

**PATIENT**

Peanut Butter Paoletti

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

13 Years 2 Months

**WEIGHT**

29

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**Stanglein Veterinary  
Clinic**REFERRING VET**

Dr. Erin Rothrock

**INVOICE**

12211

**DATE**

11/11/25

**PRESENTING CLINICAL SIGNS**

Few month history of PU/PD. Recently, had an acute episode of gastroenteritis that was managed supportively. Grade 2/6 historic heart murmur with no change recently. Owner reports decreased appetite recently. Current Meds: Proin ER, Provable 1c SID, Omeprazole 20mg 1t PO SID, Ondansetron 6mg PO q8hr, Metronidazole 125mg 1t PO BID, sulfasalazine 500mg 1/2t PO q8hr

Abnormal PE/Chem/CBC/UA Results: Mild hypercholesterolemia only abnormality on CBC/chem/lytes. USG 1.016 but urinalysis otherwise unremarkable. ACTH stim unremarkable.

**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 4.3 cm in length. The right kidney measured 5.3 cm in length with possible mild underestimation of right kidney size.

**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 0.38 cm width in the caudal pole. The right adrenal gland measured 0.38 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**

The liver presented mildly 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 with nondependent variably hyperechoic 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.

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**

- Mild benign hepatomegaly- benign.
- Nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract.
- Age-related renal/adrenal changes, normal bilateral adrenal size.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given previous and current gastrointestinal signs, a GI panel to include PLI, TLI, cobalamin and folate to assess for mild to chronic pancreatitis and nonstructural intestinal disease is suggested. Overall, no obvious abdominal pathology as a definitive cause of the patient's PU/PD and gastrointestinal signs. Although unremarkable urinalysis and lack of hepatic enzyme elevations, renal staging to include culture/sensitivity +/- baseline UPC level or leptospirosis titers/PCR may be considered.





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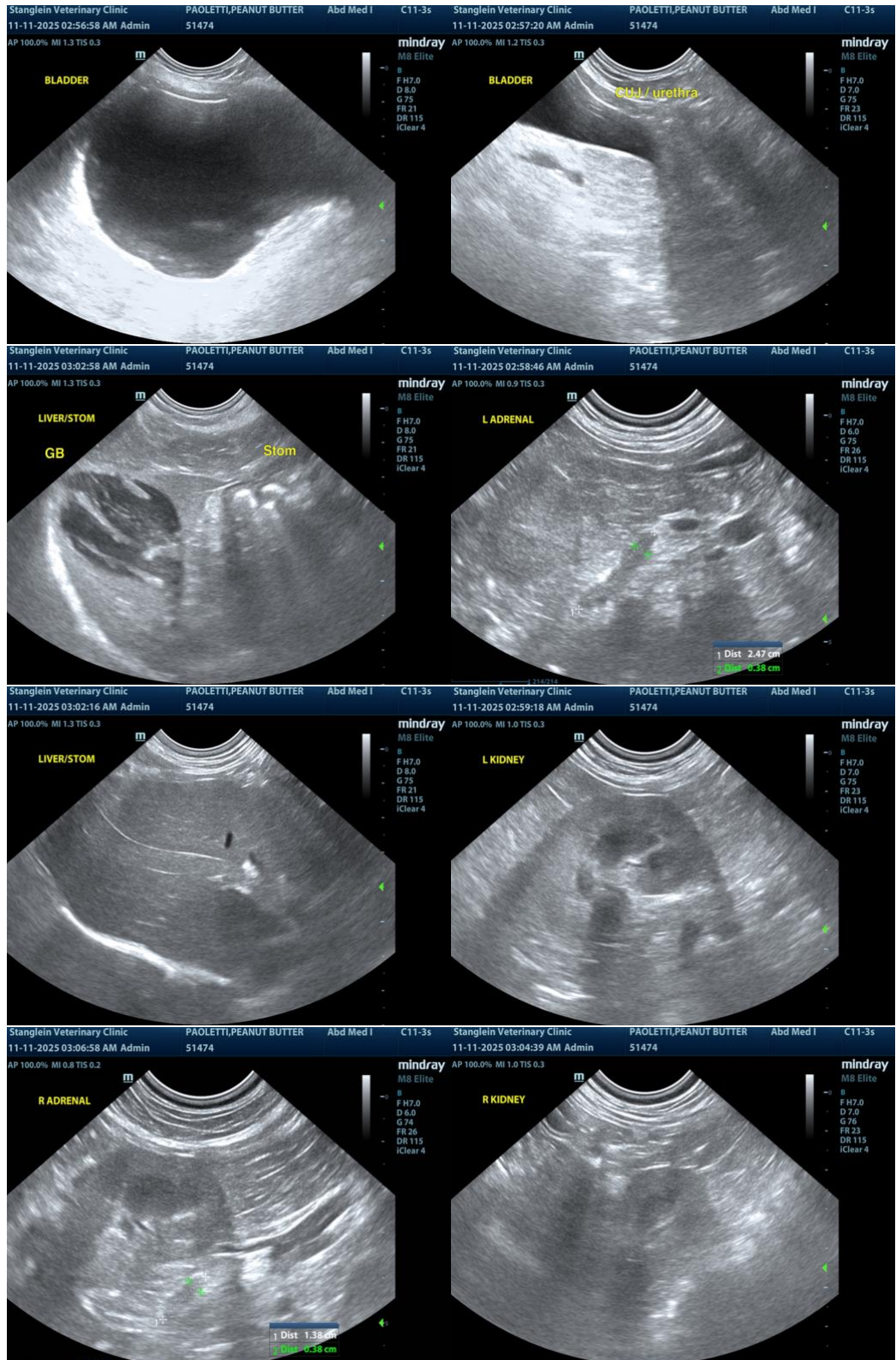
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)