



PATIENT

Vinny Smith

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

10 Years 9 Months

WEIGHT

34

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

A. Murphy CVT

HOSPITAL NAME

Wauwatosa Veterinary
Clinic

REFERRING VET

Dr. Elaine Binor DVM

INVOICE

13331

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- History of PU/PD behavior with episodes of incontinence. Plan to image abdomen to check renal, urinary, and hepatic status. Mucus membranes were pink/pale. Grade II/VI heart murmur. Mild weight loss

Abnormal PE/Chem/CBC/UA Results: Chem/CBC, BNP indicated an elevation in ALT 145 (12-118) Urinalysis indicated spec gravity 1.008 (1.015-1.050) Rest of panel was WNL

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 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 5.3 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.83 cm width in the caudal pole. The right adrenal gland measured 0.74 cm width in 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 presented mildly 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 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.



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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.

The small intestine presented overall intact wall layering and maintained wall layer ratio with borderline thickened duodenojejunum wall. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.49 cm width. Empty intestinal lumen with mild segmental gas and nonshadowing ingesta.

Normal visible colon wall layers were present with semi formed 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

- Sonographically normal urinary bladder, residual prostate and visible proximal urethra.
- Mild chronic renal changes.
- Bilateral adrenomegaly.
- Benign hepatopathy pattern.
- Mild nonorganized gallbladder debris (non-mucocele).
- Borderline thickened small intestine with mild gastric and segmental intestinal ingesta-nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is warranted given bilateral adrenal presentation in conjunction with patient clinical signs. Small intestinal patient variant or non-specific enteropathy in conjunction with mild weight loss is possible. No evidence of abdominal neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Hepatosupportive medications may be considered if evidence of progressive hepatic enzyme elevations or cholestasis.



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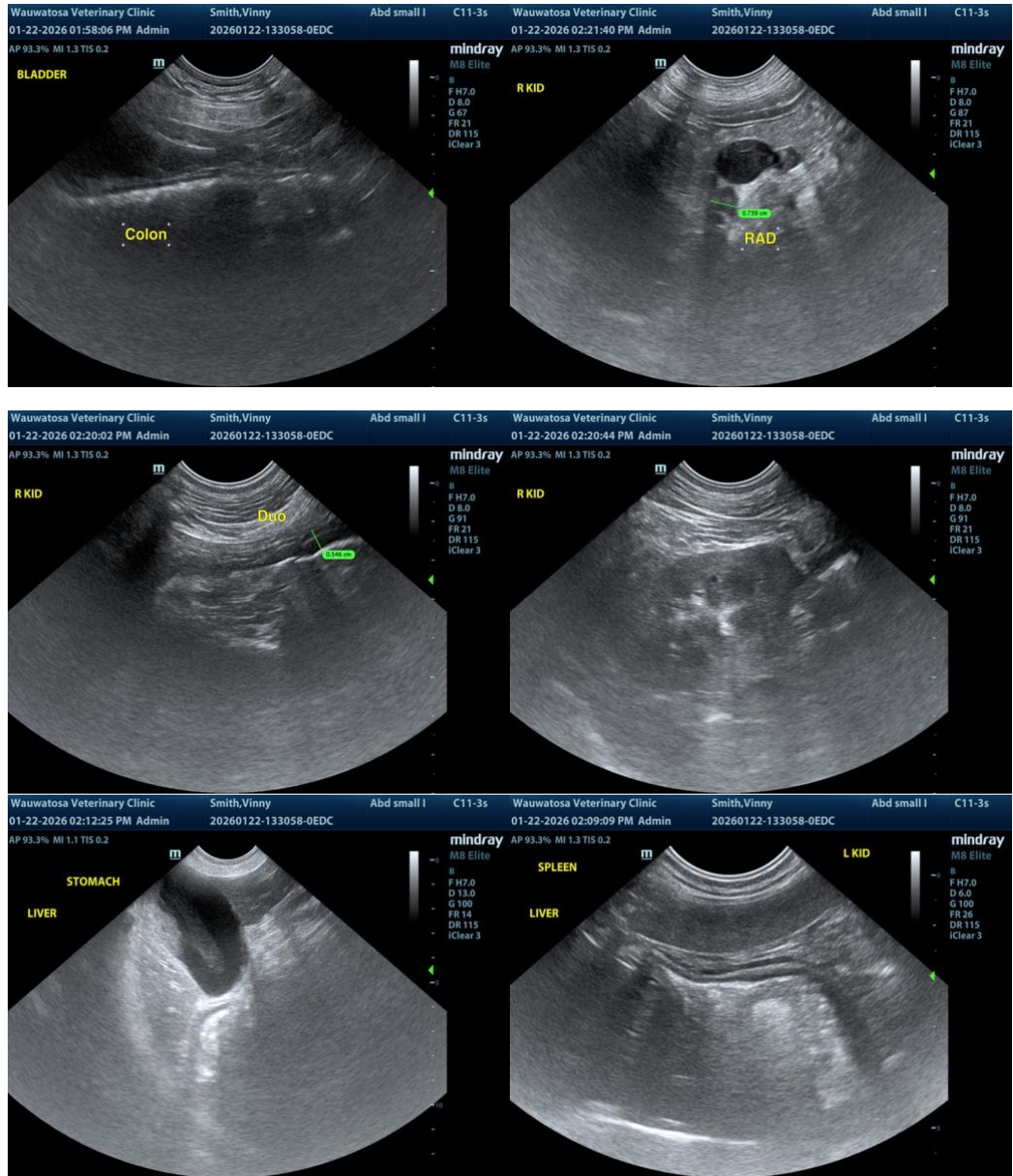
Dr. Elaine Binor DVM

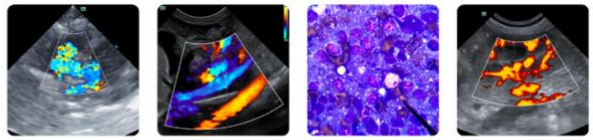
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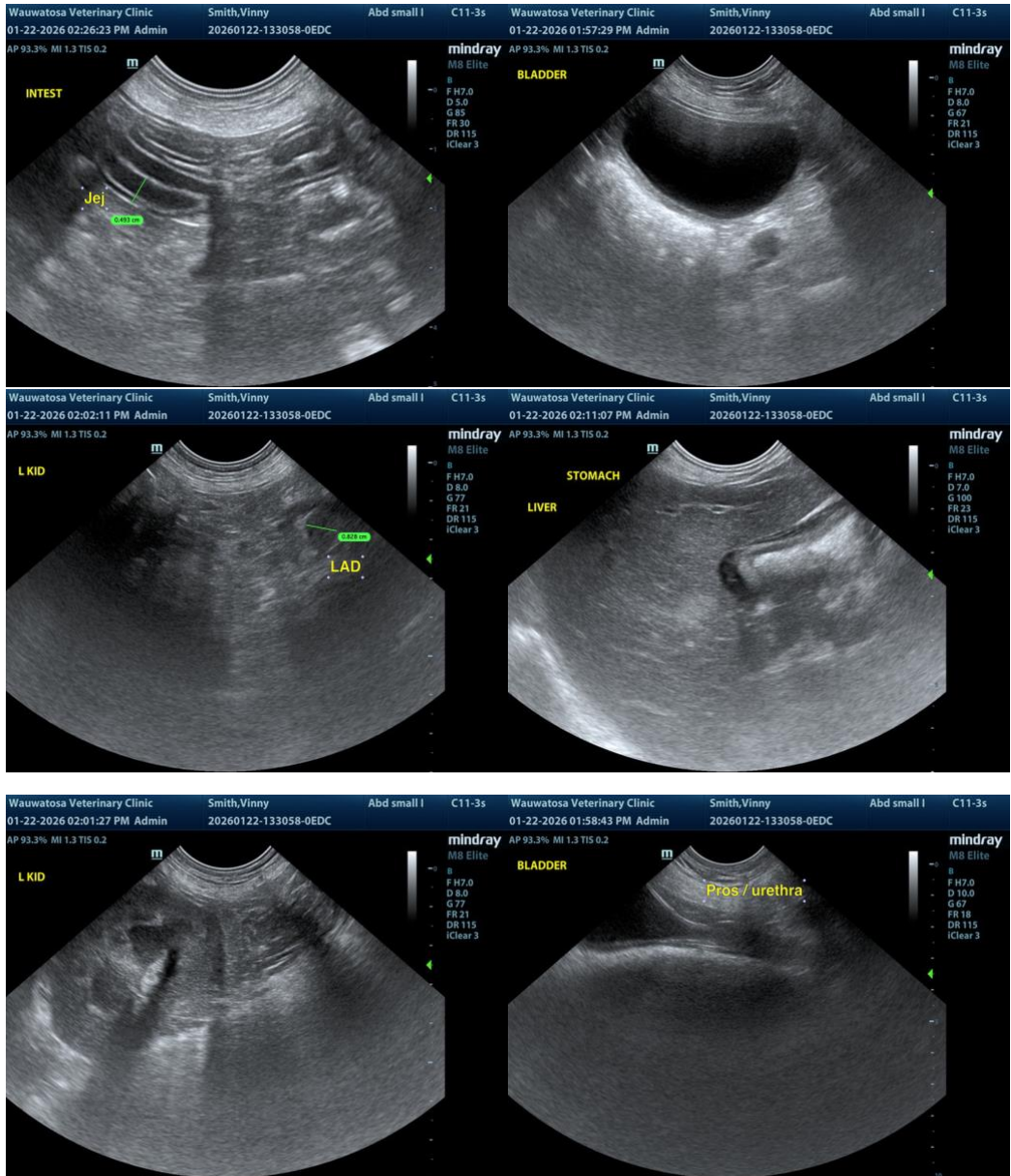
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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