



PATIENT

Molly Scofield

SPECIES

Canine

BREED

Pomeranian (Mixed Breed)

SEX

Female (Spayed)

AGE

11 years, 1 month

WEIGHT

4.9 kg (10 lbs, 12.8 oz)

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Soleil Gagne

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Soleil Gagne

INVOICE

10859

DATE

5/5/26

PRESENTING CLINICAL SIGNS

presented for dental sx noted elevated ALP on presurgical panel and elevated bilirubin. sample was lipemic but concern for proceeding with GA in case of cholestasis or other given increase in both ALP and bilirubin. u/s performed instead. o said no changes in appetite, seems hungry all the time licking floor/ paws always no drooling will eat not drinking more than usual.

Abnormal PE/Chem/CBC/UA Results: enlarged submandibular LN suspect from dental disease not significantly enlarged just prominent and other LN wnl BW: SDMA/T4 wnl Alkaline Phosphatase 1312 * 20-150 U/L HIGH Alanine Aminotransferase 118 * 10-118 U/L Total Bilirubin 0.8 * 0.1-0.6 mg/dL LYM 0.80 1-4.8 10⁹/l UA: usg 1.005 no indication of UTI 3/4 blood on strip but on imagist neg may be due to being dilute? bilirubinuria proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 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 4.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Bilateral, symmetrical, mild adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland measured 0.60 cm width.

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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent, discreet, hypoechoic intraparenchymal nodules were present, with an example measuring 1.1 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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

Primary Findings

- Hepatopathy with discreet nodules
- Mild nonorganized gallbladder debris (non mucocele)
- Mild bilateral adrenomegaly
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the liver is most suggestive of vacuolar / cholestatic hepatopathy with suspect discreet areas of hyperplasia, hematopoiesis, or possible fibrosis. Nonspecific hepatic inflammatory disease, such as cholangiohepatitis, is also a potential. Hepatic neoplasia is thought to be less likely.

An adrenal workup is warranted if clinical signs consistent with Cushing's Syndrome are present in conjunction with decreased urine specific gravity. Screening hepatic FNA cytology, primarily to assess for evidence of inflammation, and assuming normal clotting status, could be considered. UPC level is suggested if persistent proteinuria, given quiet urine sediment.



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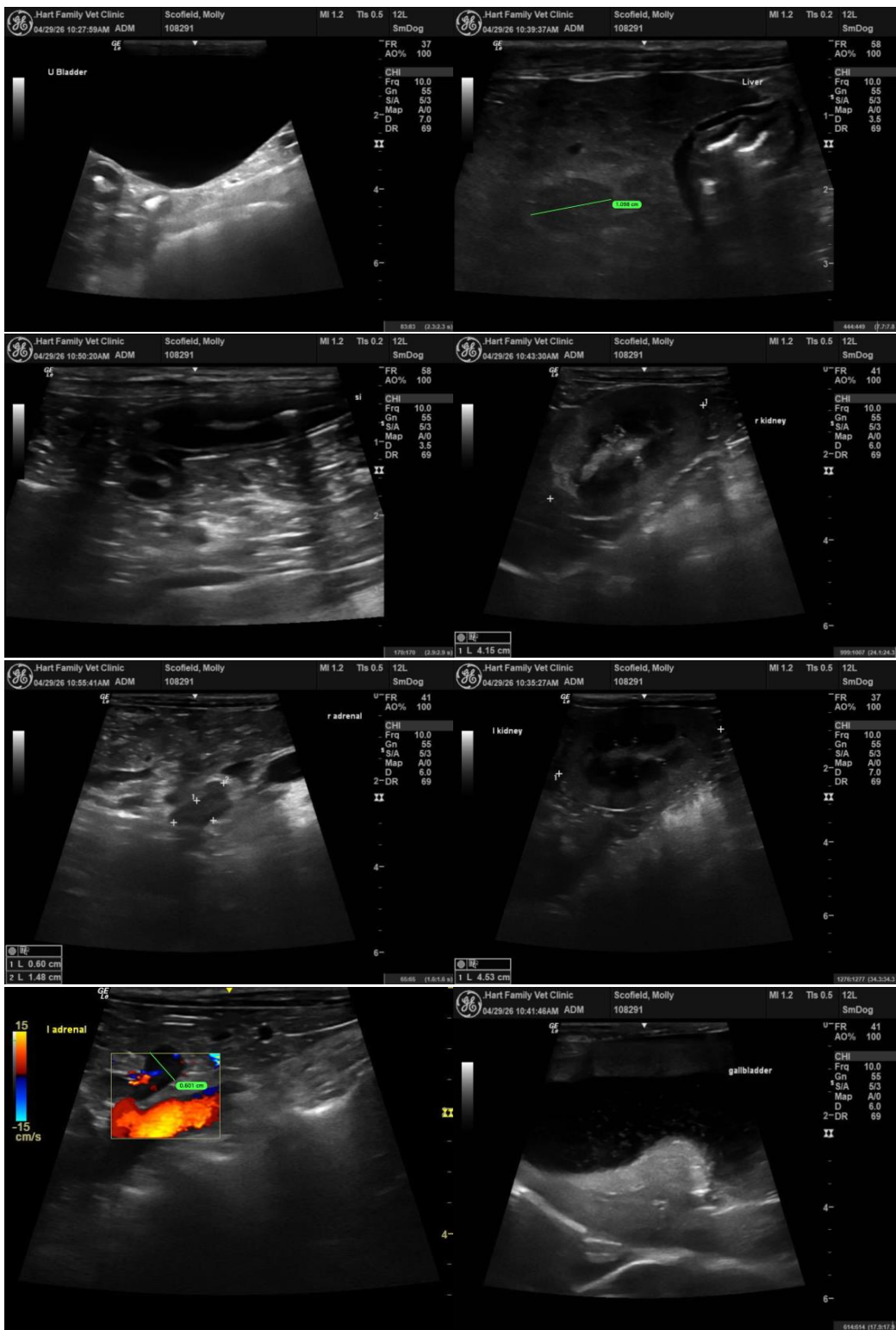
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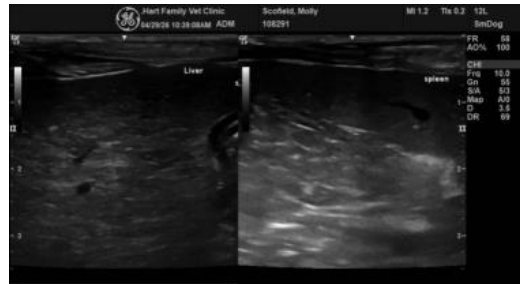
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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