



PATIENT

Clover Aldrich

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

7 Years

WEIGHT

57 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Holst

INVOICE

13040

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

P has been lethargic and no willing to walk today. Two days prior to this P chased an iguana in backyard's pool and ran a lot, next day P was lethargic and took her to rDVM. They did bloodwork, CREA 2.2 H, BUN 40 H, GLOB 5 H, CHOL 416 H, AMYL 1582 H, and SQ fluids. Currently is not on meds, O's sister mentions O gave activated charcoal and is not sure what kind. No vomit or diarrhea No coughing or sneezing

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 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 indistinct corticomedullary border demarcation. No evidence of pyelectasia was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized and potentially mildly subnormal in size given the patient's body weight. The left adrenal gland subjectively measured 0.48 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.58 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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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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 ileus, obstruction or foreign material.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

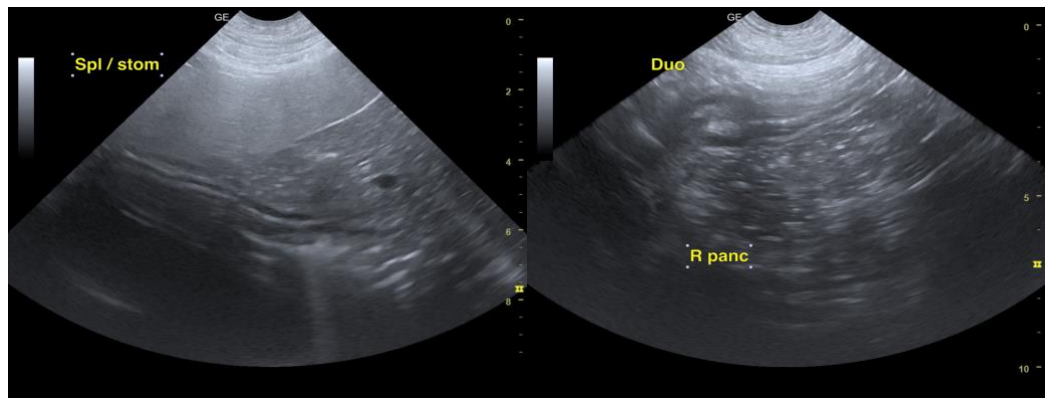
ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild nephropathy.
- Subjective borderline subnormal left adrenal gland.
- Normal gastrointestinal tract.
- Sonographically normal liver/spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal masses or neoplastic criteria. Correlation of the mild azotemia with urinary workup including urinalysis +/- culture/sensitivity or UPC level if clinically indicated is recommended. Mild pancreatitis at times may present sonographically normal and may be suspected of cranial abdomen/subxiphoid discomfort on palpation.

Given patient's history, correlation with musculoskeletal examination is recommended. Leptospirosis screening may be considered if clinically applicable.





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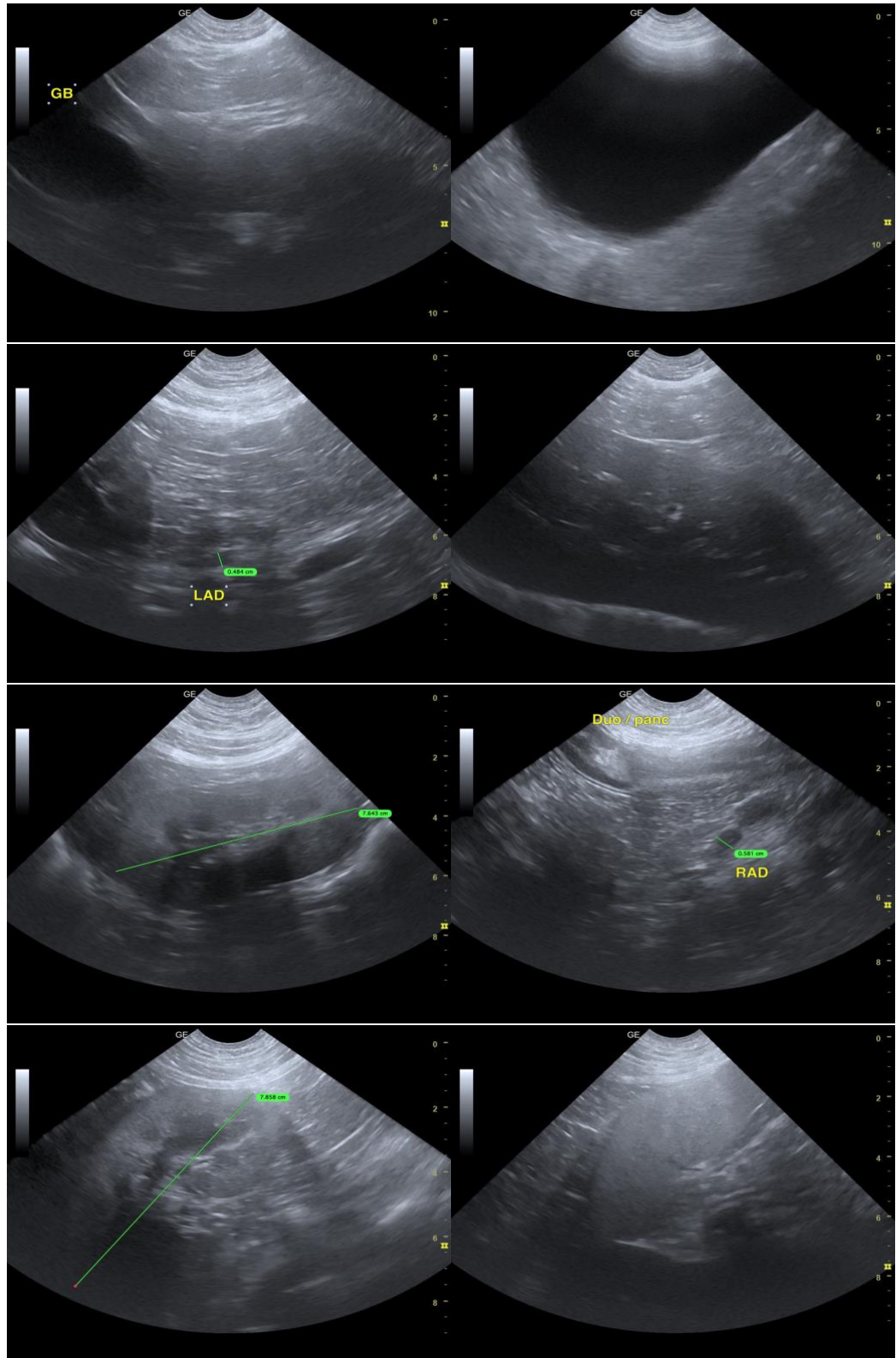
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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