



## PATIENT

Keeva Vullien

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

4yr

## WEIGHT

63lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

TTrae Cutchin

## HOSPITAL NAME

Friendship Springs  
Veterinary Care

## REFERRING VET

Trae Cutchin

## INVOICE

23735

## DATE

1/31/2026

## PRESENTING CLINICAL SIGNS

- This patient had a scan 6/30/25 (invoice 21494). She seemed to improve but never got all the way better. Signs are vague, listless, ADR. Previously treated as possible pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Spec cPL was high (800), then was normal a few months later, but is once again elevated. CBC is normal creatinine is slightly high, usg is 1.017, cpl is 600. All else wnl.

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

### 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 indistinctly visualized with no obvious pathology subjectively measuring 0.5 cm in width.

### 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 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with mildly thickened wall. The stomach contained a mild amount of retained anechoic fluid and intermittent hyperechoic linear like lumen echoes. The gastric body measured 0.64 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. The duodenum wall measured 0.4 cm width. The jejunum wall measured 0.38 cm width.

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Normal visible colon wall layers were present with apparent formed 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*

## SEX

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An unspecified focally cystic to mildly non-homogenous structure adjacent to/ mildly cranial to the urinary bladder was present potentially measuring ~ 5 cm x 1.4 cm.

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No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.7 cm x 0.79 cm.

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

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### *Primary*

- Mildly thickened hypomotile stomach containing mild retained fluid and non-specific hyperechoic lumen echoes.
- Sonographically normal empty small intestine.
- Sonographically normal pancreas.
- Intermittent mild mesenteric lymphadenopathy - suggestive of benign criteria, i.e. mild reactive hyperplasia or possible lymphadenitis.
- Unspecified mild non-homogenous to focally cystic structure adjacent /mildly cranial to urinary bladder - prominent to focally cystic uterine remnant / granuloma, cystic lymphadenopathy, potential emerging mass possible

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Mild hypomotile gastritis with possible gastric grass echoes or similar suspected. Given timeframe from ultrasound to interpretation correlation with current gastrointestinal signs and potential sonographic reassessment is recommended.

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No sonographic evidence of active pancreatitis although mild to chronic pancreatitis may present sonographically normal. If continued or persistent gastric ileus and hyperechoic lumen echoes, gastric endoscopy could be considered for further clarification and potential for biopsies. A full GI panel and screening cortisol level to assess for non-structural intestinal or occult disease as a contributing factor given vague clinical signs may be considered.

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Further assessment of the structure adjacent or cranial to the urinary bladder ideally with high resolution ultrasound or potential CT recommended.



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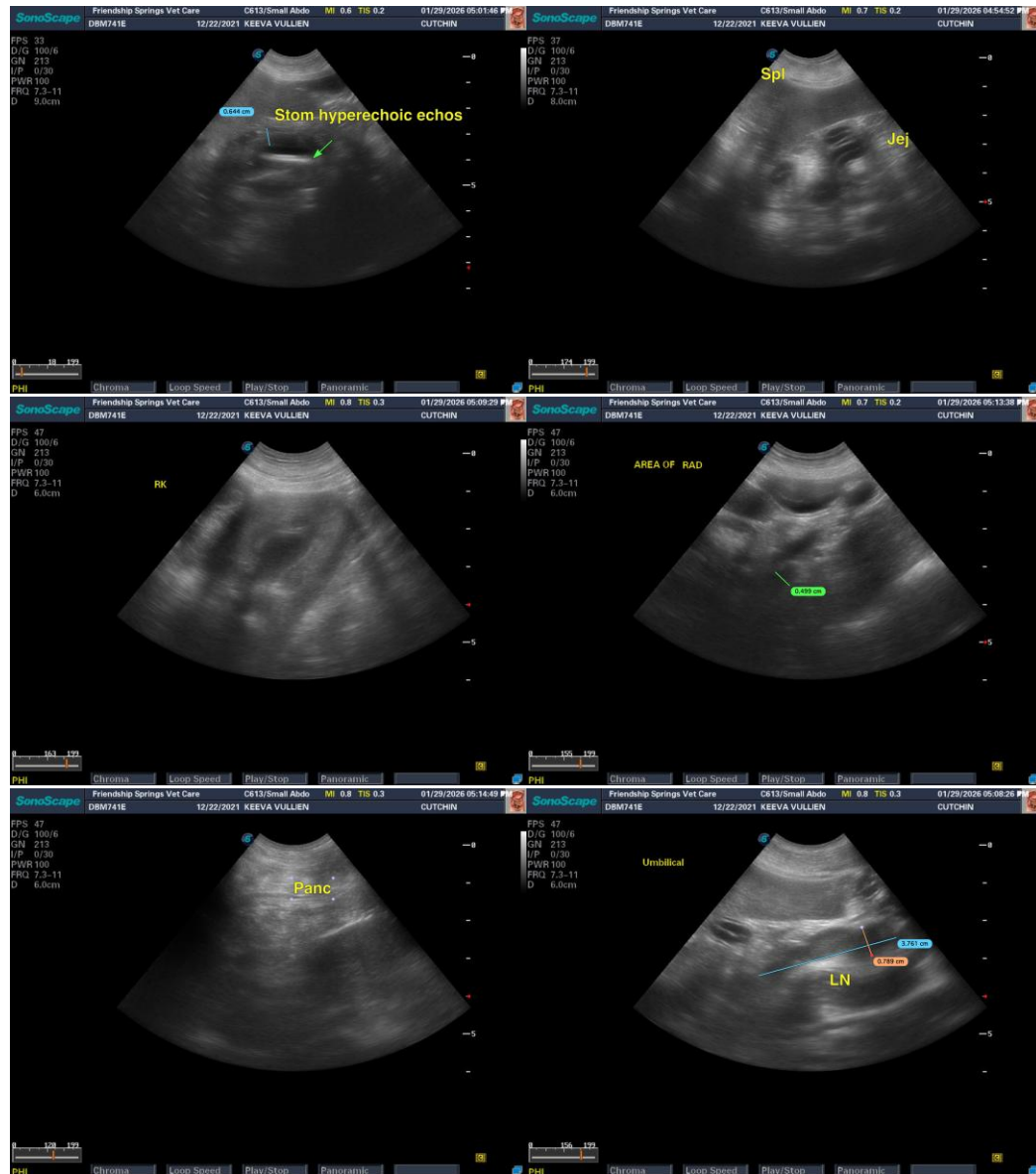
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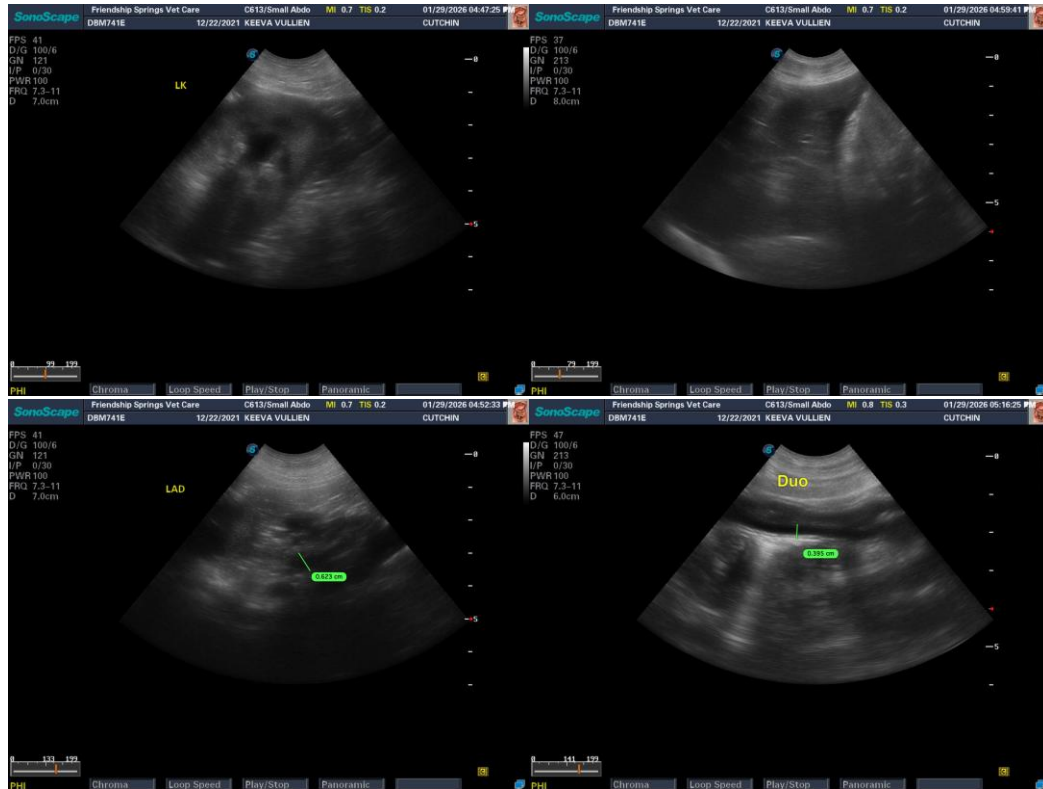
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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