



PATIENT

Jasper Page

SPECIES

Canine

BREED

Husky X

SEX

FS

AGE

7 yrs

WEIGHT

48.8 lbs.

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: pt very tensed for U/S, no obvious mass in liver, moderate amt of sludge in gallbladder, no ascites, no other masses noted. Recom sedated animal sounds U/S with coag panel +/- FNA of liver

ABNORMAL Labwork Values- ALP = > 2400 H, ALT = 978 H, Tbil = 0.7 H minor, BUN = 6 L minor recom coag panel, animal sounds U/S +/- FNA of liver

Current Medications: Denamarin Advanced Chews, Trazodone 100mg

Radiographic Findings- N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

INTERPRETED BY

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

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 6.0 cm in length. The right kidney measured 6.0 cm in length.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 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 0.72 cm width at the caudal pole.

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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.

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Liver/ Gallbladder

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The left to mid-liver exhibited normal to possible borderline to mild subnormal size with normal to possible mild enlarged right lateral to caudate liver lobes. Generalized homogeneous hepatic parenchyma was noted exhibiting normal echogenicity and mild coarse echotexture. There were no



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visualized hepatic masses or nodules. Subjective adequate hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, gravity-dependent, nonorganized gallbladder 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 contained mild, nonshadowing ingesta, consistent with food echogenicity without signs of 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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting subjective normal to borderline / mild subnormal mid to left liver lobes and normal to possible mildly enlarged right lateral to caudate liver lobes
- Non-organized gallbladder debris (non-mucocele)
- Normal adrenal glands
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar / cholestatic hepatopathy, inflammatory / infectious / immune-mediated hepatic disease, lobular hyperplasia, hepato-toxicosis, i.e., copper, or other hepatopathy with hepatic neoplasia thought less likely, are all potentials. Initial assessment with screening hepatic FNA cytology could be considered. There is no obvious evidence of intrahepatic or extrahepatic macroscopic shunt. If evidence of hepatic dysfunction, a bile acid profile is warranted. Gold Standard hepatic biopsies with histopathology and copper assessment are likely required for a definitive diagnosis. Hepatosupportive medications such as Denamarin, vitamin E, and Ursodiol with monitoring, if the patient is nonclinical, would be reasonable. There is no evidence of post hepatic obstruction or overt adrenal disease as a contributing factor. Correlation with urinalysis is recommended.



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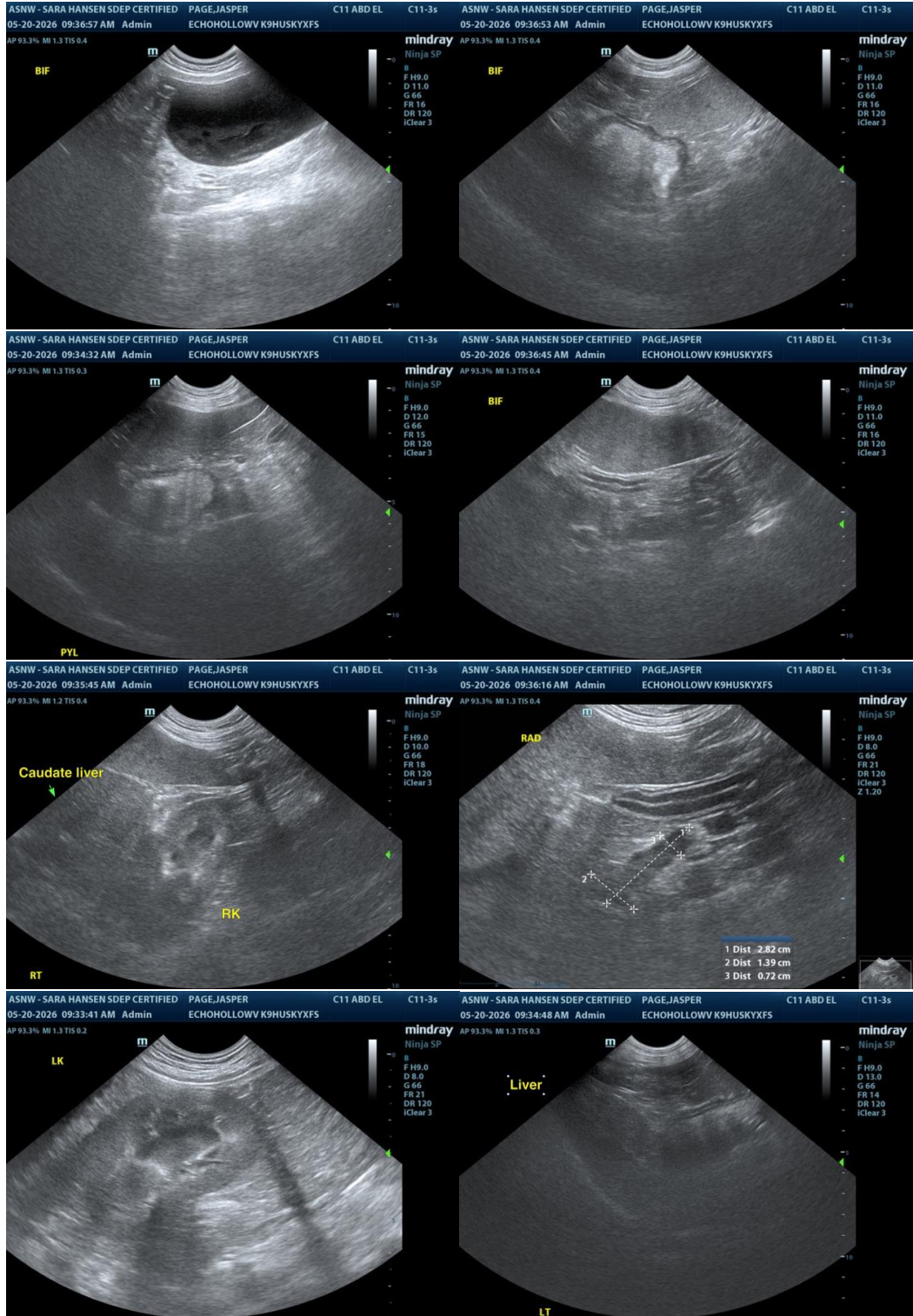
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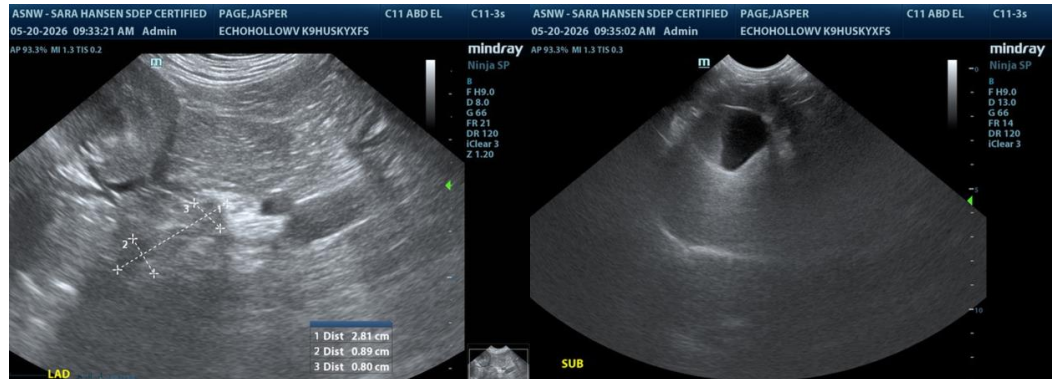
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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