



PATIENT

Phoebe Shield

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

10yr

WEIGHT

15.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer (IVUSS)

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Jeremy Carignan, DVM

INVOICE

23595

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Phoebe presented for inappropriate urination, GI upset. Was treated with antibiotics. Repeat UA still showed marked Cocci - treatment was extended. Chem panel WNL. On Enalapril for HTN. Patient sedated with torb / dexdomitor.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.2 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited mild enlargement consistent with sedation and 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. Mild hepatic congestion secondary to sedation. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The gallbladder was non-distended in size with thin walls and moderate non-dependent, variably congealed yet non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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.



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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.40 cm width.

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Normal visible colon wall layers were present with semi formed to soft feces 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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract / colon with semi-formed to soft fecal matter
- Normal area of pancreas
- Early immature gallbladder mucocele
- Sonographically normal urinary bladder and visible proximal urethra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant lower urinary tract or gastrointestinal pathology. Monitoring of UA with recheck urine C/S post completion of extended antibiotic therapy is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance, non-structural inflammatory bowel, infectious disease, occult parasitism, mild pancreatitis are all potentials. Dietary trial, high colony count probiotics (Proviablen) and empirical deworming despite fecal testing may prove beneficial.

Monitoring of liver enzymes with consideration for hepatosupportive medication /ursodiol if evidence of cholestasis is recommended.

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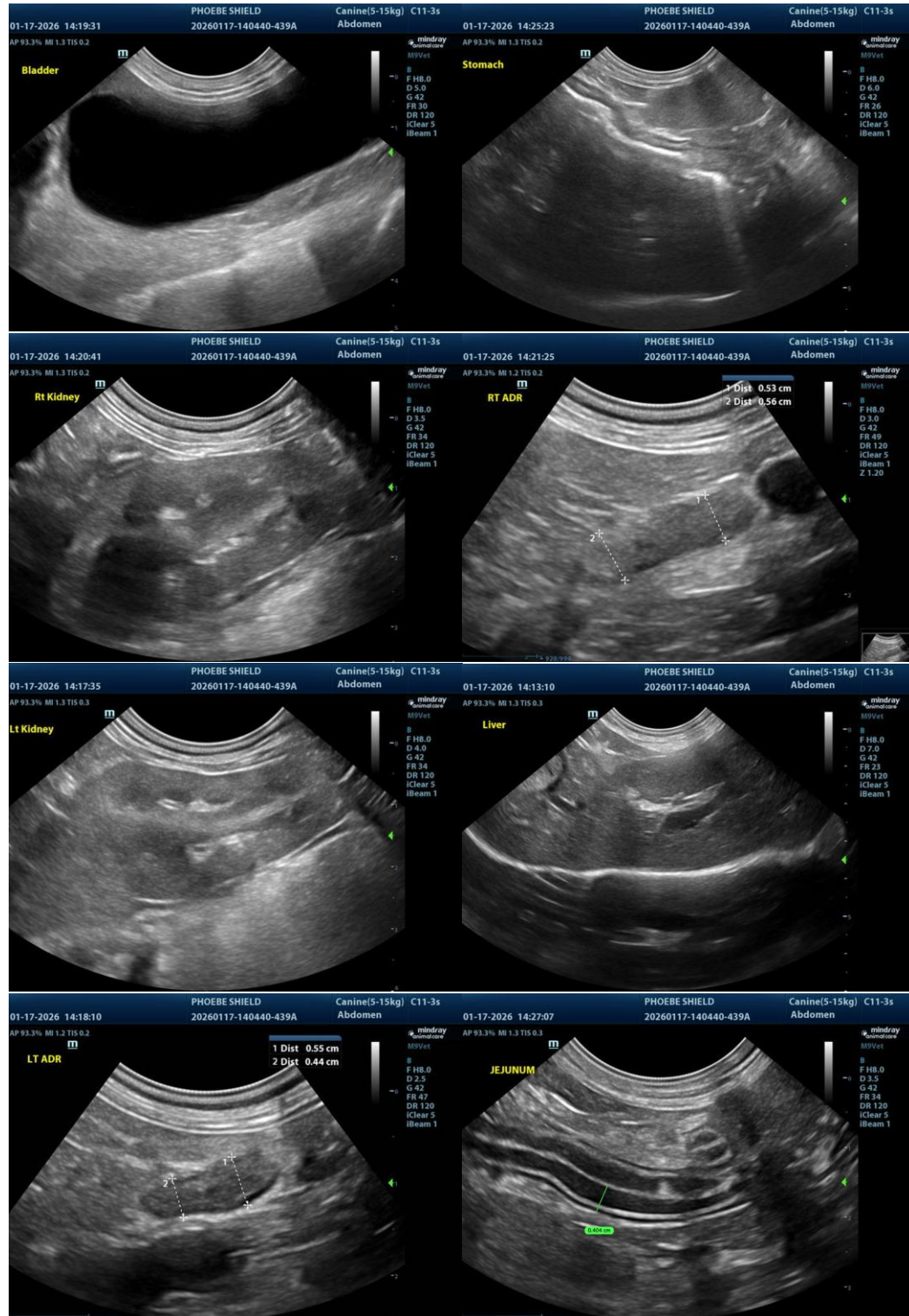
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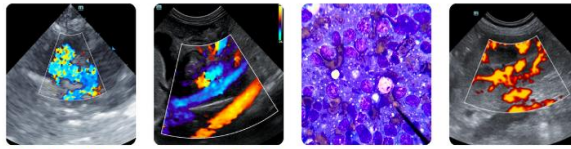
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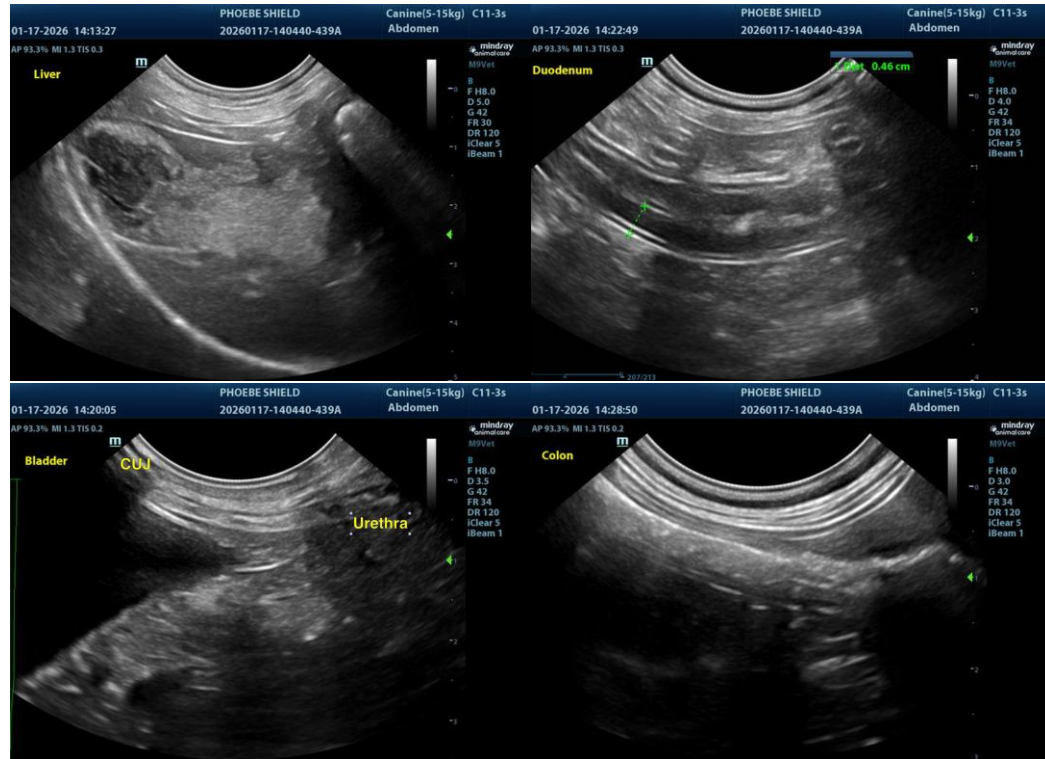
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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