



## PATIENT

Teddy Paniker

## SPECIES

Canine

## PRESENTING CLINICAL SIGNS

- vomiting- including pieces of toy
- not eating
- diarrhea with blood
- pickier with food
- weight loss

## BREED

Wheaton

Abnormal PE/Chem/CBC/UA Results: unremarkable albumin 2.5 in dec, rechecked at 3.0 January 15th T4 1.3- on thyroxine. 4dx neg

## SEX

MN

## AGE

11yr

## WEIGHT

28lb

## 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 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 5.4 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was normal in size; the right adrenal gland was mildly enlarged based on caudal pole width. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the caudal pole. The right adrenal gland measured 0.7 cm width in the caudal pole.

### Spleen

The spleen exhibited subjective mildly enlarged areas of asymmetrical capsule contour and non-homogenous indistinctly micronodular generalized splenic parenchyma. A solitary mildly expansive non-homogenous to mildly hypoechoic caudolateral splenic nodule was present measuring 1.6 cm in diameter.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michelle Roche

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Linda Grau

## INVOICE 23678

DATE  
01/27/2026



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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present. The colon was non-distended with lumen gas.

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

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

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Empty gastrointestinal tract
- Mildly asymmetrically enlarged spleen exhibiting discrete micronodular to focal nodular parenchyma
- Normal area of pancreas
- Mild non-organized gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Mild right adrenomegaly- subjective benign

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The micronodular to focally nodular splenic parenchyma may suggest age related benign nodular hyperplasia, hematopoiesis, inflammation or neoplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspiration or biopsy following coagulation panel would be ideal in conjunction with patient weight loss. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

No evidence of gastrointestinal mural pathology, current foreign material or obstructive pattern. Gastrointestinal support is indicated. A GI panel to include PLT/TLI, cobalamin and folate, and three view chest radiographs if not done to assess for non-splenic or occult disease as a contributing factor may be considered.

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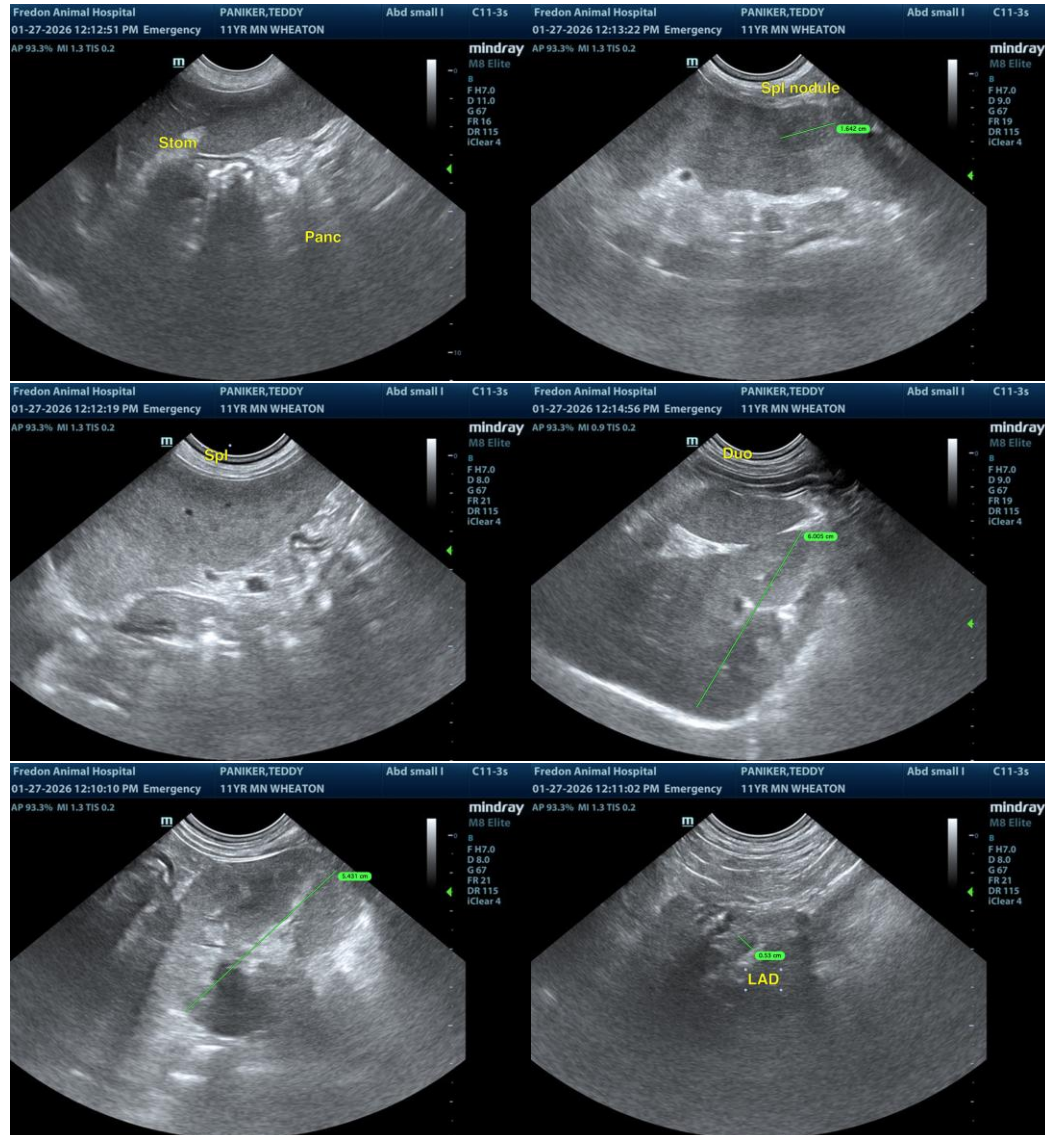
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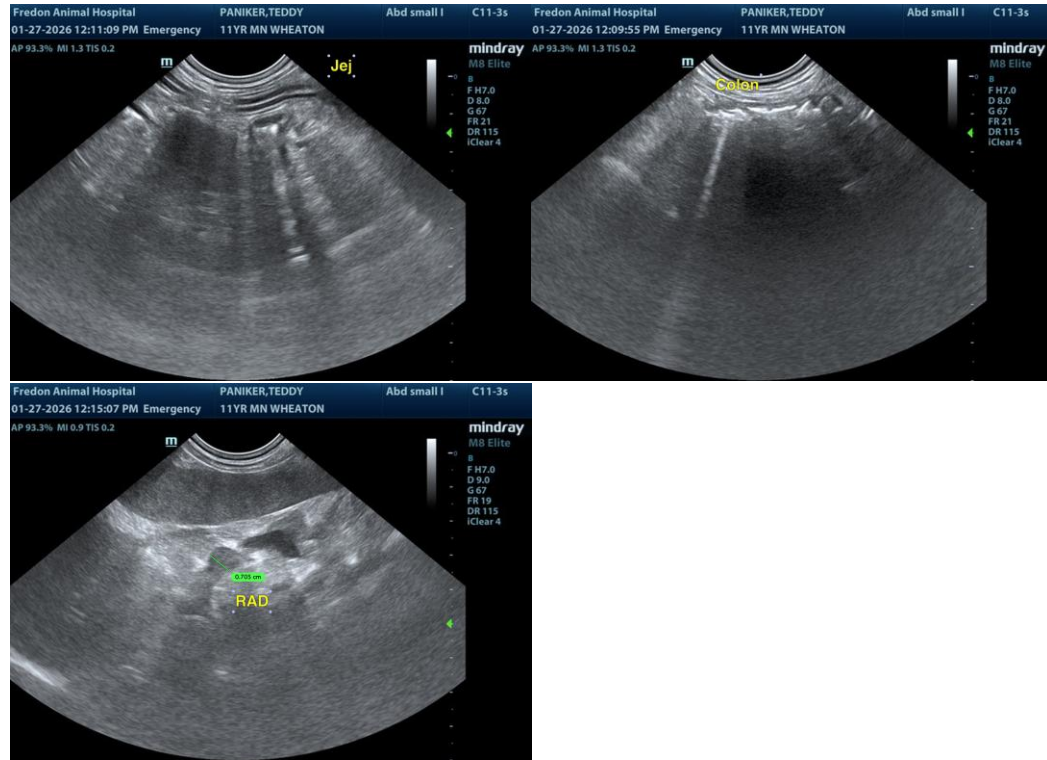
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)