiphoid discomfort on palpation, development of leukocytosis, or gastrointestinal signs would be a more conservative approach.



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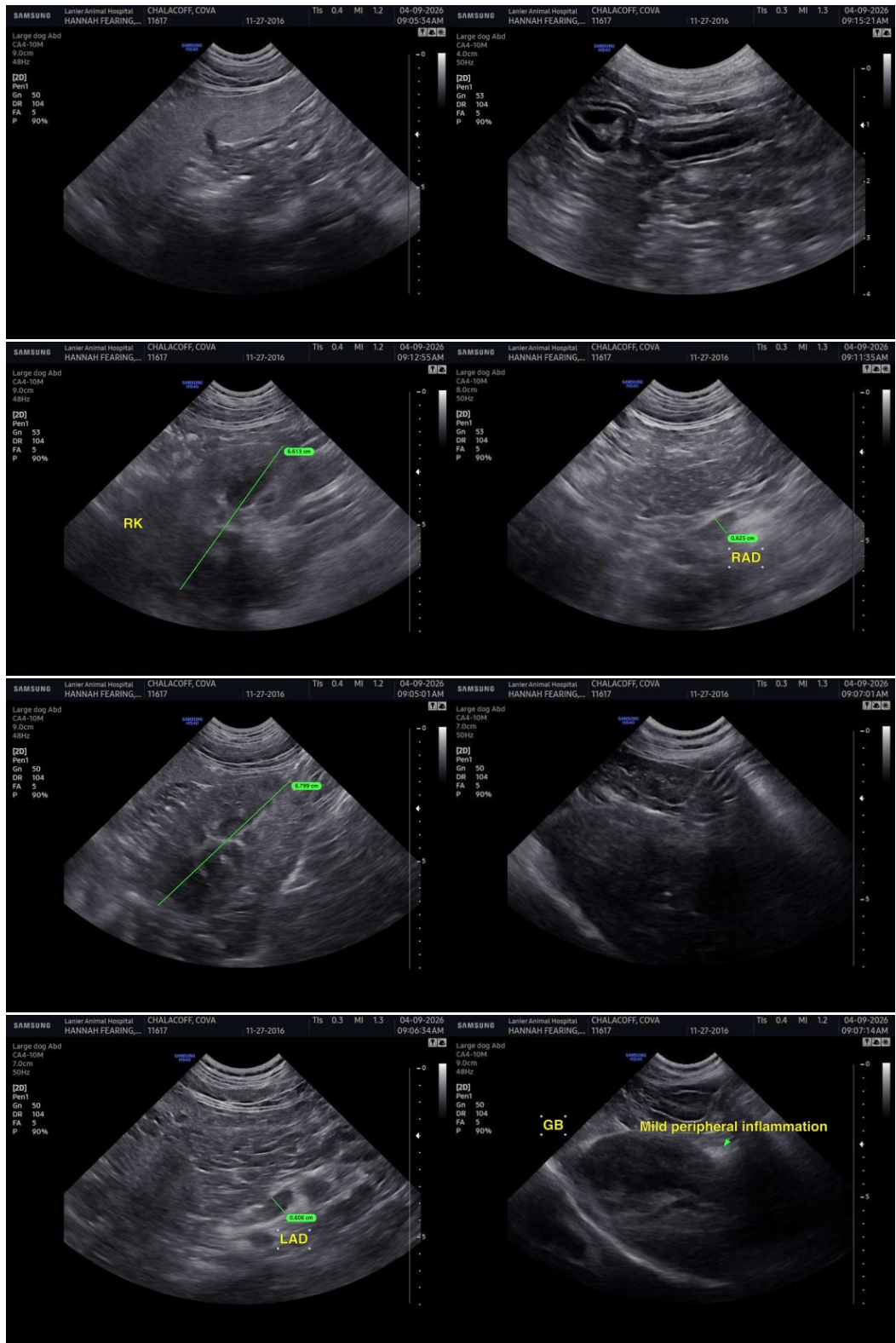
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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