



**PATIENT PRESENTING CLINICAL SIGNS**

Mikey Hawley 2 lb weight loss, elevated liver values, weight loss, doing well at home.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: RBC L 5.66 (5.84-8.95) HCT 41.5 (41-60) Hemoglobin 13.8 (14.6-21.7) Neutrophils 9.464 (3.004-9.741) Albumin 2.3 Low, Globulin 4.7 high, A/G ratio 0.5 L, ALT 363 High, AST 146 high, ALP 1167 High, GGT 29 high, T Bili 0.5 high, bili unconj. 0.3 high, Chol 96 low,  
Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Maltese **Urinary System**

**SEX** The urinary bladder was normal in size and tone. Mildly dilated prostatic urethra was present with normal post-prostatic urethra structure and tone to a depth of 3 cm. 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.  
MN

**AGE** The residual prostate appeared normal and free of pathology.

8yr 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Cranial right kidney cortical cyst was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

**WEIGHT** 7.5lb The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY Adrenal Glands**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the caudal pole. The right adrenal gland measured 0.38 cm width in the caudal pole.

**IMAGING PERFORMED BY Spleen**

Rebecca Hamilton The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent well-defined, symmetrical, echogenic nodules were present throughout the perihilar parenchyma. An example measured 0.85 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**HOSPITAL NAME**

Orchard Grove Animal Hospital

**REFERRING VET Liver/Gallbladder**

Dr Cassano The liver was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. An indistinct non-homogenous intraparenchymal lesion was present in the caudate liver measuring 4.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without

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**PATIENT**

Mikey Hawley

signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

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.

**BREED**

Maltese

The small intestine presented intact wall layering with subjective propensity for mildly prominent intestinal mucosa with segmental pinpoint to focal hyperechoic intestinal mucosal speckling. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.36 cm width.

**SEX**

MN

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**AGE**

8yr

The right pancreas was mildly prominent in size, exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

**Free Abdomen**

**WEIGHT**

7.5lb

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Chronic hepatopathy pattern with indistinct, caudate lobe intraparenchymal lesion
- Non-organized gallbladder debris (non-mucocele)
- Possible chronic enteropathy exhibiting nonspecific mild mucosal speckling
- Mildly prominent non-homogenous hypoechoic right pancreas
- Age-related renal changes
- Hyperechoic splenic nodules- most consistent with benign criteria /myelolipomas

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebecca Hamilton

Assuming normal clotting status, using a 25ga needle, hepatic parenchyma and indistinct caudate liver lesion FNA cytology recommended for further clarification. Mild chronic to chronic active right limb pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation is present. Given mild subnormal ALB, monitoring for progressive decreased ALB going forward is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Hepatosupportive medications may prove beneficial. Thoracic radiographs suggested, if not recently done, to assess for or rule out thoracic pathology as a contributing factor to the weight loss.

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**AGE**

8yr

**WEIGHT**

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 DVM, DABVP  
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**IMAGING PERFORMED BY**

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 Hospital

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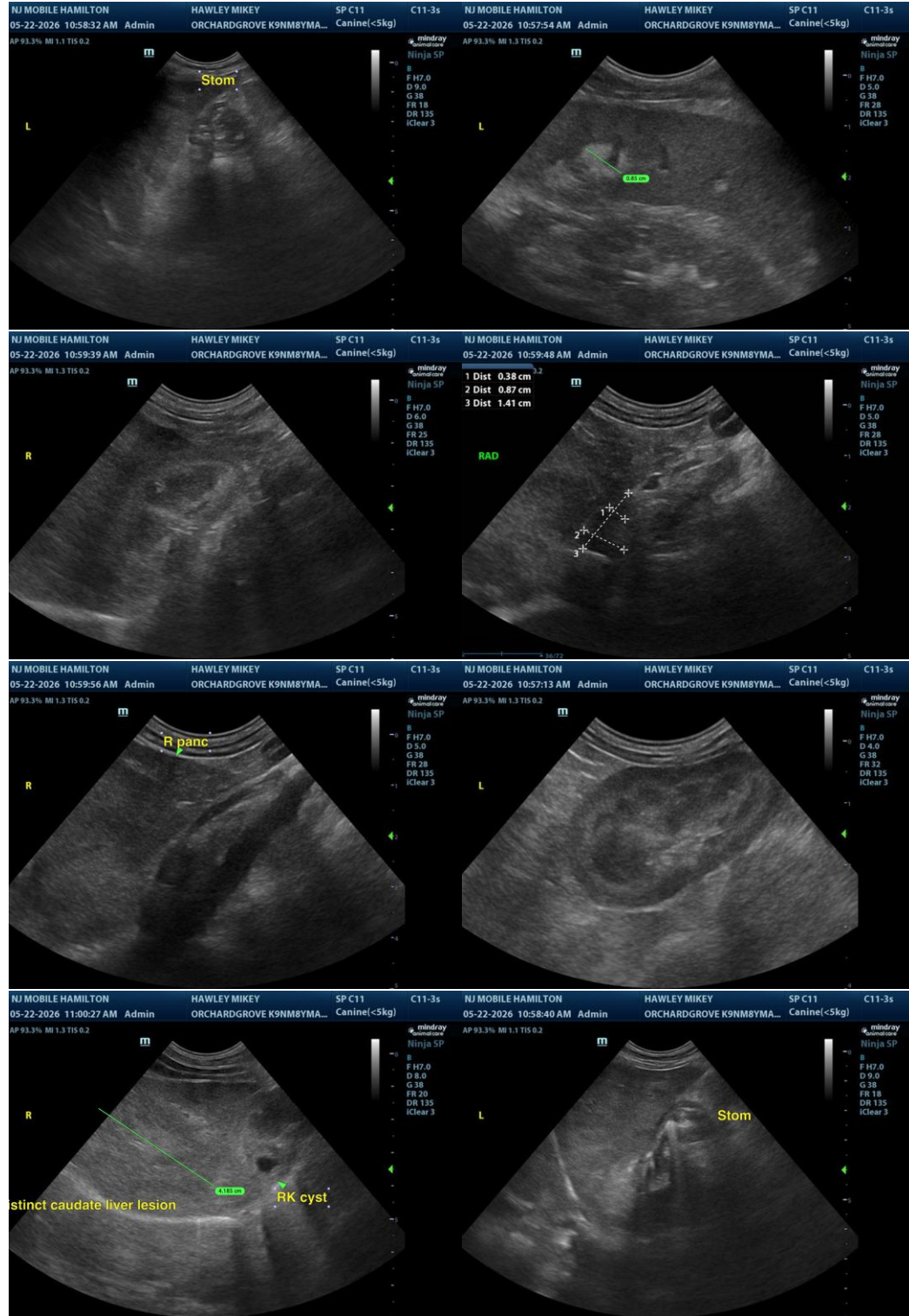
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**SPECIES**

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**BREED**

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**SEX**

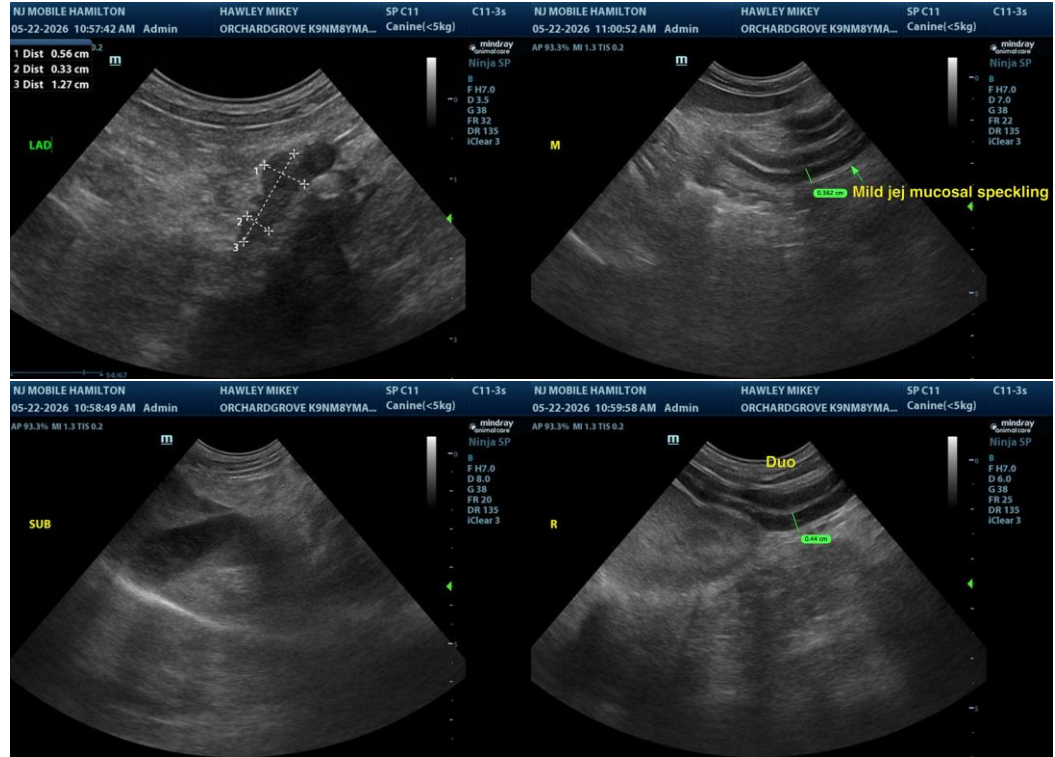
MN

**AGE**

8yr

**WEIGHT**

7.5lb



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

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