



**PATIENT PRESENTING CLINICAL SIGNS**

Angel Dauberspeck  
 History: Vomiting, ate bones, joint issues/fell recently  
 Medication: Gabapentin, Deramaxx

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine  
**Urinary System**

**BREED**  
 Lab Mix  
 The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 changes were noted.

**SEX**  
 FS  
 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm.

**AGE**  
 11 years  
 The area of the aortic trifurcation was free of pathology.  
**Adrenal Glands**

**WEIGHT**  
 76.5 Pounds  
 The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.58 cm at the caudal pole. The right adrenal gland measured 3.0 cm length x 0.81 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**  
 R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)  
 The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING PERFORMED BY**  
**Liver**

Rebekah Jakum, CVT  
 ARDMS/RVT  
**HOSPITAL NAME**  
 Community VP  
 The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with very minor echogenic luminal debris present. The cystic and common bile ducts were normal.

**REFERRING VET**  
**Gastrointestinal**

Dr. Hulshizer  
 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. Mild luminal gas was present. Gastric body wall measured 0.50 cm.

**INVOICE**

26252  
 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. Jejunum wall measured 0.37 cm.

**DATE**

10.13.2021  
 Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT** *Pancreas*

Angel Dauberspeck

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.

**SPECIES**

Canine

*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Lab Mix

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen for age
- Possible mild gastritis

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without evidence of significant visceral pathology, including no evidence of gastrointestinal foreign material or mechanical/metabolic ileus. Continued as needed gastrointestinal support should prove beneficial if the patient is exhibiting continued vomiting. Resting cortisol level may be considered to rule out occult Addison's disease if persistent vomiting.

**AGE**

11 years

**WEIGHT**

76.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Community VP

**REFERRING VET**

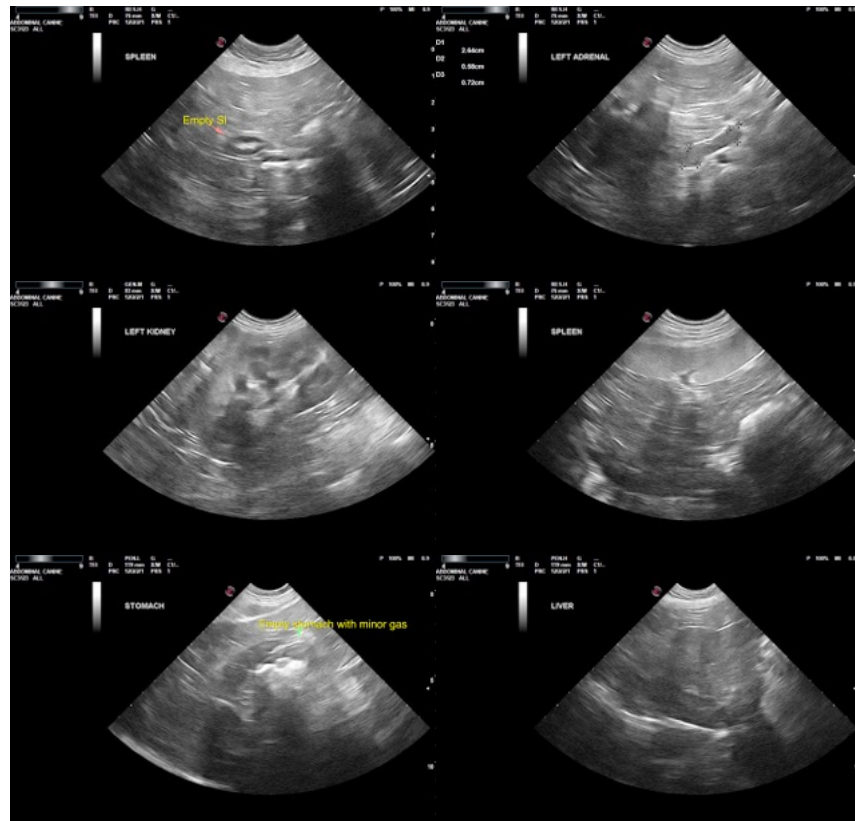
Dr. Hulshizer

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**PATIENT**

Angel Dauberspeck

**SPECIES**

Canine

**BREED**

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**SEX**

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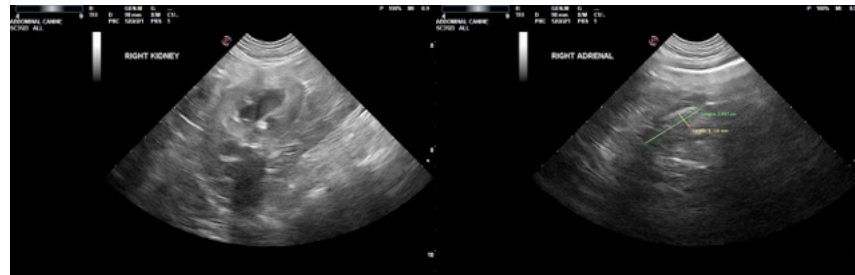
Dr. Hulshizer

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)**  
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