



PATIENT

Dotty Goubert

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho
LLC

REFERRING VET

Westside Animal
Hospital

INVOICE

16517

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Seen at primary veterinarian for being jaundiced, vomiting 4 days ago, and being hyporexic since. Referred for ultrasound following bloodwork

Abnormal PE/Chem/CBC/UA Results: ALT too high to read, ALP and GGT both very elevated, cholesterol moderately elevated X-rays at rDVM showed microhepatica and calcified densities in region of liver

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 4.5 cm in length. The right kidney measured 4.6 cm in length. No evidence of renal mineral or calculi.

Adrenal Glands

The left adrenal gland was indistinctly visualized with subtle nonhomogenous nonmineralized parenchyma. The left adrenal gland subjectively measured 0.62 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.55 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 presented subjective borderline to mild subnormal size. Symmetrical contour was maintained and primarily homogenous, mildly hypoechoic parenchyma with mild increased prominence of portal vascular borders. Low bar biliary tree mineralization was present.

The gallbladder was non-distended in size with thin walls and congealed partially mineralized gallbladder debris without evidence of obstruction to bile outflow. No evidence of wall edema or pericholecystic inflammation. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta 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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting borderline/subnormal liver size and lobar biliary tree mineralization- suspect acute on chronic hepatopathy.
- Partially mineralized nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with mild gastric ingesta- ingesta most consistent with food/chyme.
- Normal area of the pancreas.
- Normal bilateral kidneys/urinary bladder- no evidence of renal or urinary bladder calculi.
- Overtly normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, primary consideration for acute on chronic non-specific inflammatory hepatobiliary disease is indicated given severe ALT elevation. Hepatotoxicosis, i.e. copper, infectious/immune-mediated disease, concurrent non-obstructive cholestasis and vacuolar hepatic changes are all potentials with occult hepatic neoplasia thought less likely. Definitive evidence of a hepatic shunt was not obvious.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology, leptospirosis titers/PCR, and bile acid profile. Hepatic biopsies with histopathology and copper assessment are likely required for a definitive diagnosis.

Suspect metabolic gastric stasis, if documented NPO. Supportive care and empirical therapy for acute on chronic non-specific hepatitis with gastrointestinal support, clinical monitoring and sonographic reassessment if progressive hepatopathy or non-responsive gastrointestinal signs is recommended.



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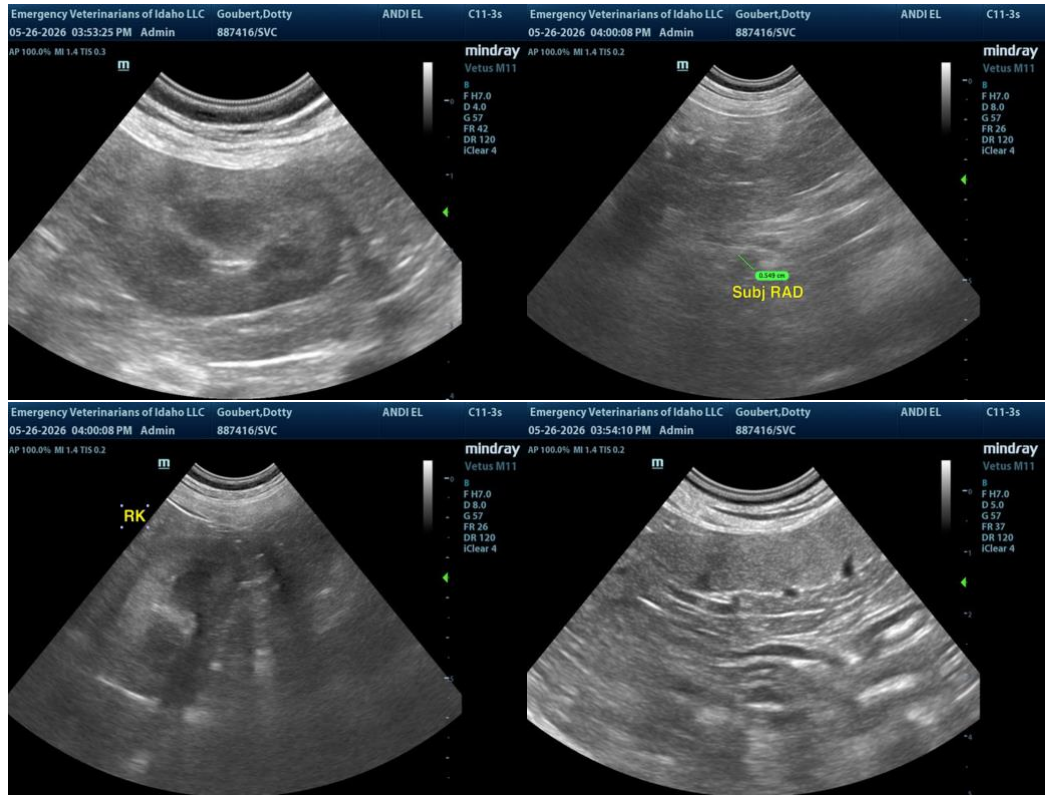
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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