



PATIENT

Kevin Macroary

SPECIES

Canine

BREED

Cavalier Spaniel Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

13222

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Chronic intermittent GI signs - hematochezia, vomiting, diarrhea GI panel done - cPL elevation

Abnormal PE/Chem/CBC/UA Results: Elevated cPL

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 change were noted.

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

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 4.1 cm in length. The right kidney measured 4.3 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 0.54 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 0.44 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.35 cm.

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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. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.32 cm width.

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Normal visible colon wall layers were present with semi formed fecal matter in lumen. The descending colon wall measured 0.10 cm wall width.

Pancreas

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The pancreas was normal in size with symmetrical contour and isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal gastrointestinal tract/colon with semi formed fecal matter.
- Mild heterogeneous pancreas.
- Normal bilateral adrenal glands.
- Mild gallbladder debris (non-mucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times the gastroenterocolic and pancreatic presentation may not correlate with history of gastrointestinal signs. Dietary intolerance, infectious disease, non-structural inflammatory bowel or mild pancreatitis, which may present sonographically normal, occult Addison's disease are all potentials. Screening cortisol level to rule out occult Addison's disease is suggested despite normal adrenal sonographic appearance.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Novel protein or hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotics, such as Provable, empirical deworming (Panacur 50 mg/kg SID for five days with repeat protocol in three weeks despite fecal testing) and as needed gastroprotectants may prove beneficial.

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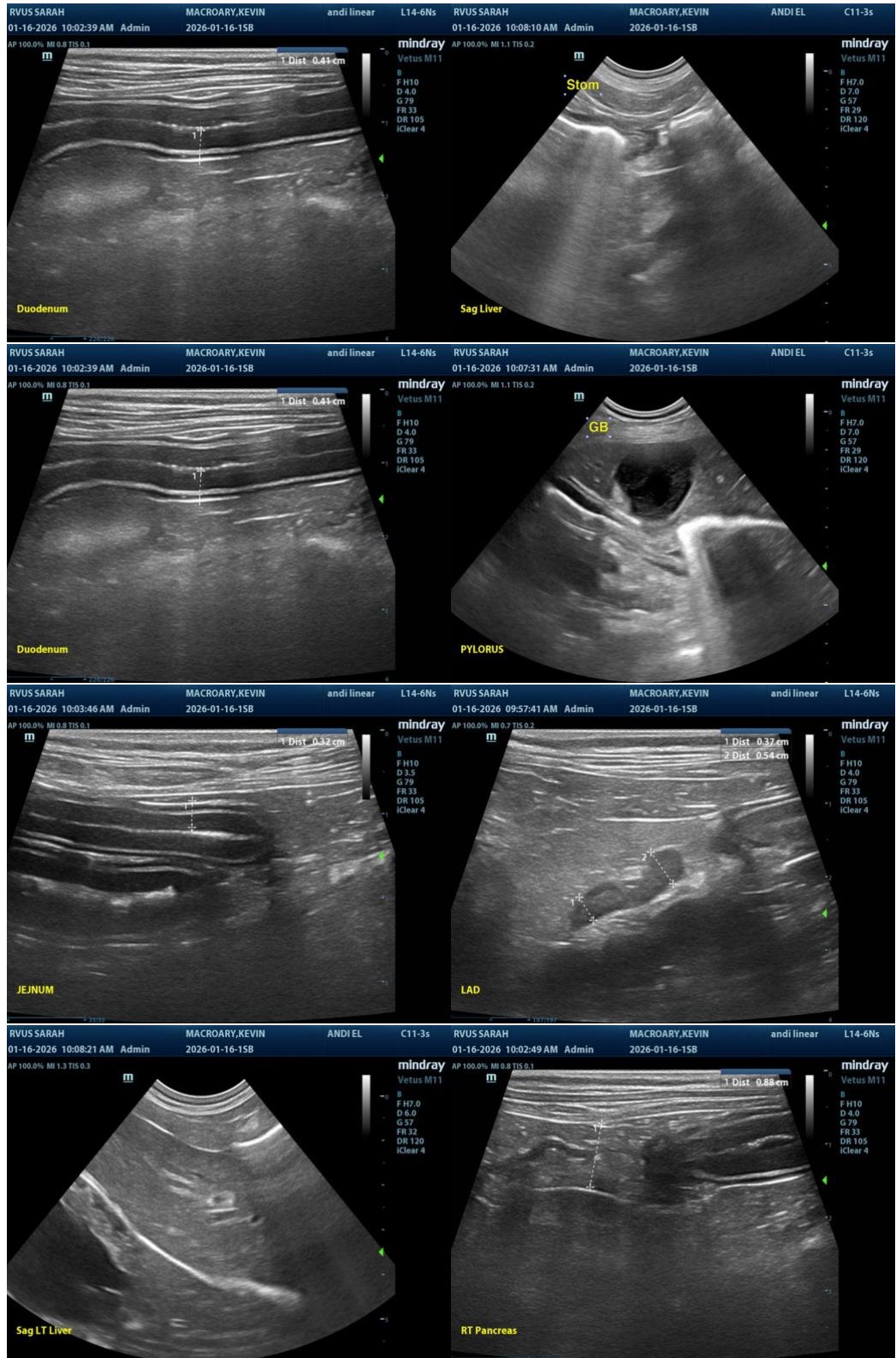
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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