



**PATIENT**

Spot Kuhns

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

NM

**AGE**

12 years

**WEIGHT**

60 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Salem Oregon  
Animal Rehab

**REFERRING VET**

Dr. Rowley

**INVOICE**

10510

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

Owner noticed behavioral changes at home. Eating well, no obv. changes in urination, d/v, etc; no obv. changes on PE. BW showed mild inc. in ALKP. Meds: Gabapentin 300 mg, Amantadine  
Abnormal PE/Chem/CBC/UA Results: ALK 547

**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 evidence of urine or lumen sediment. Small dependent lumen calculi were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral to small renoliths were present. Left kidney caudal cortical infarct was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.1 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 0.72 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 was mild to moderately 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. The gallbladder was non-distended in size containing primarily anechoic content with moderate, nonorganized congealed gallbladder debris. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental mild nonshadowing ingesta / chyme without signs of ileus, obstruction or foreign material.

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

***Pancreas***

The area of the pancreas was sonographically normal.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Small dependent lumen bladder calculi
- Chronic renal changes exhibiting medullary renoliths and left kidney cortical infarcts
- Benign hepatopathy pattern - suggestive of vacuolar hepatopathy criteria
- Nonorganized gallbladder debris (non mucocele)
- Normal gastrointestinal tract with gastrointestinal ingesta - consistent with food echogenicity
- Normal bilateral adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely geriatric or breed-associated abdomen without evidence of significant visceral pathology. Correlation with urinary workup, which may include screening C/S or UPC level, if noninflammatory urine and proteinuria, is recommended. Hepatosupportive medications may prove beneficial. Sonographic reassessment, if evidence of progressive hepatopathy or clinical signs that may suggest an arising adrenal disease, is recommended.



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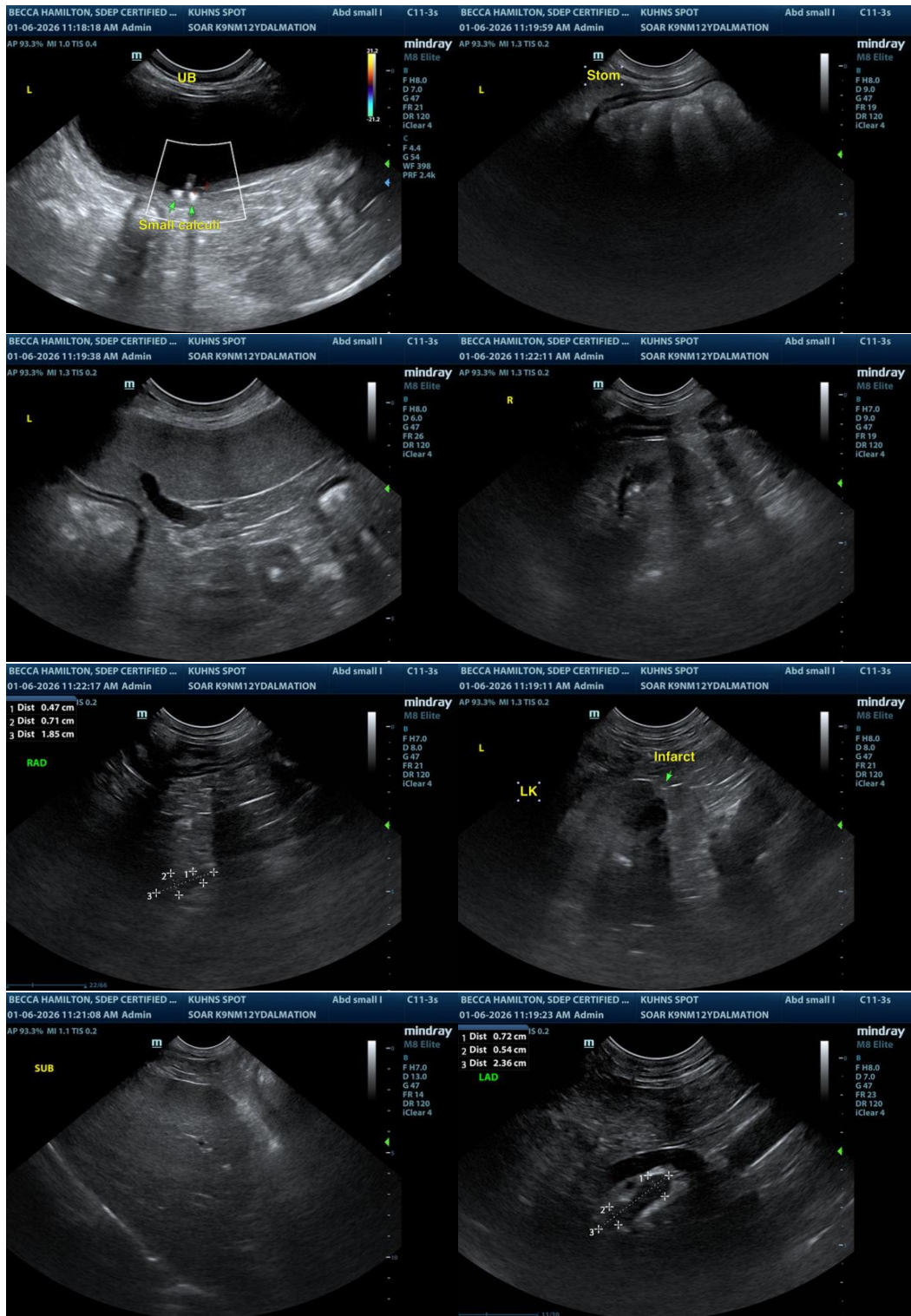
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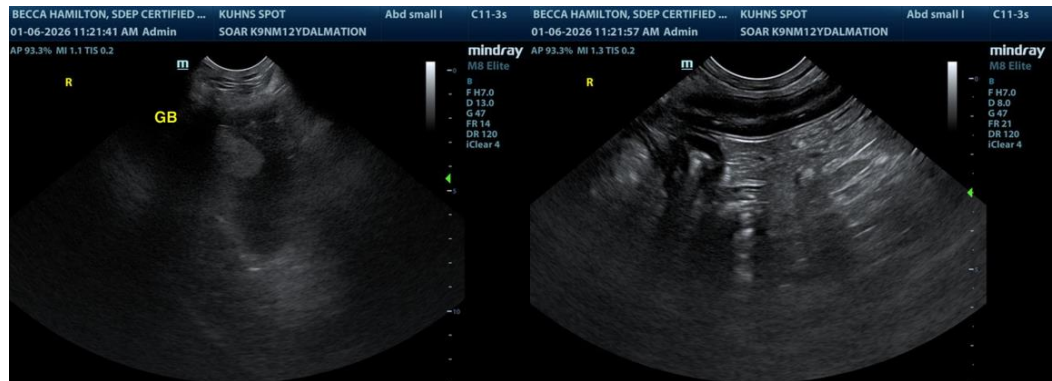
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[info@sonopath.com](mailto:info@sonopath.com)