



PATIENT

Grace Brown

SPECIES

Canine

BREED

Cavapoo

SEX

Spayed Female

AGE

10 Months

WEIGHT

18.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

75201

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Hyporexia and lethargy. Intermittent cough. PE WNL. High ALT. In Jan ALT was 30. Abnormal PE/Chem/CBC/UA Results: PLI: 44, ALT: 826.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 changes were 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. Left kidney measured 4.2 cm. Right kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were subjectively mildly subnormal in size. Right measured 0.33 cm at the caudal pole. Left measured 0.36 cm 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

The liver was subjectively normal in size, structure, and contour. 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. The gallbladder was non-distended in size with mild, echogenic, non-mineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild non-shadowing variable echogenic gastric ingesta noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-shadowing chyme present.

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.



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Free Abdomen

Focal to intermittent, normal to mildly prominent mesenteric nodes were presented, example measured 0.92 cm in diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

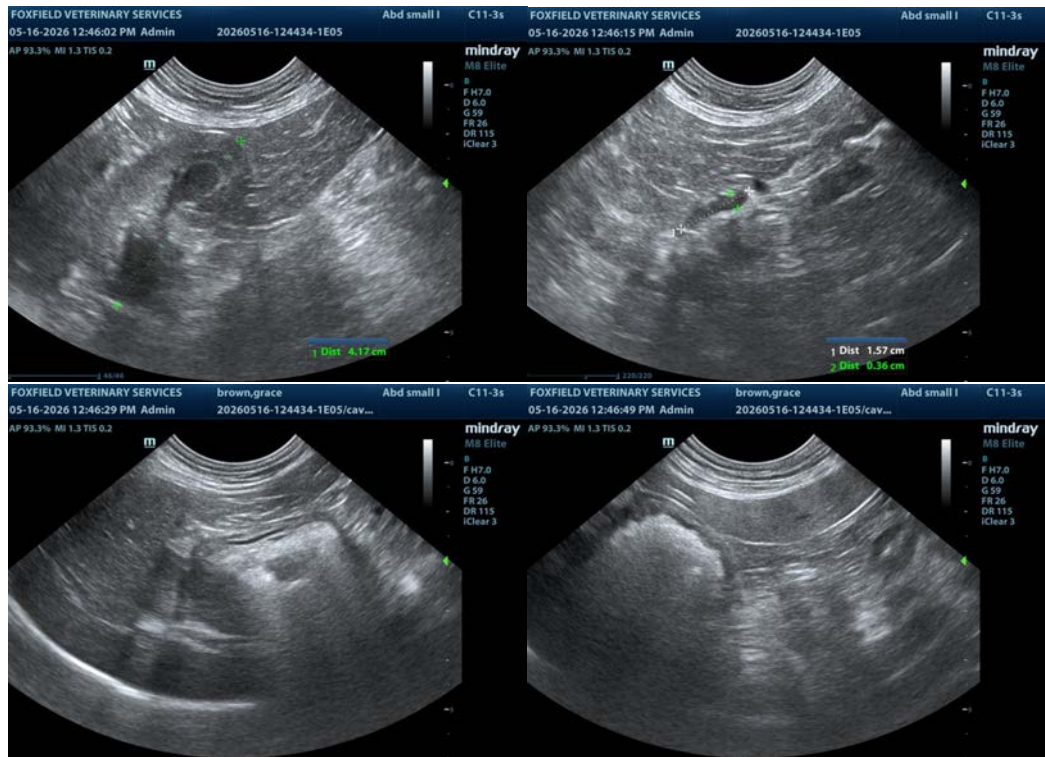
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Mild gallbladder debris.
- Normal gastrointestinal tract with mild gastrointestinal ingesta.
- Subjective mild subnormal adrenal glands.
- Focal to intermittent mild benign mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is non-specific without overt evidence of intrahepatic or extrahepatic microscopic shunt. Non-specific inflammatory hepatic disease may be suspected, given ALT elevation. Further assessment may include bile acid profile, and assuming normal clotting status, hepatic FNA cytology to assess for inflammatory cell type. Leptospirosis titers/PCR may be considered if clinically indicated.

The subjectively mildly subnormal adrenal glands is a non-specific finding, with potential patient variant given the patient age and body size. Screening cortisol level and GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for occult disease as a contributing factor.





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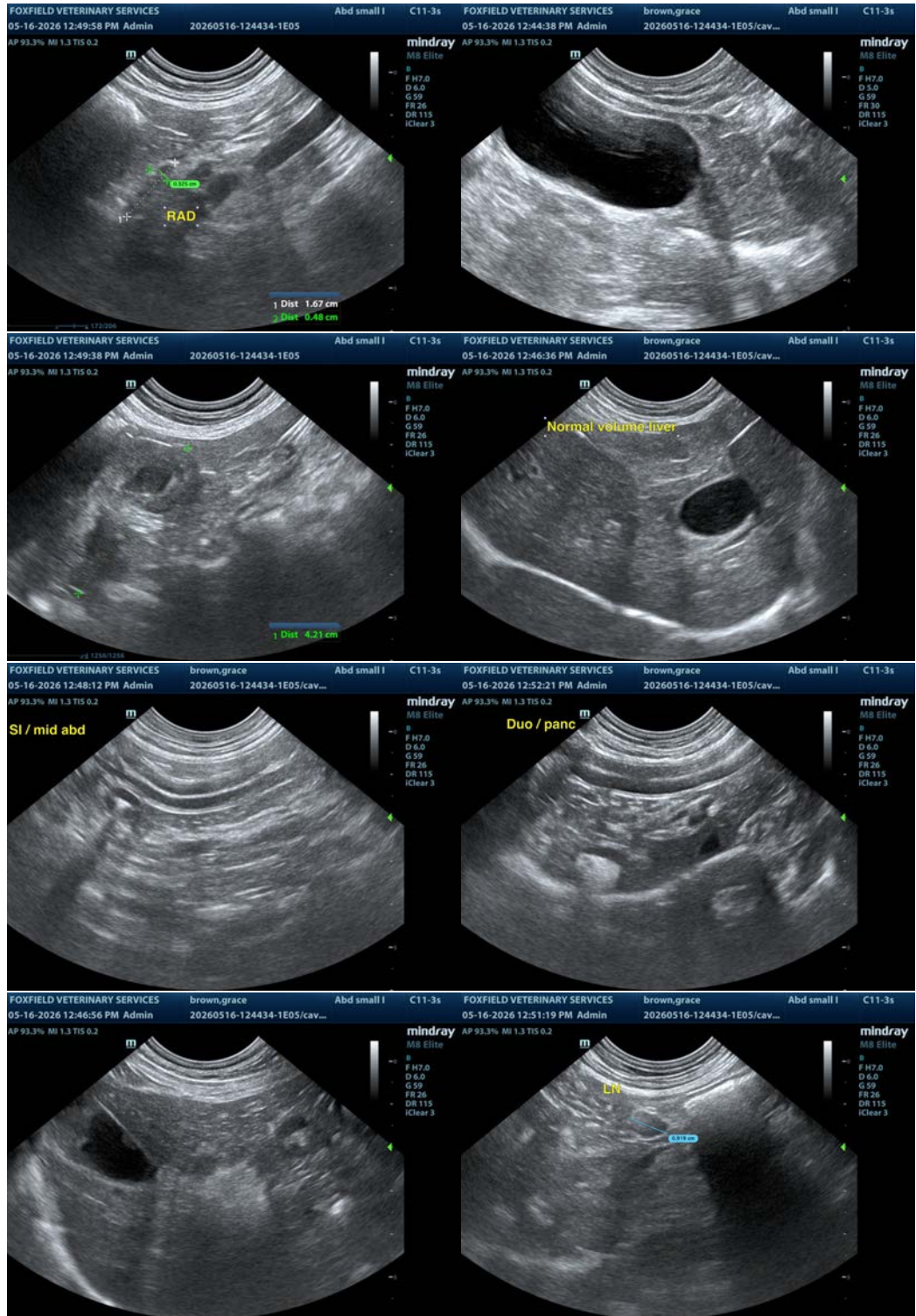
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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