



**PATIENT**

Skippy Wynn

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

2 Years 8 Months

**WEIGHT**

42 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Flanders VC

**REFERRING VET**

Dr. Gasparro

**INVOICE**

13348

**DATE**

01/23/26

**PRESENTING CLINICAL SIGNS**

- Chronic intermittent vomiting for a week and half, energy level normal, no diarrhea. BW mild anemia mild electrolyte abnormal. otherwise, normal.

Abnormal PE/Chem/CBC/UA Results: HCT-30 Chlor-99 Phos-2.3

**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 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.

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 4.3 cm in length. The right kidney measured 4.4 cm in length.

**Adrenal Glands**

The left adrenal gland was borderline subnormal in width with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.47 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 presented with subjective to mild subnormal size. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact visible wall exhibiting subjective mild thickened yet nonobstructive pylorus wall. The pylorus wall measured 0.72 cm wall width. Empty gastric lumen without evidence of retained ingesta, fluid or foreign material.



**PATIENT**

Skippy Wynn

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was generally empty with segmental gas and mild nonshadowing ingesta to the level of the colon.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Mix

The area of the pancreas was sonographically normal.

**Free Abdomen**

**SEX**

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2 Years 8 Months

**ULTRASONOGRAPHIC FINDINGS**

- Empty gastrointestinal tract exhibiting mild segmental intestinal gas and nonshadowing ingesta.
- Normal area of the pancreas.
- Borderline subnormal left adrenal gland.
- Subjective borderline to mild subnormal liver size.

**WEIGHT**

42 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal mechanical obstruction or definitive foreign material. The subjective borderline to mild subnormal liver size and borderline subnormal left adrenal gland are non-specific with potential patient variant.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

Further assessment may include bile acid profile if evidence of hepatic dysfunction and given gastrointestinal signs, screening cortisol level to assess for occult Addison's disease. A definitive cause of the anemia was not obvious. Initial gastrointestinal support including as needed gastroprotectants and canned novel protein or hydrolyzed diet trial with potential smaller more frequent feedings and clinical monitoring would be reasonable. Pending additional diagnostics and if occult Addison's disease is ruled out, upper gastrointestinal endoscopy with potential for biopsies without evidence of concurrent gastrointestinal signs i.e. diarrhea, weight loss, etc. may be indicated

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Flanders VC

**REFERRING VET**

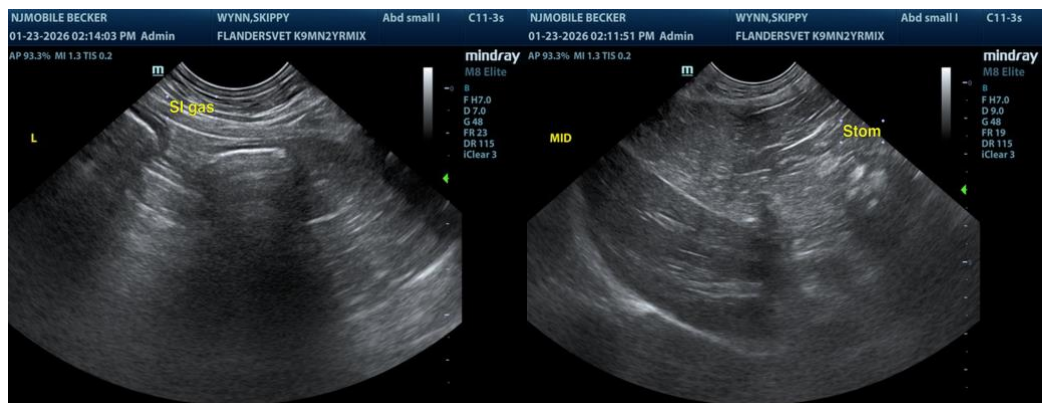
Dr. Gasparro

**INVOICE**

13348

**DATE**

01/23/26





**PATIENT**

Skippy Wynn

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

2 Years 8 Months

**WEIGHT**

42 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Flanders VC

**REFERRING VET**

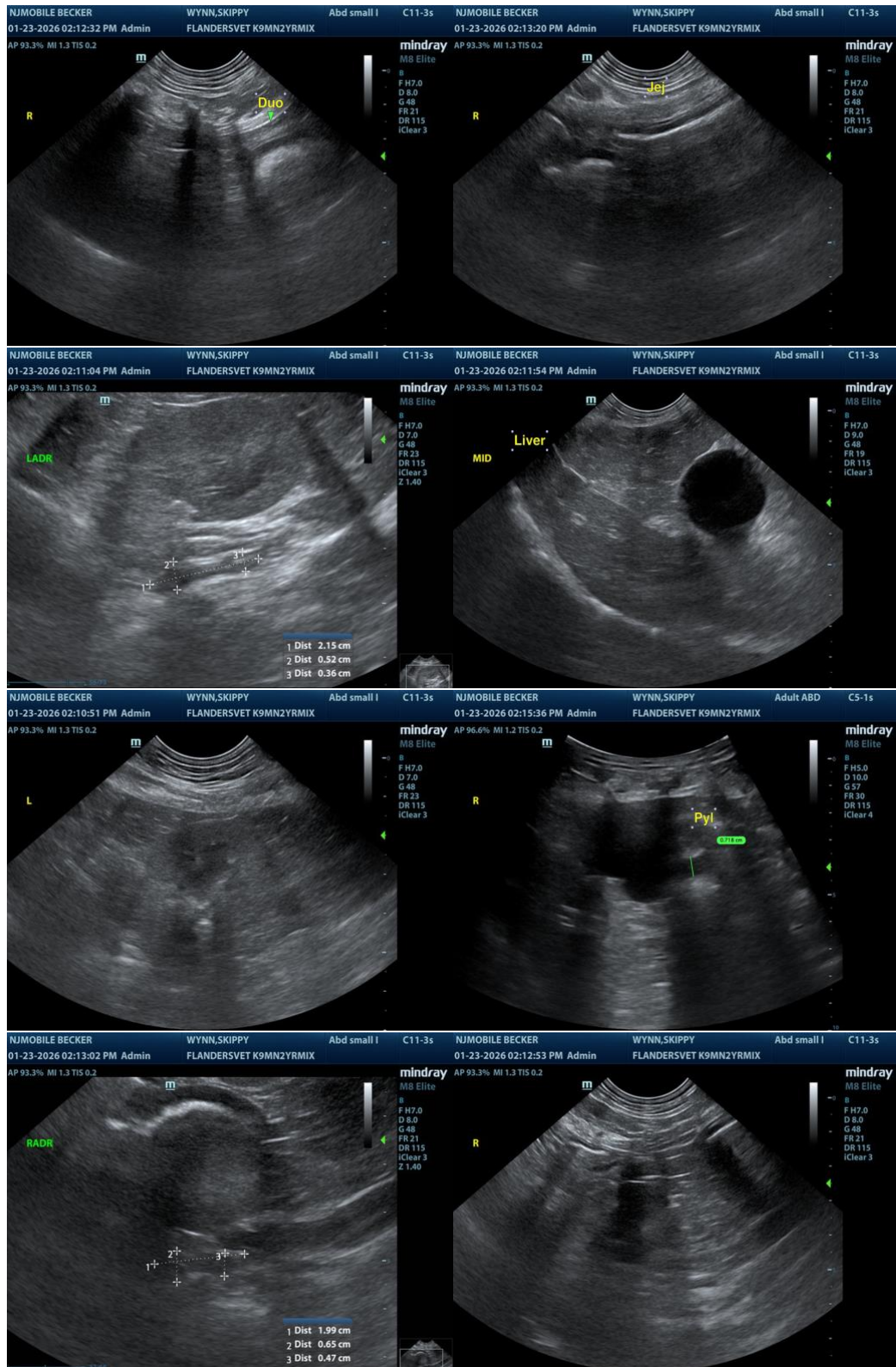
Dr. Gasparro

**INVOICE**

13348

**DATE**

01/23/26





**PATIENT**

Skippy Wynn

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.

**SPECIES**

Canine

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)

**BREED**

Mix

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Neutered Male

**AGE**

2 Years 8 Months

**WEIGHT**

42 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Flanders VC

**REFERRING VET**

Dr. Gasparro

**INVOICE**

13348

**DATE**

01/23/26