



PATIENT

Darby Phelps

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

Dr. Kelley

INVOICE

12973

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

Pet presented on 12/27 for chronic D+, hyporexia, and new lethargy/ wobbly, despite Metro given night before. PE: Tachycardia, stress, painful on abd. palpation, QAR, erythematous and tacky gums, Distended GB on Afast. Hx of chronic GI upset (D+/V+)hyporexia) Recent HGE at ER 11/20. Meds: Gabapentin, Cerenia, Ursodiol, Denamarin, Trifexis monthly, Meloxidyl for prev. back injury, RC GI low-fat diet.

Abnormal PE/Chem/CBC/UA Results: 11/22/25: Chem: Elevate Potas 5.9 (3.6-5.5) CBC: Platelets 563 (170-400) UA, TT4, Accuplex NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 2.7 cm in length. The right kidney measured 2.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.46 cm width in the caudal pole. The right adrenal gland measured 0.35 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 was subjectively normal in size, structure, and contour. 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 moderate primarily gravity dependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 ileus, obstruction or foreign material. The jejunum wall measured 0.27 cm wall width. The duodenum wall measured 0.34 cm wall width.

Normal visible colon wall layers were present with current formed fecal matter in lumen.

Pancreas

The pancreas was normal in size with indistinct pancreatic capsule contour and isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

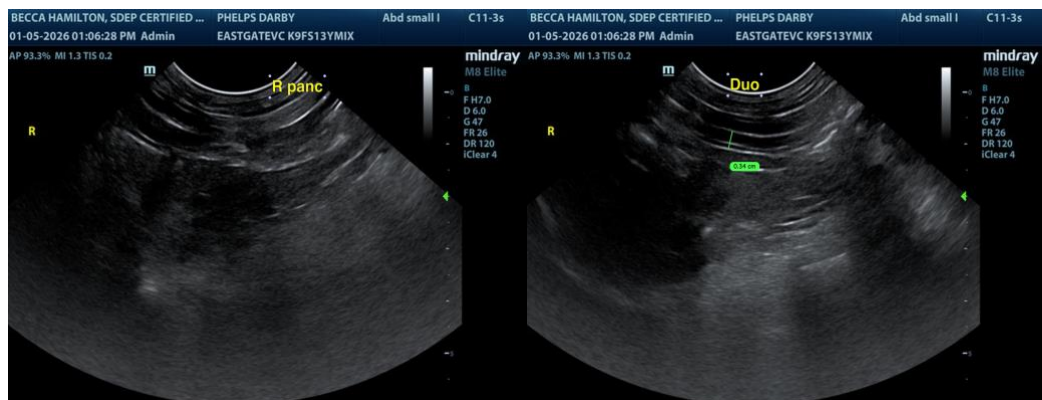
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract/colon with current formed fecal matter.
- Mild heterogeneous remodeled pancreas.
- Age-related renal/adrenal changes.
- Nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology, specifically gastroenterocolic or pancreatic pathology. At times, gastrointestinal and pancreatic presentation may not correlate with clinical history. A GI panel to include PLI, TLI, cobalamin and folate and fresh fecal analysis is suggested. Although considered less likely given the normal adrenal presentation, screening cortisol level to rule out occult Addison's disease is warranted. Correlation with neurological and musculoskeletal examination is indicated. Gastrointestinal support which may include hydrolyzed diet trial, high colony count probiotics such as Provable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming despite fecal testing and as needed gastroprotectants may prove beneficial. Adverse effects on normal gastrointestinal flora with Metronidazole use may be considered.





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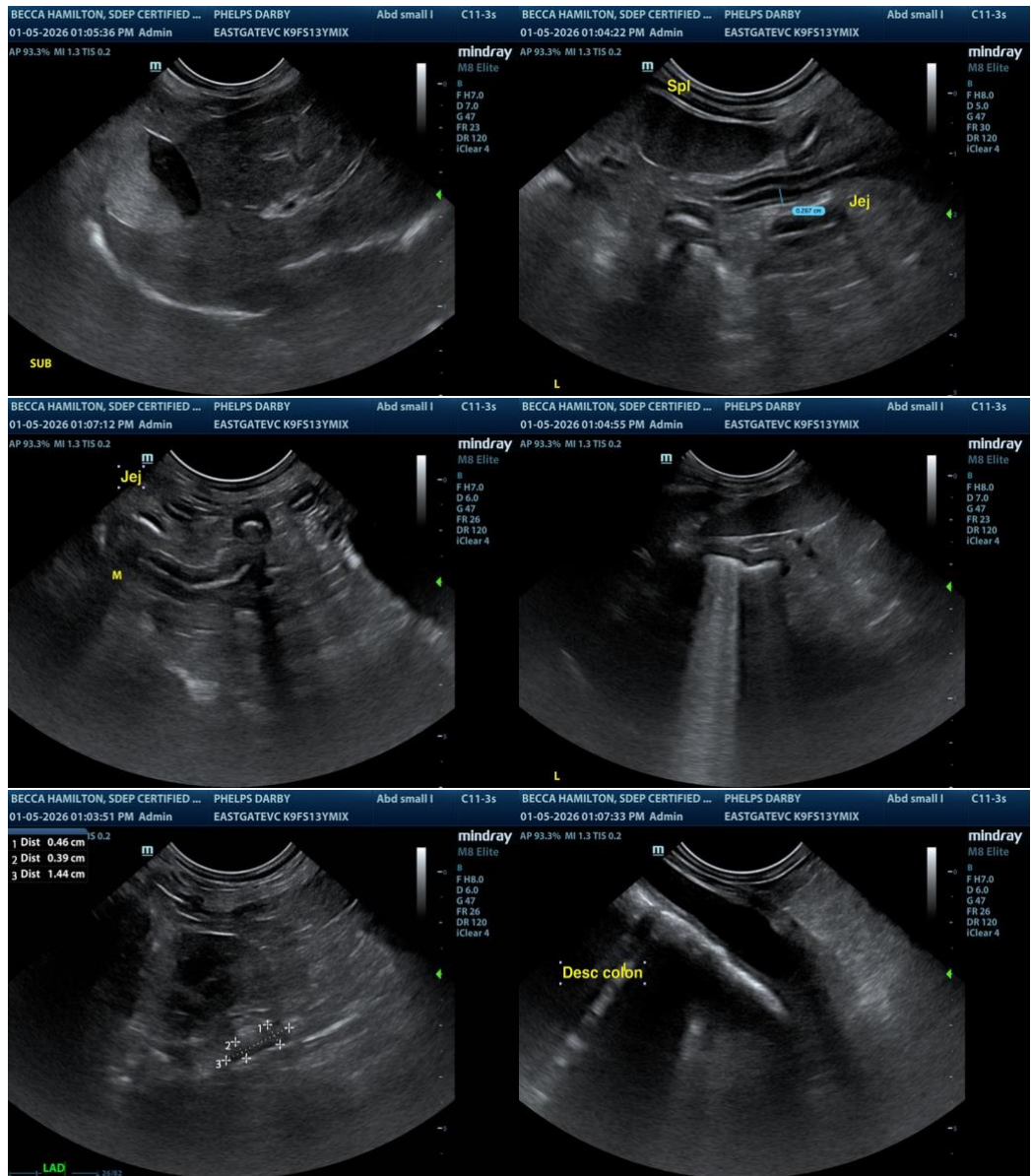
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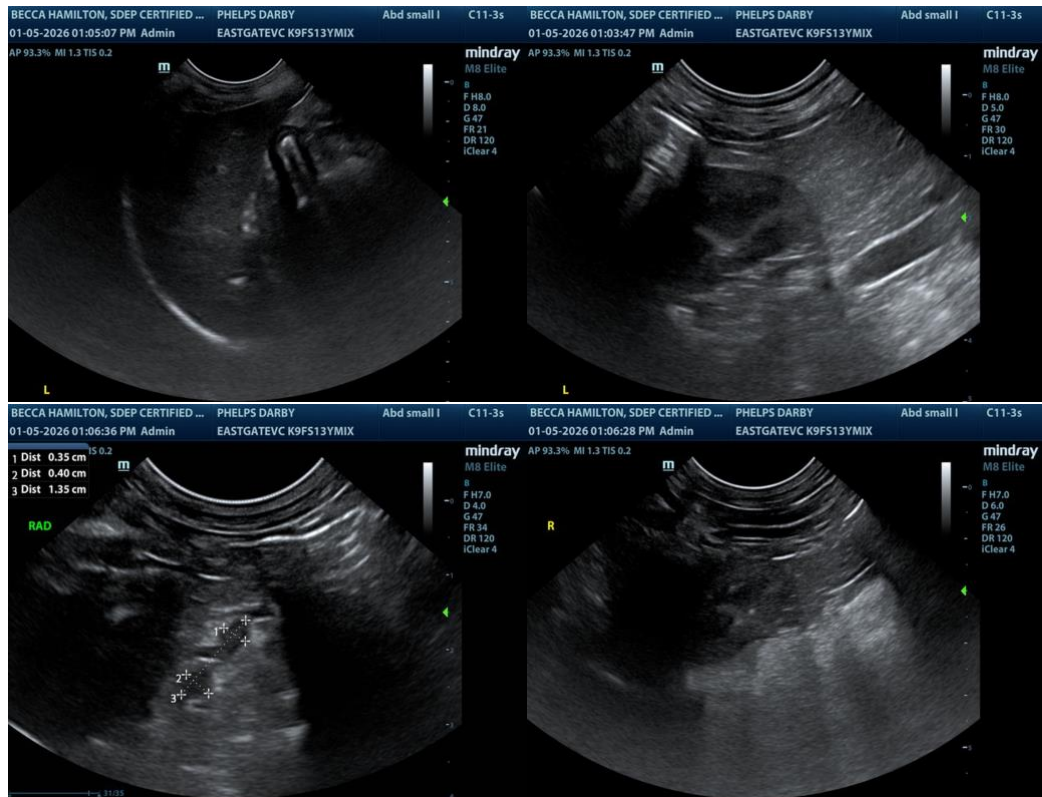
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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