



## PATIENT

Mila Lopez

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed Female

## AGE

3 Years

## WEIGHT

30.8

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Hannah Fearing

## HOSPITAL NAME

Lanier Animal Hospital

## REFERRING VET

Dr. Hannah Fearing

## INVOICE

13233

## DATE

01/16/26

## PRESENTING CLINICAL SIGNS

Mila, a 3-year-old female canine, presented for an urgent care appointment due to an episode of confusion the previous day. The episode began around 3:00 PM when she ran to the owner, hid under their legs, and began shaking uncontrollably while conscious. She experienced urinary incontinence, stumbled as if she could not walk well, and vomited undigested food that had been fed at 8:00 AM. The entire event lasted approximately five to ten minutes. A similar, less severe episode occurred one month ago, during which she ran into a wall. Mila has a two-year history of chronic diarrhea, which has improved in frequency since switching to a home-cooked diet of chicken, carrots, and rice two months ago. The owner reports that Mila has had a decreased water intake recently, and they have been supplementing her liquids with chicken broth. The patient is on monthly Simparica for flea and tick prevention.

Abnormal PE/Chem/CBC/UA Results: Pending Bloodwork Results

## 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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 5.4 cm in length. The right kidney measured 5.5 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 0.43 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 0.43 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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. Generalized mild distention containing nonformed fecal matter in lumen.

### 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

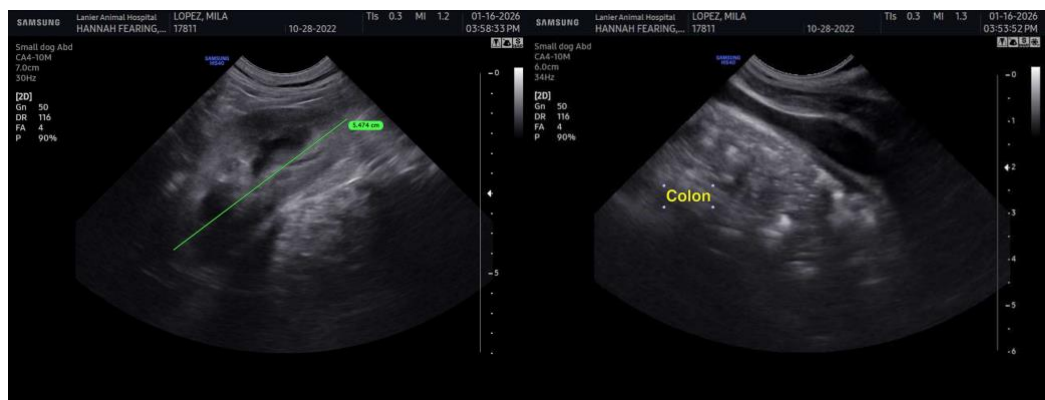
No overt lymphadenopathy or peritoneal effusion was present.

### ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract.
- Mild distended colon containing soft to nonformed fecal matter.
- Normal volume liver.
- Normal bilateral adrenal glands.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as a definitive cause of the patient's clinical or gastrointestinal signs. Correlation with pending lab work is recommended. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease may be considered. Novel protein or hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotics, such as Provable, empirical deworming despite fecal testing and cobalamin supplementation pending assessment of cobalamin level may prove beneficial.





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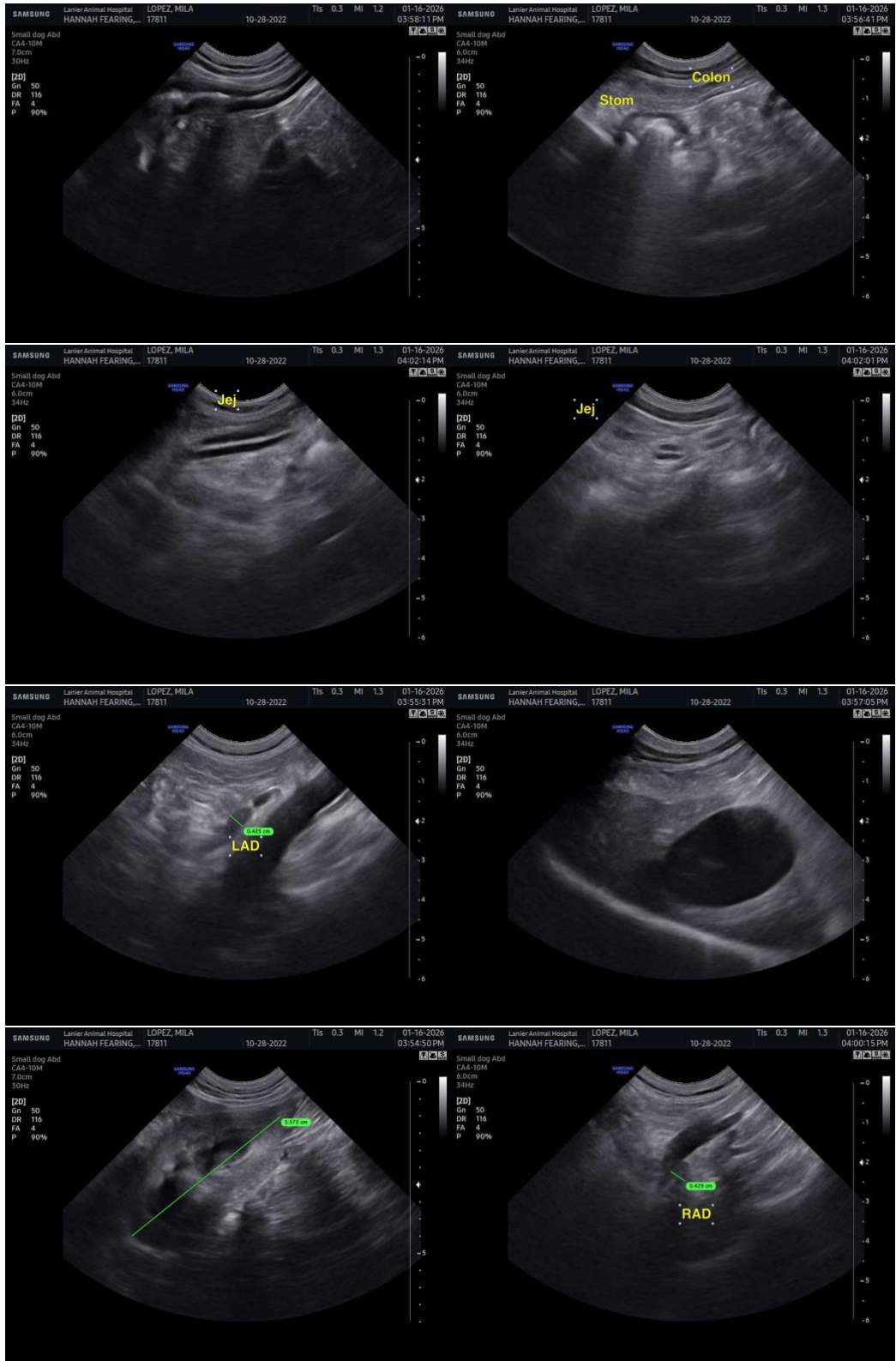
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)