



PATIENT

GiGi Stone

SPECIES

Canine

BREED

Welsh Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

16511

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Patient has been having on and off continued intestinal upset. she'll eat well for awhile then stop then eat again. She is currently not eating but concerningly, she stopped drinking two days ago. sent for continued care by rDVM

Eyes: sunken in globes OU; lenticular sclerosis; icteric sclera Abdomen: Tense on palpation, cranial abdomen palpates distended. CBC. leukocytosis with neutrophilia Chemistry. total bilirubin > 29.7, GGT 303, ALP > 993, ALT > 1000, cholesterol > 450, glucose 149, globulins 5, total protein 8, BUN 33.4 (ALT -, ALP -, Total bilirubin -) EPOC. potassium 2.7, BUN 29, glucose 136

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 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 0.62 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 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild nonhomogenous parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules were evident.

The gallbladder was non distended in size with mild nonorganized primarily gravity dependent biliary sludge. The cystic and proximal common bile ducts were mildly dilated and tortuous without overt post



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hepatic obstruction. The cystic and proximal common bile duct were not definitively visualized to the level of the duodenum.

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Gastrointestinal

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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.

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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. The duodenum wall measured 0.34 cm wall width. The jejunum wall measured 0.27 cm wall width.

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

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Pancreas

The pancreas was normal in size and contour with heterogeneous mild remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy.
- Mild non-organized gallbladder debris (non-mucocele).
- Mild non-obstructive dilated cystic and proximal common bile duct.
- Normal gastrointestinal tract.
- Mild pancreatic remodeling.
- Age-related renal changes.
- Normal adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the liver suggests nonspecific yet benign hepatopathy criteria with occult hepatic neoplasia thought less likely. Hepatobiliary inflammatory disease, i.e. cholangiohepatitis given significantly elevated ALT, without evidence of post-hepatic obstruction is favored.

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Further assessment may include (assuming normal clotting status) hepatic FNA cytology +/- leptospirosis titers/PCR, if considered clinically indicated.

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Mild to chronic pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation or abnormal spec cPL. Hepatogastrointestinal support, empirical therapy for suspect cholangiohepatitis or similar with clinical monitoring may prove beneficial. Recheck sonogram is indicated if persistent or progressive hepatopathy or clinical signs. Gold standard hepatic biopsy with histopathology and copper assessment may be required for a definitive diagnosis.

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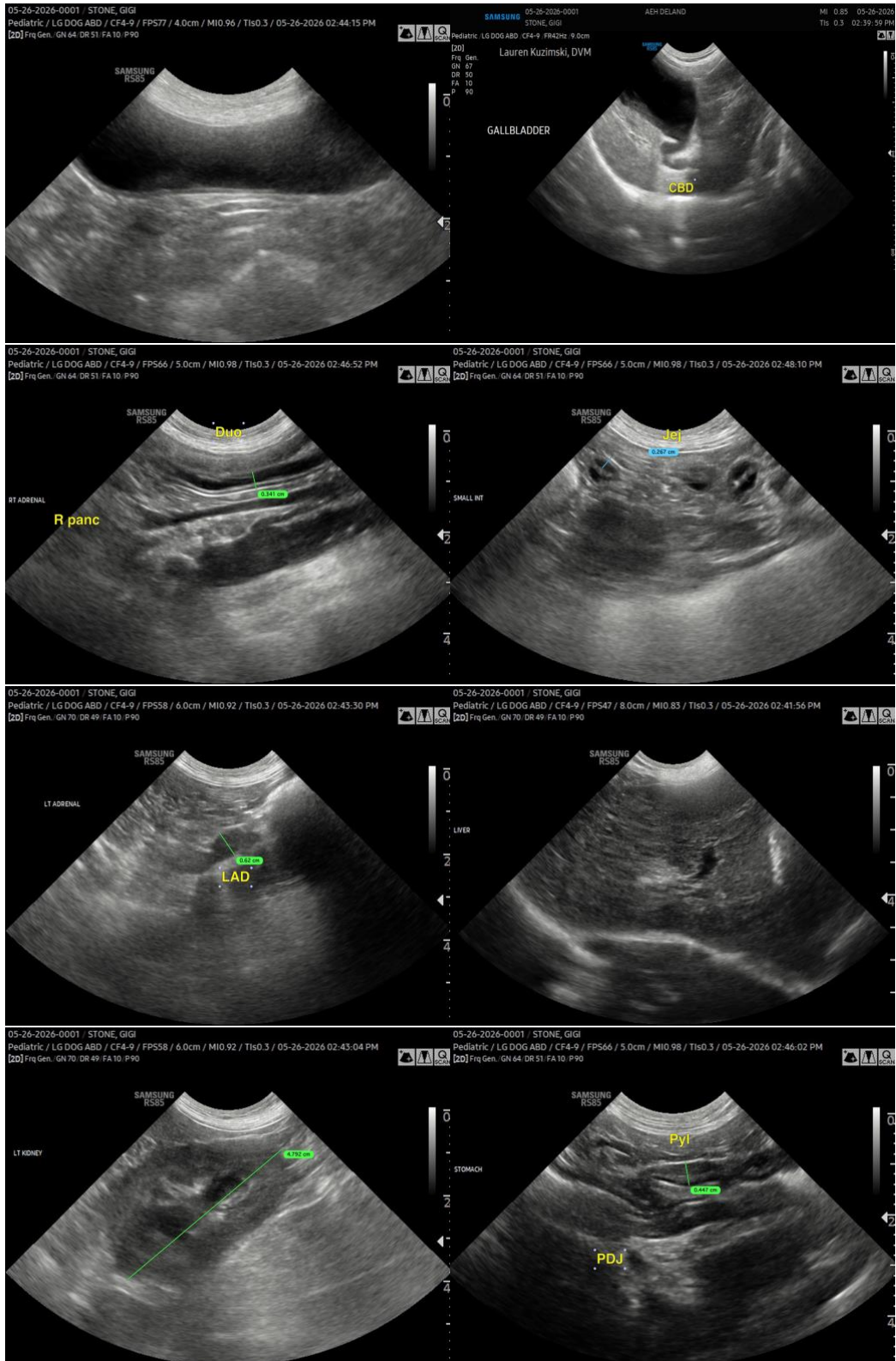
Dr. Kuzimski

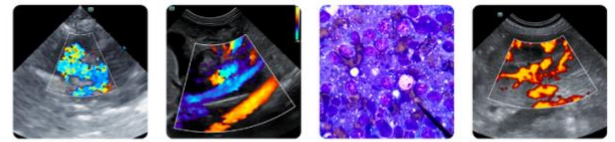
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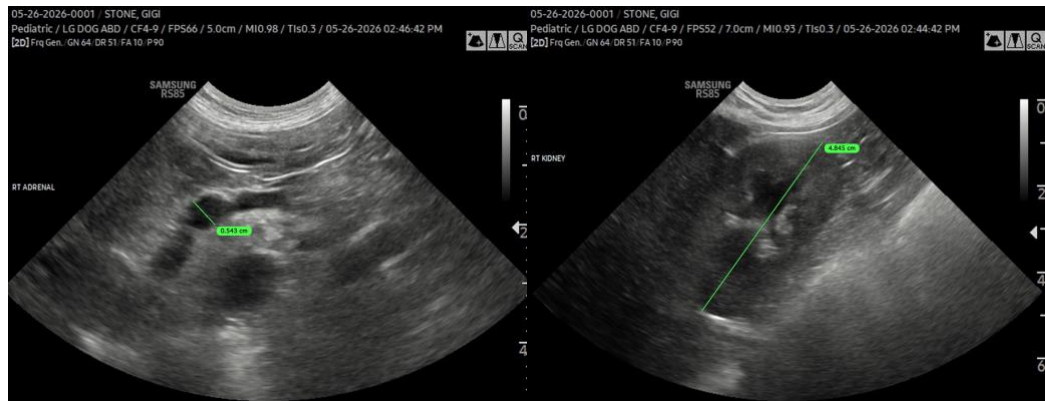
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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