



PATIENT

Jay Willard

SPECIES

Canine

BREED

Hound Mix

SEX

SF

AGE

10 yrs

WEIGHT

30 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing ER

REFERRING VET

Blue Pearl
Wyomissing, ER

INVOICE

11031

DATE

6/17/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate anorexia, diarrhea and changes to spleen and liver on ER POCUS described as honeycomb pattern. PMHx: PLN- past month; Hypothyroidism; bilateral HL fractures; burns on skin
Meds: Levothyroxine, telmisartan, Vit B-12 inj at pDVM

ER discharge meds: Starting proviable, Denamarin, Gabapentin

Abnormal PE/Chem/CBC/UA Results: - PCV/TP: 48/7.5 - CBC: Hct 51%, WBC 8.97k, neut 7.12, lymph 1.09, plt 287k - Chem: alb 3.3, glob 3.1, P 7.1 (H), ALT 195 (H), ALP > 993 (H), creat 0.8, BUN 17.7, NA 150, Cl 114, K 4.4, BG 125 - POCUS: honeycomb architecture throughout liver and spleen, non-organized GB debris, no discrete peritoneal effusion, no discrete masses, no pleural/pericardial effusion - chest rads: no evidence of pulmonary metastasis or visible enlarged sternal or tracheobronchial lymph nodes. - PT/PTT: 16 s / 113s. Both WNL

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. No mineral or calculi noted. 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 6.5 cm in length. The right kidney measured 7.6 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 0.73 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 0.67 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 exhibited hepatomegaly with symmetrical rounded contour and nonhomogeneous hyperechoic, generalized hepatic parenchyma. Multifocal, primarily small, indistinctly marginated, nonhomogeneous, hypoechoic parenchymal nodules were present. Normal hepatic vascular volume was present. The



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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 semi-formed to possible soft fecal matter.

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

The visualized jejunal lymph nodes were sonographically normal. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen
- Nonhomogeneous hyperechoic liver exhibiting diffuse subtle hypoechoic nodular parenchyma – chronic vacuolar, cholestatic, inflammatory hepatopathy or combination, fibrosis, lipidosis, hyperplasia, hematopoiesis, hepatic neoplasia, all potentials
- Nonorganized gallbladder debris (non mucocele)
- Nonspecific mild chronic renal changes
- Normal adrenal glands
- Normal gastrointestinal tract with semi-formed to soft fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatosplenic FNA cytology is recommended. Pending sampling, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Concurrent gastrointestinal support and consideration for screening cortisol level or a GI panel to include PLI/TLI/Cobalamin/Folate, if non-responsive or persistent gastrointestinal signs, is recommended. Hepatic biopsy may be required for a definitive diagnosis.

There is no overt adrenal pathology as a contributing factor, yet adrenal screening is indicated if clinical signs consistent with adrenal disease are non-reported or arise.

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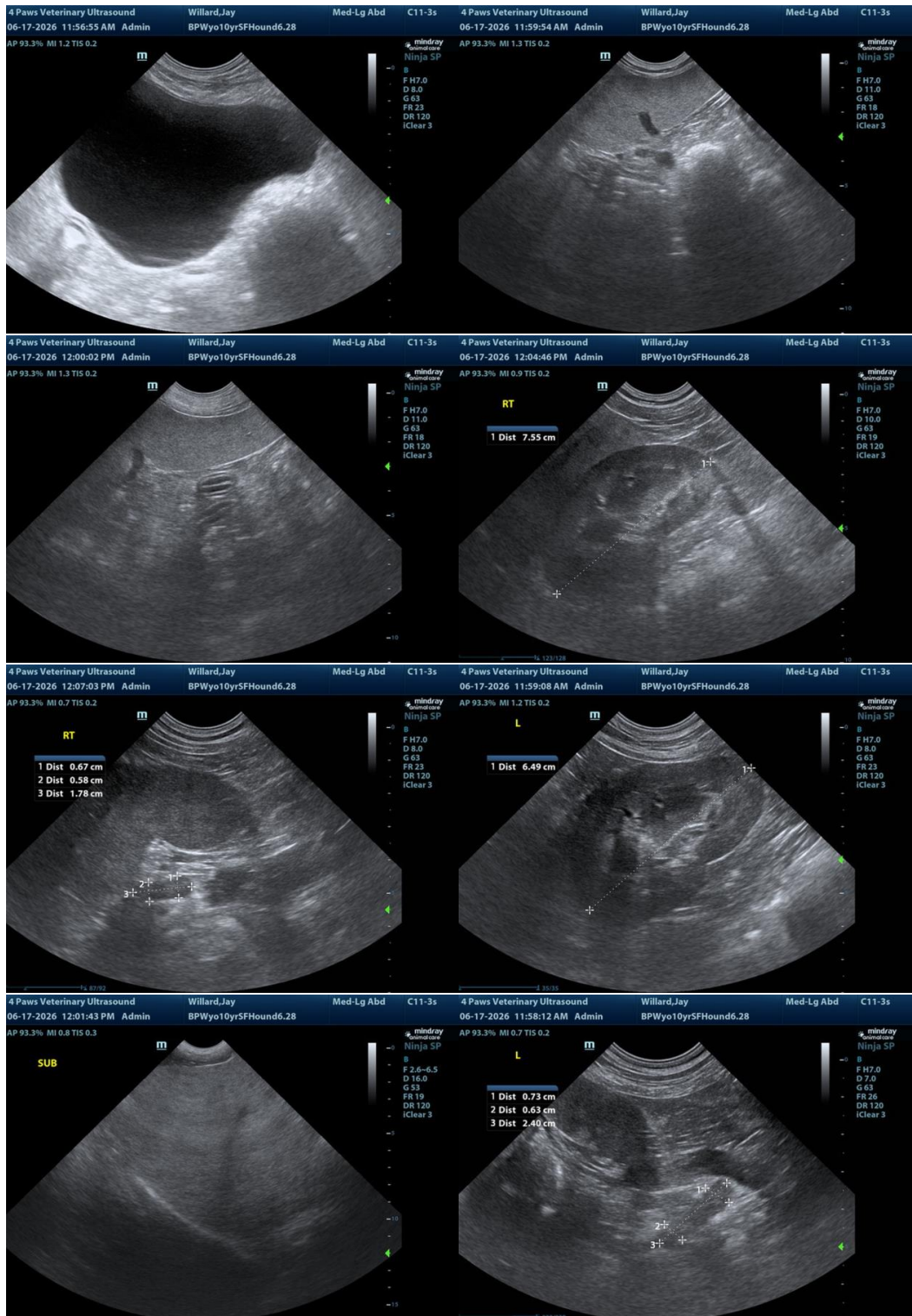
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com