



PATIENT

Remington Verity

SPECIES

K9

BREED

Maltese X

SEX

MN

AGE

4Y

WEIGHT

5.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Royal Loop VC

REFERRING VET

Dr. Pineo

INVOICE

75103

DATE

5-21-26

PATIENT

PRESENTING CLINICAL SIGNS

Pertinent History

Mild elevation of the ALT enzyme on pre dental exam , marked moderate elevation of bile acids stim testing and looking for a liver shunt vs microvascular dysplasia. Newly adopted pet from Southern California

Abnormal PE/Chem/CBC/UA Results: BW: ALT(SGPT) 146 U/L (12- 118) Bile Acids 106.6 umol/L Bile Acids, Post 87.2 umol/L rest of bw (CBC , UA and rest of the biochemistry wnl)

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 uroliths or sediment. No urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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 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. No evidence of renomegaly or calculi. The left kidney measured 4.4 cm in length. The right kidney measured 3.9 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 0.41 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 0.37 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 normal in size, contour and subjectively vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Sonographically normal portal vein comparable in size to the caudal vena cava measuring 0.55 cm diameter.

The gallbladder was non-distended in size with thin walls and minor gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta consistent with food echogenicity and 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 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

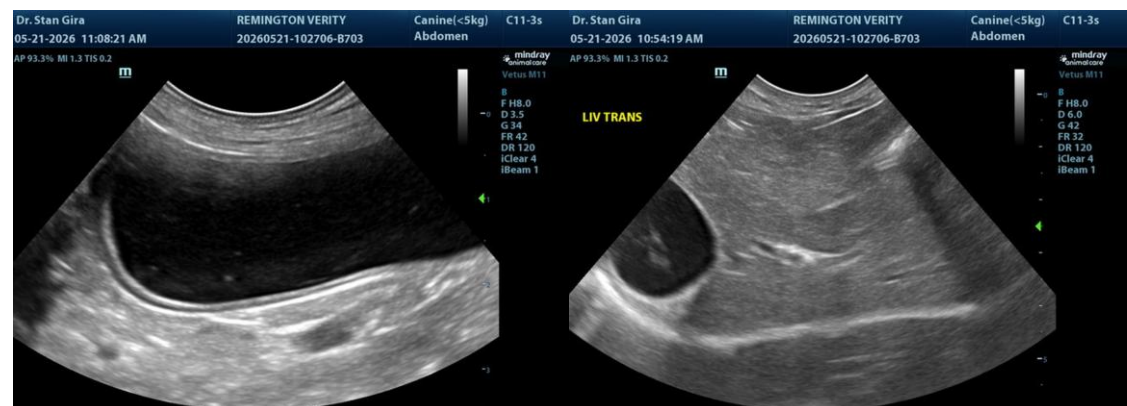
No overt lymphadenopathy or peritoneal effusion was present.

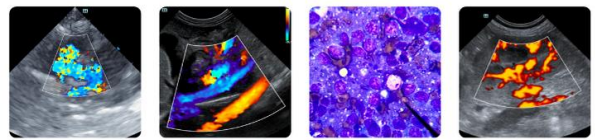
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Minor gallbladder debris.
- Normal urinary bladder and bilateral kidneys – no evidence of renal or urinary bladder mineral/calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intrahepatic or extrahepatic macroscopic shunt. Primary parenchymal disease with potential for portal hypoplasia/microvascular dysplasia is possible. Assuming normal clotting status using a 25-gauge needle, initial hepatic FNA cytology primarily to assess for inflammatory cell criteria may be considered. Gold standard hepatic biopsies with histopathology and copper assessment or CT with contrast are likely required for a definitive diagnosis. If patient is nonclinical, hepatosupportive medications and monitoring may be considered.





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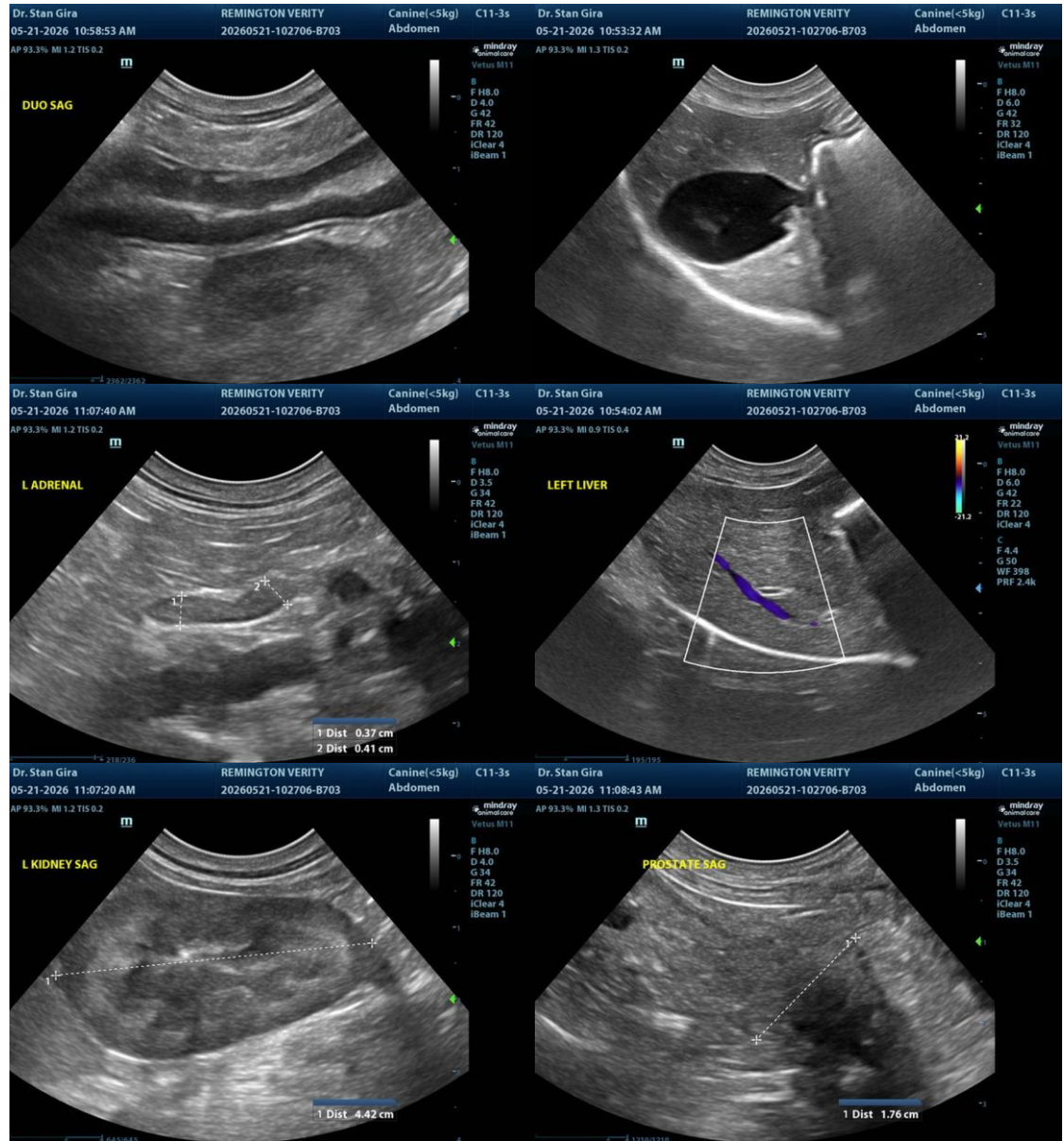
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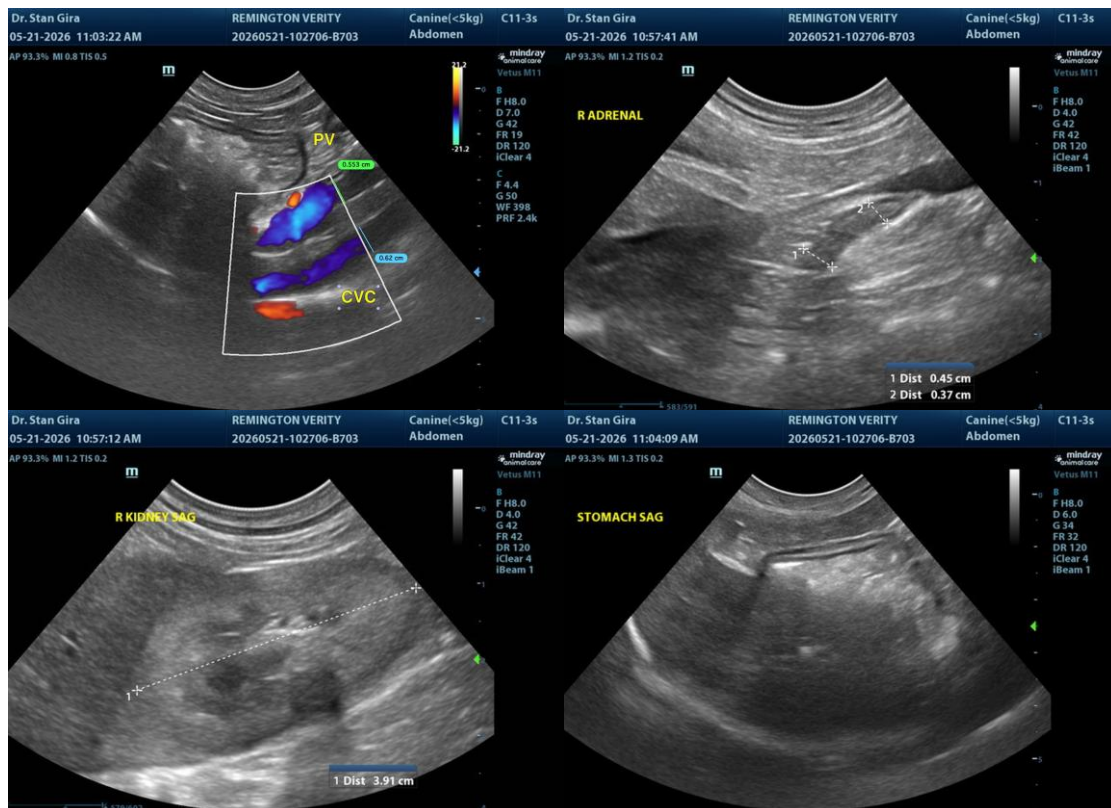
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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