



PATIENT

Pixie Adams

SPECIES

Canine

BREED

American Pit Bull
Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

75.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg
Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

75583

DATE

6/1/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes identified on annual screening labwork. Patient eats Fresh Pet. Patient is on Apoquel for chronic skin allergies.

Abnormal PE/Chem/CBC/UA Results: PE: Obese - BCS 9/9 Chem: AST - 93 (15-66 IU/L), ALT - 515 (12-118 IU/L) CBC: No abnormalities UA : Not evaluated

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.

The area of the aortic 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.0 cm. Right kidney measured 6.5 cm.

Adrenal Glands

The adrenal glands were not definitively visualized. No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. A solitary discrete hypoechoic mid splenic nodule was present measuring 1.0 cm in diameter.

Liver

The liver was subjectively borderline subnormal in size with adequate vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A small, solitary, thinly walled intraparenchymal cyst was present measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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.

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.



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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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

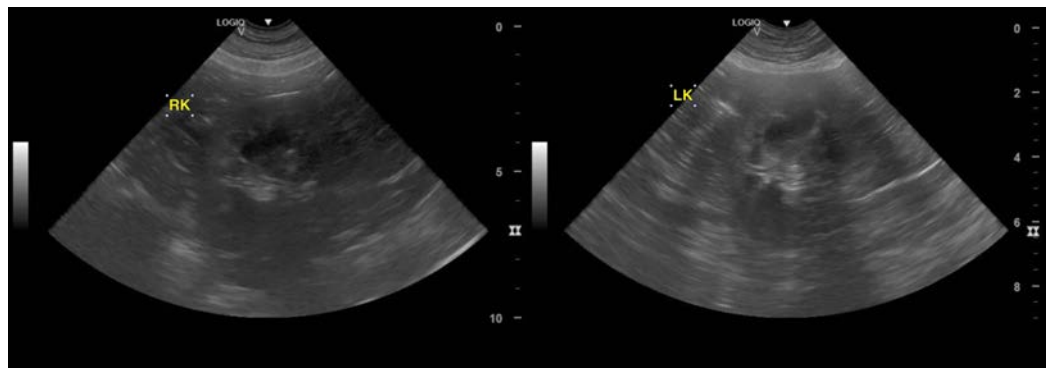
- Hepatopathy exhibiting subjective borderline subnormal liver size with adequate vascular volume, small benign intraparenchymal hepatic cyst.
- Mild gallbladder debris (non-mucocele).
- Subtle splenic nodule – suspect discrete hyperplasia or hematopoiesis.
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given elevated ALT/AST combination without reported ALP elevation, non-specific hepatic inflammatory, infectious, or immune mediated disease, hepatotoxicosis i.e., copper or similar hepatopathy is favored. No evidence of hepatic neoplastic criteria or overt intrahepatic or extrahepatic macroscopic shunt.

Further assessment may include Leptospirosis titers/PCR is considered clinically indicated, whereas hepatic biopsy with histopathology and copper assessment is the gold standard for definitive diagnosis. If patient is non-clinical, hepatosupportive medications such as Denamarin and Ursodiol and Vitamin E with clinical monitoring may prove beneficial.

Underlying adrenal disease is considered unlikely given hepatic presentation and lack of reported clinical signs.





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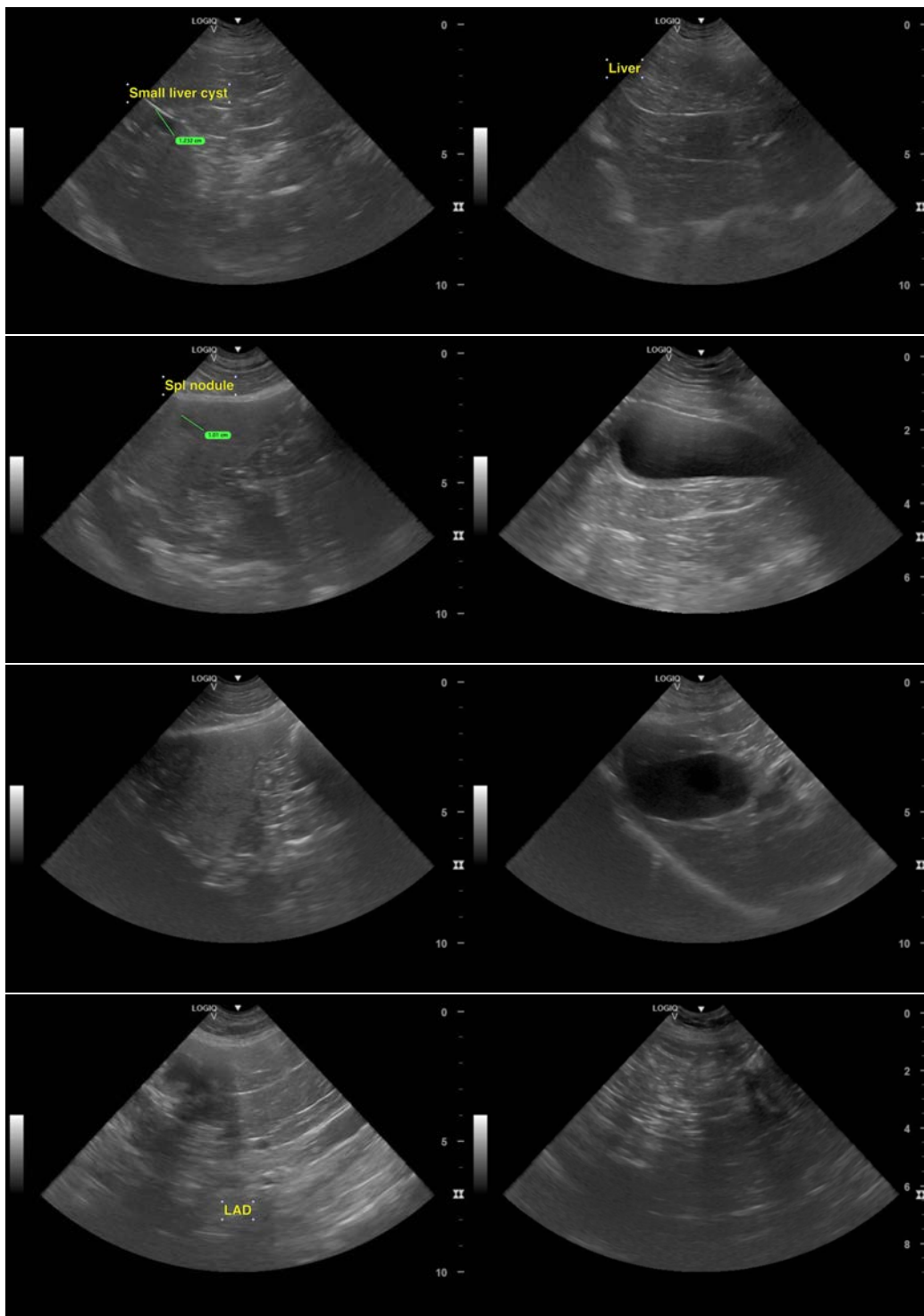
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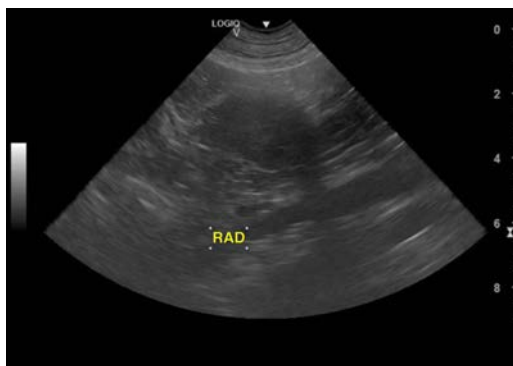
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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