



PATIENT

Ziggy Avera

SPECIES

Canine

BREED

Jack Russell

SEX

MN

AGE

12Y

WEIGHT

26lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

All Creatures Great
and Small Fairfield

REFERRING VET

Dr. Ruiz

INVOICE

74905

DATE

5-7-26

PRESENTING CLINICAL SIGNS

Elevated Liver Enzymes ALT + Alk Phos, appears otherwise healthy. Current medications - Cytopoint as needed

Abnormal PE/Chem/CBC/UA Results: ALKP 886, ALT 148. U/A - Trace Protein, USG 1.035

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No urine mineral or calculi were present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

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. Minor medullary mineral was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 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 0.60 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized and overtly normal in size, position, and shape measuring 0.49 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 was normal in size, contour, and vascular volume. The liver parenchyma was nonuniform and hypoechoic to the spleen with a coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and 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 contained mild ingesta consistent with food echogenicity.



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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.

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

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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 were evident.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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- Hepatopathy.
- Nonorganized gallbladder debris (nonmucocele).
- Mild chronic renal changes with minor medullary mineral.
- Normal bilateral adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Although nonspecific, the liver suggests chronic benign hepatopathy criteria. Vacuolar, cholestatic, inflammatory hepatopathy are primary considerations without overt evidence of neoplastic criteria which is thought less likely. Further assessment may include screening hepatic FNA cytology, assuming normal clotting status. Gold standard biopsy is likely required for definitive diagnosis given the patient is nonclinical. No overt evidence of adrenal pathology is present as a contributing factor. Hepatosupportive medications, i.e. denamarin, ursodiol trial with clinical monitoring would be reasonable. Recheck sonogram if evidence of progressive or clinical hepatopathy.

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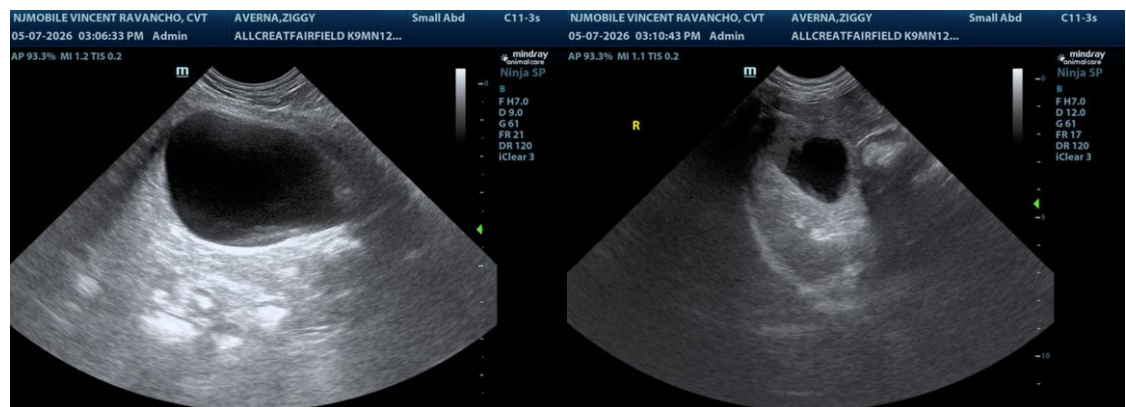
Dr. Ruiz

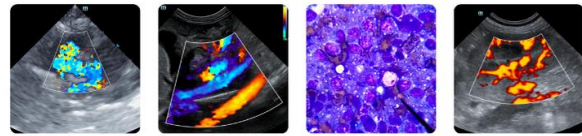
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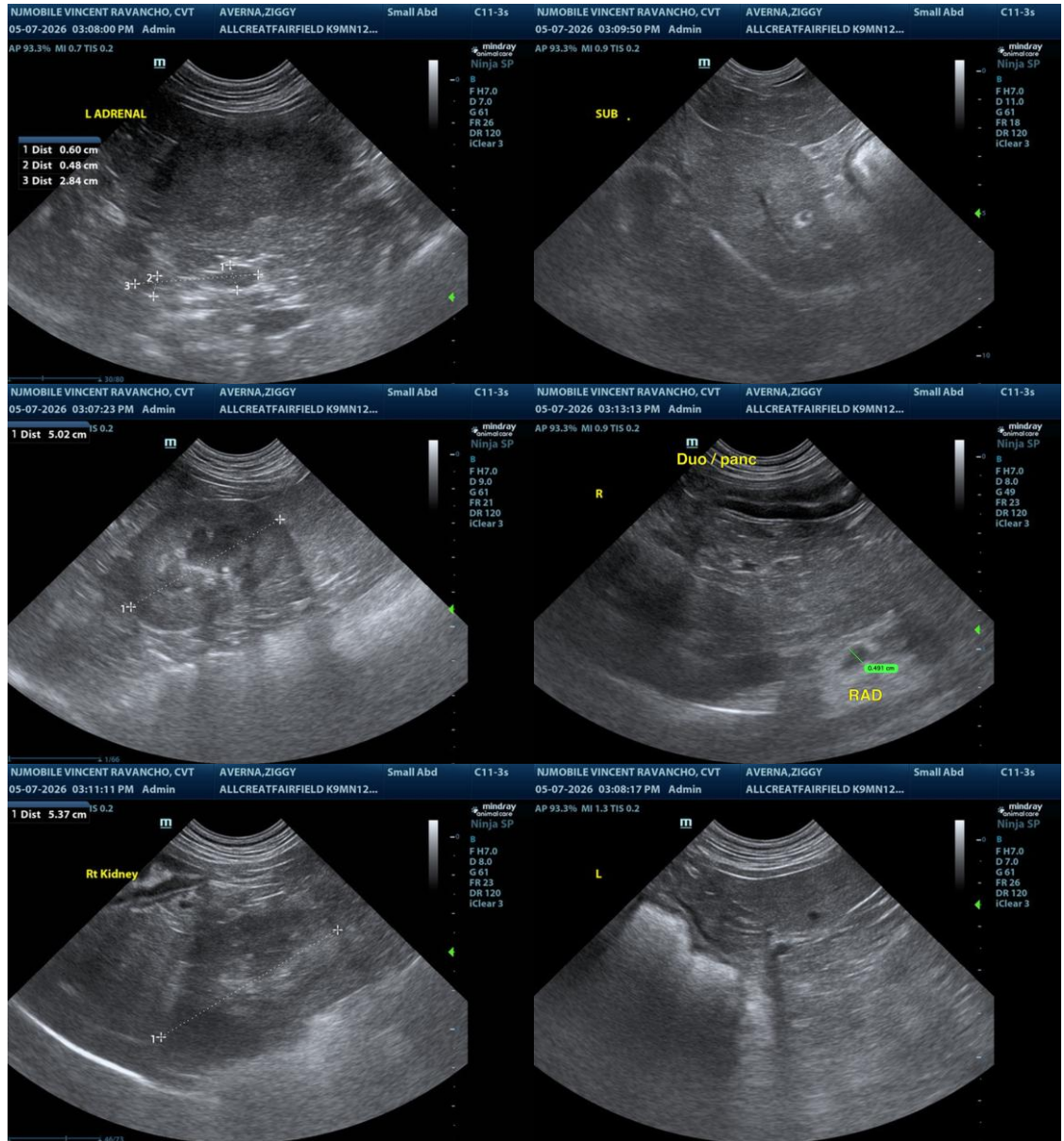
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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