



## PATIENT

Cooper Noll

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

9yr

## WEIGHT

46.1kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing

## INVOICE 23645

## DATE

01/21/2026

## PRESENTING CLINICAL SIGNS

- AUS to further evaluate acute vomiting and diarrhea started early this morning, weight loss (about 15 lbs in 4 mos) Was 116 pounds in Sep. Elevated LES on ER BW, mild leukocytosis and neutrophilia, hyperglycemia, hyperalbuminemia. Elevated CPL. Hx of MCT removed in Sept. Initially seen by rDVM and referred to ER for pancreatitis.
- ER mgmt at this point: IVF bolus, Cerenia IV
- Butorphanol IV for AUS
- Abnormal PE/Chem/CBC/UA Results: CBC: WBC -  $22.42 \times 10^3$ , Neut -  $19.6 \times 10^3$ , Eos -  $0.02 \times 10^3$  Chem: Glu - 161 H, K - 2.7 L, Cl - 101, TP - 8.3, Albu - 4.5 H, ALT - 113, ALP - 1186 H, AMylase - 1735, Lipase - 2941, CATALYST CPL - 654

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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 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 6.8 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.62 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial to perihilar 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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### **Gastrointestinal**

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact to mild indistinct wall layering. Primarily anechoic fluid and a small amount of hyperechoic non-shadowing ingesta was present. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.96 cm in wall width. The ventral gastric body wall measured 0.60 cm in width.

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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 obstruction or foreign material. Mild segmental non-obstructive intestinal ileus to the level of the colon. The duodenum wall measured 0.5 cm width. The jejunum wall measured 0.43 cm width.

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Normal visible colon wall layers were present with soft feces in lumen.

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### **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**

- Non-specific gastroenteropathy exhibiting mild non-obstructive gastric and segmental intestinal ileus.
- Soft fecal matter in colon.
- Sonographically normal pancreas.
- Benign hepatopathy pattern.
- Hyperechoic splenic nodules -suggestive of myelolipomas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance /indiscretion, infectious disease, enterotoxin, inflammatory bowel / IBD, dysbiosis, malassimilation/ maldigestive disorder, occult parasitism, occult neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis is recommended to rule out parasitic ova/giardia. Occult Addison's disease thought less likely given normal adrenal presentation, yet screening cortisol level is warranted.

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Mild to chronic pancreatitis at times may present sonographically unremarkable. No indication for immediate surgical intervention. Gastrointestinal support with clinical monitoring of gastrointestinal



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**INVOICE**

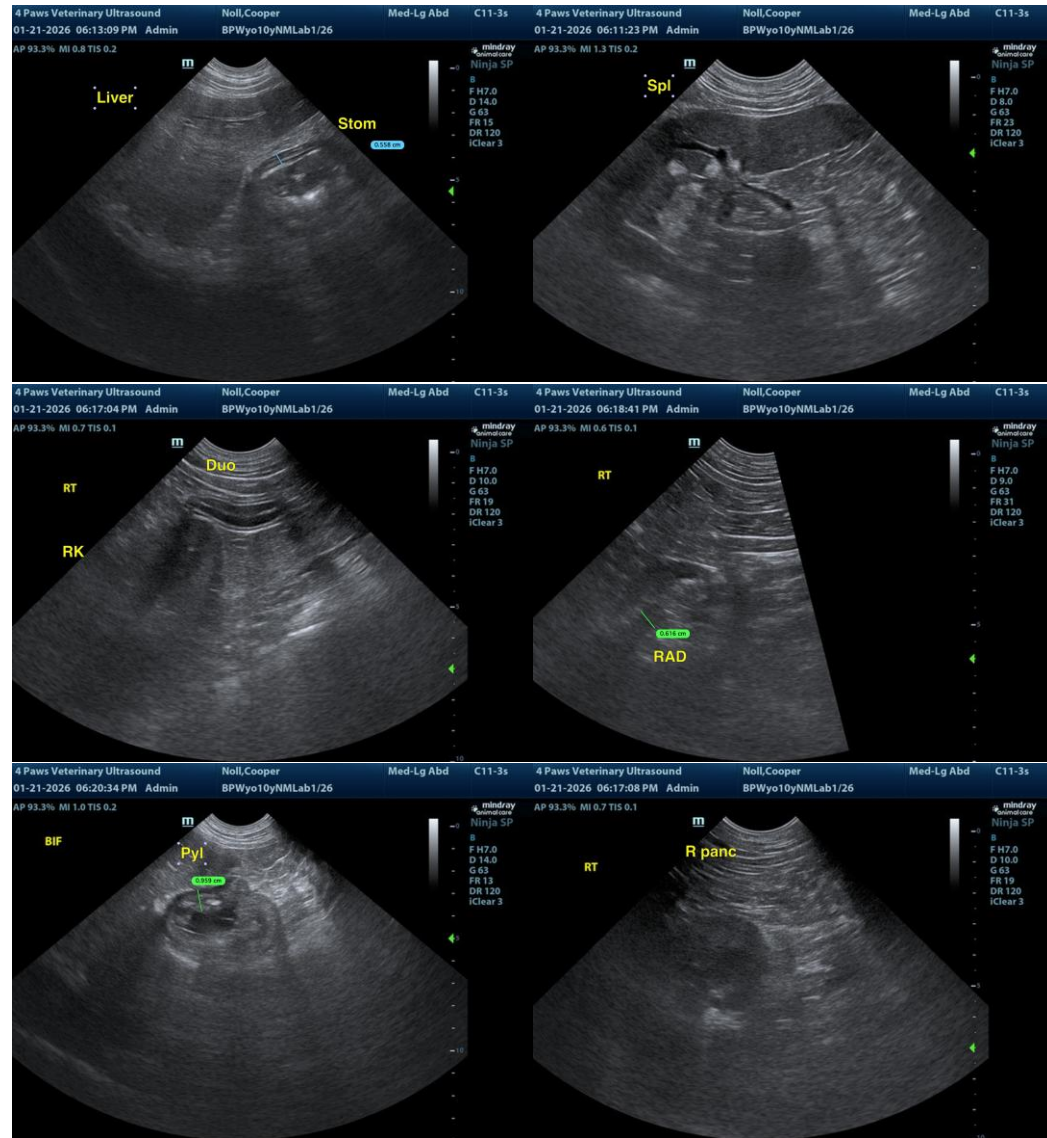
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response and as needed sonographic reassessment if persistent or progressive gastrointestinal signs or weight loss is recommended.

No obvious evidence of splenic neoplastic or metastatic criteria given patient history. Sonographic monitoring of the hyperechoic splenic nodules for evidence of progression would be reasonable.





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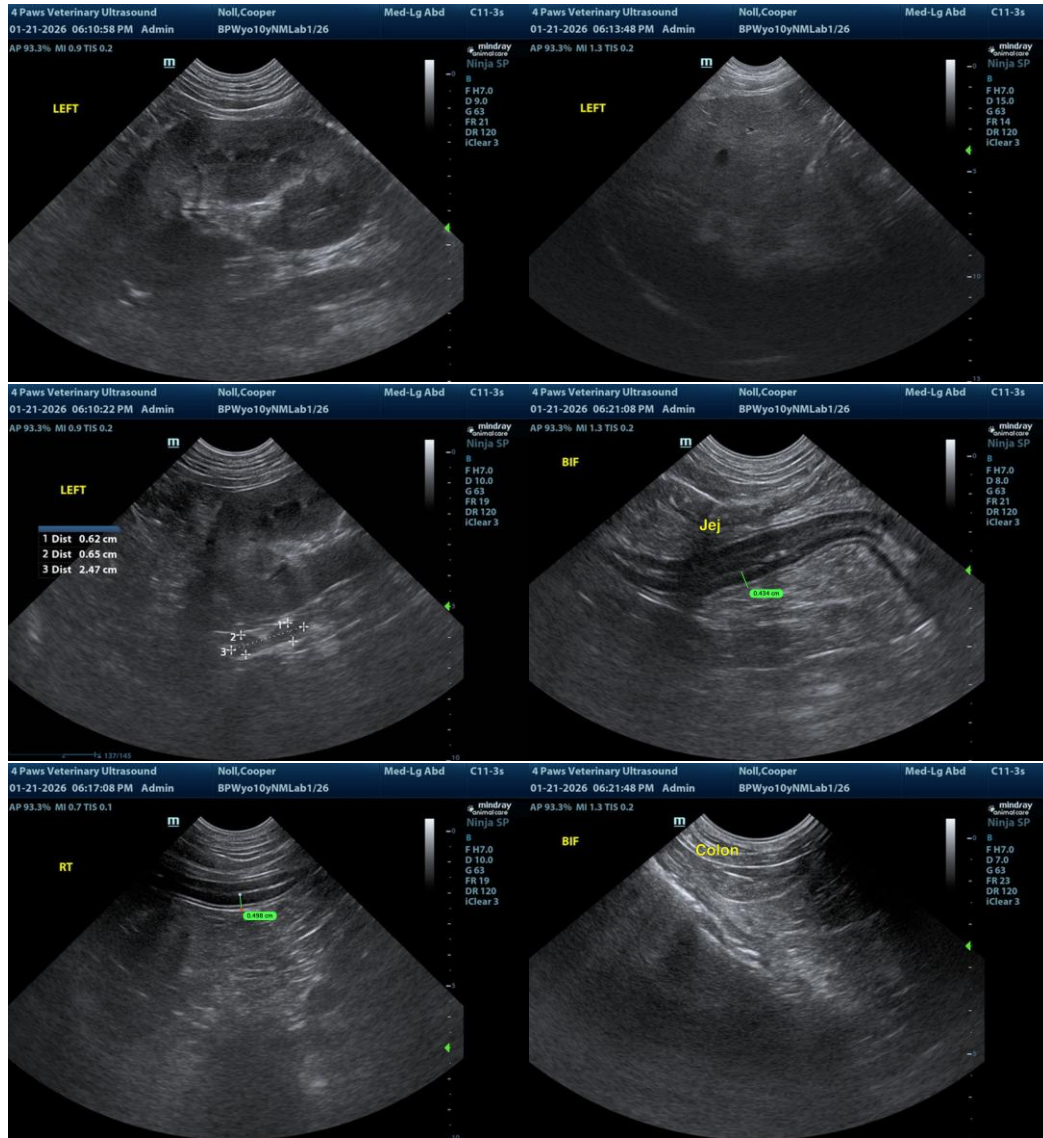
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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