



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zoe Bicard	— unintentional weight loss, markedly increased liver enzymes, and history of previously documented liver nodules/gallbladder disease. — Known history of gallbladder sludge/mucocele and hepatic nodules/vacuolar hepatopathy, first evaluated by VRCCO in 2022. — Prior VRCCO ultrasound noted a left liver lobe hypoechoic nodule measuring approximately 1.2 x 1.4 x 2.3 cm, a second tiny mid-liver nodule, and additional poorly defined hypoechoic hepatic regions. Impression at that time favored benign nodular/vacuolar change, though biopsy was discussed as the only way to confirm. — Zoe recently lost approximately 1 lb, about 10% of body weight, despite reportedly voracious appetite and otherwise normal urination/defecation.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Dachshund	— Brief in-clinic ultrasound showed abnormal/mottled liver texture and concern for persistence/progression of the known hepatic nodule.
<b>SEX</b>	Current Medications - Ursodiol BID - Denamarin 1/4 tab SID - DES three times weekly - Miralax daily - Triz-Chlor spray PRN
FS	
<b>AGE</b>	Abnormal PE/Chem/CBC/UA Results: Recent Blood work: — ALT 425 — ALP 1430 — GGT 97 — Total bilirubin normal at 0.1 — Precision PSL mildly elevated at 174 — Renal values acceptable: creatinine 0.8, SDMA 9.5 — UPC 0.3 — UA: USG 1.029, pH 8.5, 1+ protein, inactive sediment.
17 years, 8 months	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
4.6 kg	<i>Urinary System</i>
<b>INTERPRETED BY</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes were noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of pathology in the area of the aortic trifurcation.
<b>IMAGING PERFORMED BY</b>	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 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 3.5 cm in length. The right kidney measured 3.6 cm in length.
Patti Mayfield DVM	<i>Adrenal Glands</i>
<b>HOSPITAL NAME</b>	The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole and 0.41 cm width in the cranial pole. The right adrenal gland measured 0.62 cm width in the caudal pole and 0.87 cm width in the cranial pole
Ridgeview Veterinary Clinic	<i>Spleen</i>
<b>REFERRING VET</b>	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.
Caelli Edmonds DVM	
<b>INVOICE</b>	
10917	
<b>DATE</b>	
5/26/26	



## PATIENT

### *Liver/ Gallbladder*

Zoe Bicard

The liver presented generalized hepatomegaly. A ventrocaudal, lobar, nonhomogeneous, intraparenchymal mass lesion was present, measuring ~4.0 cm x 2.7 cm. Generalized mild nonhomogeneous increased hepatic parenchyma echogenicity was noted, exhibiting separate, discreet nonhomogeneous hypoechoic intraparenchymal nodules. An example of the liver nodules measured 1.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

## SPECIES

Canine

## BREED

Dachshund

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained nonshadowing chyme without evidence of foreign material.

## SEX

FS

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.

## AGE

17 years, 8 months

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

## WEIGHT

4.6 kg

### *Pancreas*

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

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern with ventrocaudal lobar nonhomogeneous intraparenchymal mass lesion and separate multiple discreet intraparenchymal nodules
- Nonorganized gallbladder debris (non mucocele)
- Pancreatic remodeling
- Sonographically unremarkable gastrointestinal tract with mild gastric chyme
- Mild chronic renal changes
- Bilateral mild adrenomegaly

## IMAGING PERFORMED BY

Patti Mayfield DVM

## HOSPITAL NAME

Ridgeview  
Veterinary Clinic

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## REFERRING VET

Caelli Edmonds  
DVM

Chronic, vacuolar, inflammatory, cholestatic hepatopathy or combination with lobar hyperplasia and potential lobar to diffuse hepatic neoplasia are all potentials. Further assessment may include hepatic parenchyma and lobar nonhomogeneous mass lesion FNA cytology. Definitive diagnosis would require Gold Standard biopsies with histopathology.

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Adrenal workup is indicated if clinical signs consistent with Cushing's Syndrome are present. Pancreatic remodeling owing to age or previous inflammation vs. chronic pancreatitis is possible. Given weight loss and pending hepatic sampling, a GI panel to include PLI/TLI/Cobalamin/Folate and screening three-view chest radiographs to assess for additional occult disease is recommended. Assessment of caloric plane or for a competitive eating environment may be considered if clinically indicated. Continued

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5/26/26



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Veterinary Clinic

## REFERRING VET

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DVM

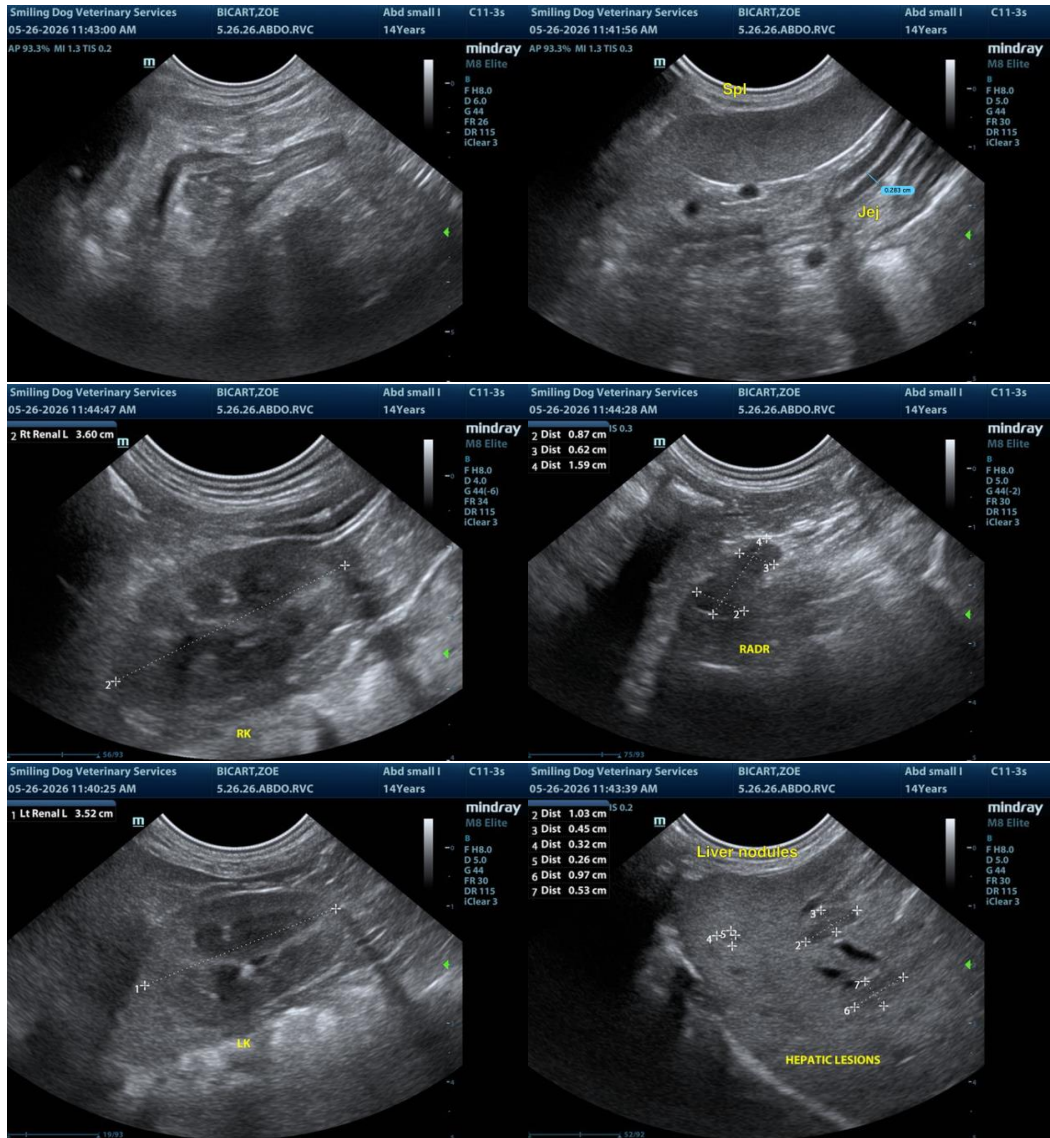
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hepatosupportive medications with serial sonographic monitoring of the liver would be more conservative. Monitoring of proteinuria / UPC is recommended.





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Zoe Bicard

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### SEX

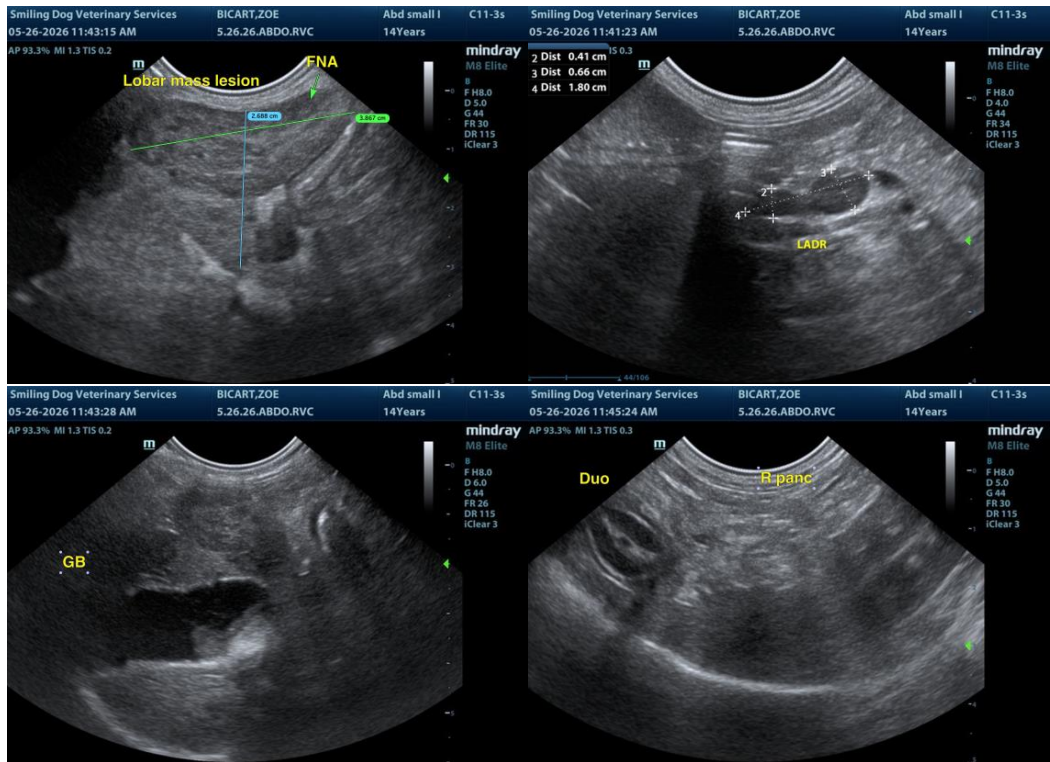
FS

### AGE

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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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