



PATIENT

Daisy May Cooke

SPECIES

Canine

BREED

Black Mouth Cur

SEX

Spayed Female

AGE

5 Years

WEIGHT

47.8 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Burton

INVOICE

71822

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Discomfort on abdominal palpation ABNORMAL Labwork Values Cobalamin: 352 ng/L Folate: 3.2 µg/L TLI: >50 µg/L Current Medications vitamin b12 inj. weekly Radiographic Findings none Notes to Specialist (if any) none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign.

This is a non-specific finding. It has been associated with interstitial nephritis, hypercalcemia, tubular necrosis, lymphoma and Leptospirosis. However, it is non-specific and can be seen in normal kidneys. The left kidney measured 6.2 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left adrenal gland measures 0.47 cm at the caudal pole and 0.51 cm at the cranial pole. Right adrenal gland measures 0.41 cm at the caudal pole and 0.95 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The visible gastric walls were of normal thickness and layering. The stomach contained shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

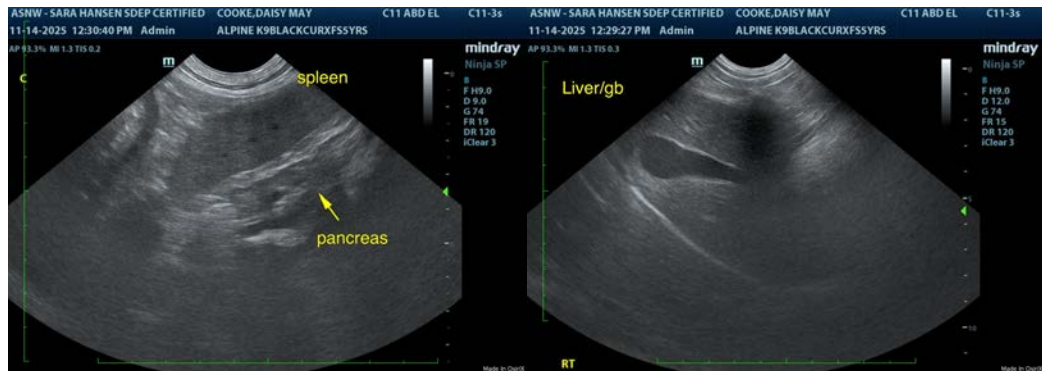
ULTRASONOGRAPHIC FINDINGS

- Low-grade pancreatitis.
- Gastric ingesta, small amount.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This sonographic and clinical presentation is most consistent with low-grade chronic pancreatitis. Analgesia and hydration are recommended.

The appearance of the stomach contents is non-specific and most likely indicated post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, there may be delayed gastric emptying due to gastric hypomotility or metabolic stasis. The appearance of the stomach was most consistent with food, with no evidence of foreign material.





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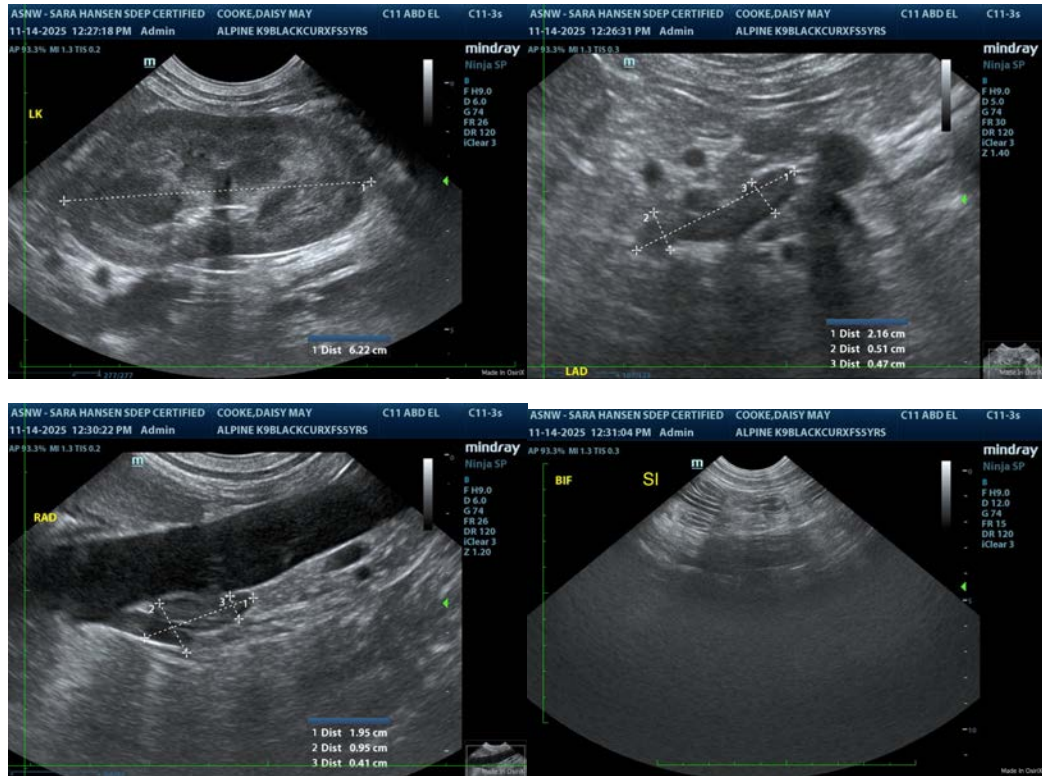
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
 info@SonoPath.com