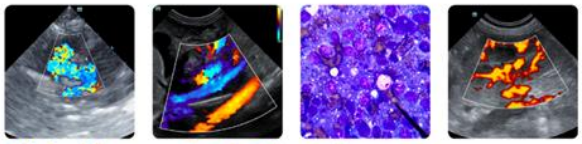


PATIENT

Max Dodge

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

8yr

WEIGHT

21.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Levy

HOSPITAL NAME

Court Street Veterinary Hospital

REFERRING VET

Dr Levy

INVOICE
24797

DATE
05/11/2026

PRESENTING CLINICAL SIGNS

Hx of cholangiohepatitis - symptomatically resolved (Tx w/ Denamarin & Ursodiol) + recheck labwork showed newly significant elevation in ALP
Abnormal PE/Chem/CBC/UA Results: Hyperproteinemia [7.7 g/dL, RI: 5.5-7.5] Hyperalbuminemia [4.1 g/dL, RI: 2.7-3.9] Elevated ALP [3,046 U/L, RI: 5-160] Mildly elevated cholesterol [348 mg/dL, RI: 131-345]

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.2 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no obvious pathology, subjectively measuring 0.37 cm caudal pole width

Spleen

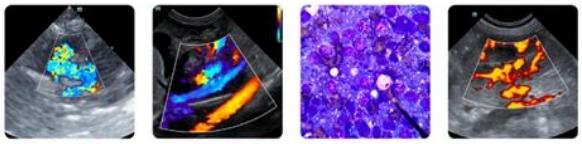
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver 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 mild non-organized 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 was empty with no signs of ileus, obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild gallbladder debris (non-mucocele)
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific the liver is consistent with benign hepatopathy criteria, with considerations including recurrent inflammatory disease, vacuolar/cholestatic hepatopathy or other. No overt adrenal, gastrointestinal, or pancreatic pathology as a contributing factor.

Further assessment may include hepatic FNA cytology for further clarification primarily to assess for recurrent inflammation. If the patient is non-clinical, hepatosupportive medications, including Denamarin and ursodiol with monitoring would be appropriate.

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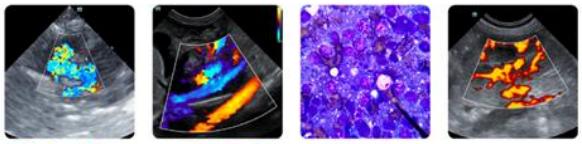

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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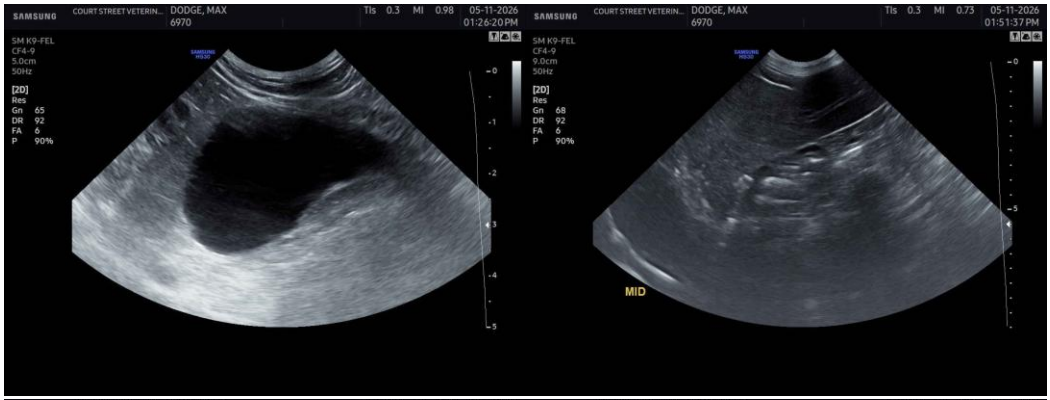

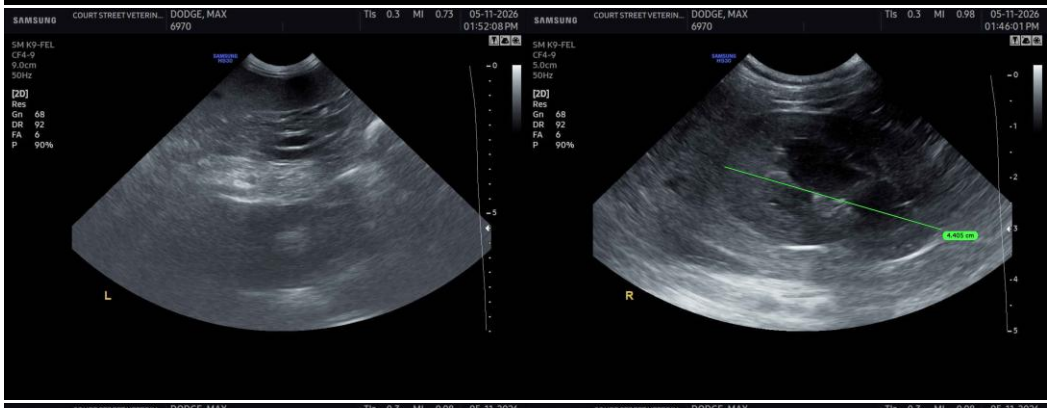

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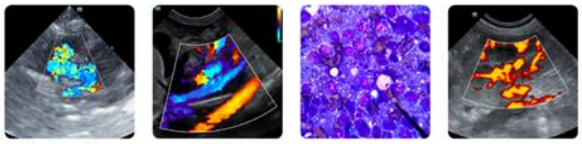

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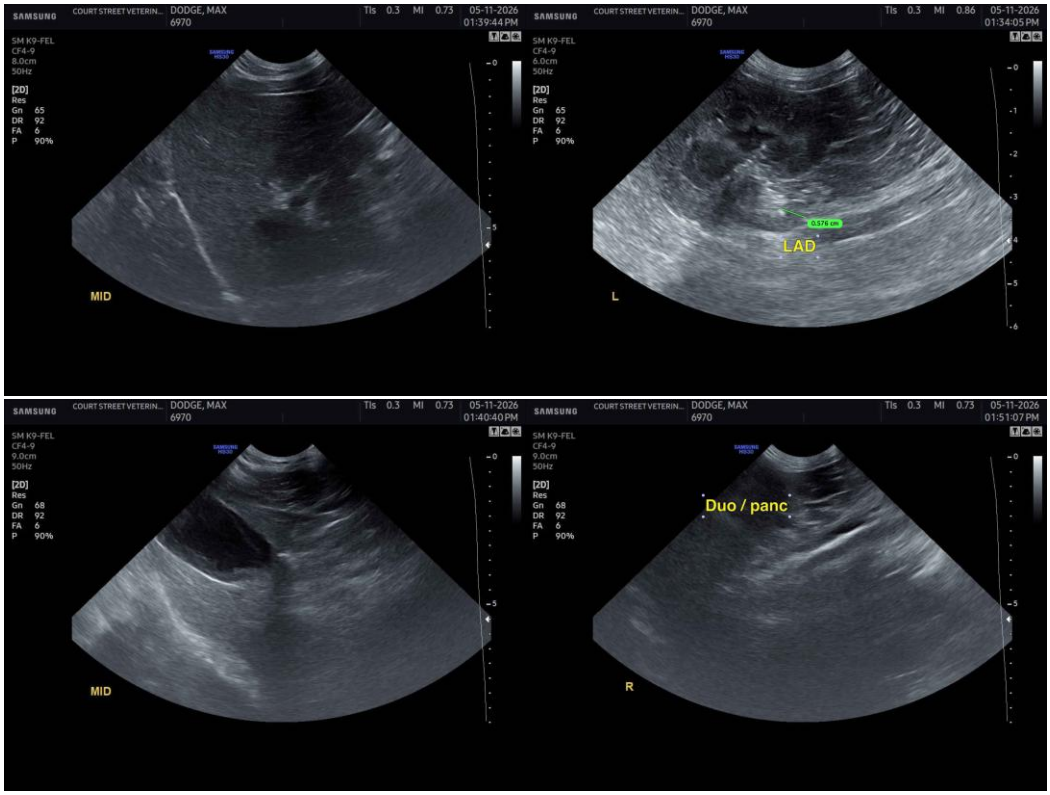

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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