



PATIENT

Lily Sheridan

SPECIES

Canine

BREED

Dalmatian Mix

SEX

Spayed Female

AGE

8 Years 10 Months

WEIGHT

69.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Plainfield Animal
 Hospital

REFERRING VET

Dr. Musum

INVOICE

13163

DATE

01/14/26

PRESENTING CLINICAL SIGNS

Hx of heart murmur ongoing diarrhea- some response to metro but then comes back. Grade 2 heart murmur. Meds: Metronidazole

Abnormal PE/Chem/CBC/UA Results: Nov 7, 25: SDMA 15.2

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 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 0.58 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 0.63 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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. 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 contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing ingesta/chyme without obstructive pattern to the level of the colon. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.42 cm width.

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Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract/colon with nonshadowing gastrointestinal ingesta and semi formed/soft fecal matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times, the gastroenterocolic sonographic appearance may not correlate with history of gastrointestinal signs. Dietary intolerance/food hypersensitivity, infectious disease, dysbiosis or antibiotic responsive diarrhea, non-structural inflammatory bowel, occult parasitism, occult Addison's disease are all potentials. No evidence of neoplastic criteria.

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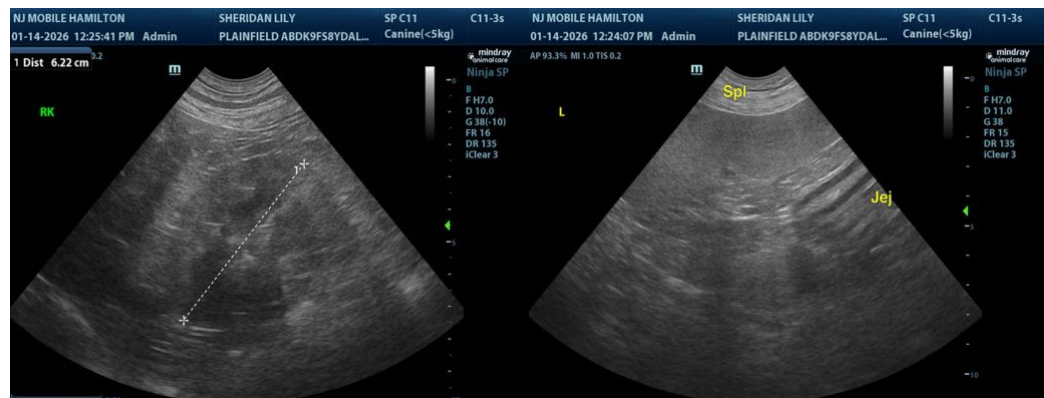
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Further assessment may include a GI panel (PLI, TLI, cobalamin and folate) and screening cortisol level. Empirically, novel protein or hydrolyzed diet with potential long-term dietary therapy, high colony count probiotic, such as Provable, empirical deworming despite fecal testing. +/- cobalamin supplementation pending assessment of cobalamin level may prove beneficial. Adverse effects of metronidazole on normal gastrointestinal flora may be considered.

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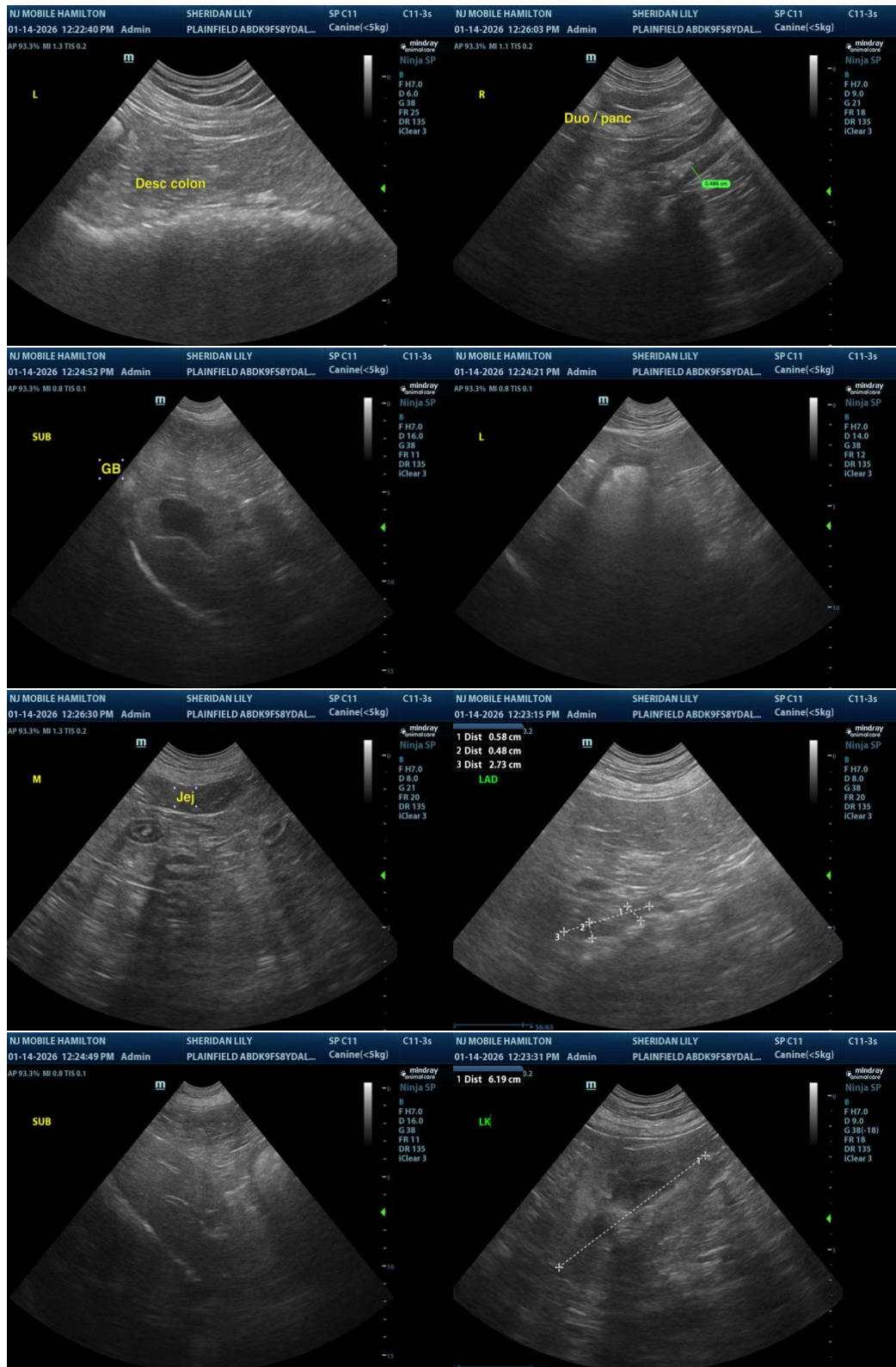
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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