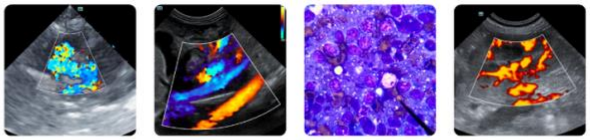


PATIENT

Leo Boyd

SPECIES

Canine

BREED

Australian Kelpie

SEX

Neutered Male

AGE

8 Years

WEIGHT

38 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Cofru Veterinary Clinic

REFERRING VET

Dr. Brooke Beatty

INVOICE

12257

DATE

11/14/25

PRESENTING CLINICAL SIGNS

P presented for 2 day hx of not eating, lethargy and 105.2F fever. P had similar flare up in March.

Abnormal PE/Chem/CBC/UA Results: 11/14/25 4dx negative x4 CBC- Retic Hgb 21 pg, Neut 14.26 K/µL, Lymph 1.04 K/µL, Eos 0.01 K/µL, Plt 134 K/µL Chem- Amylase 1598 U/L, Lipase 1910 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

No evidence of pathology in the area of the residual prostate.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 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 0.66 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.48 cm width at the caudal pole.

Spleen

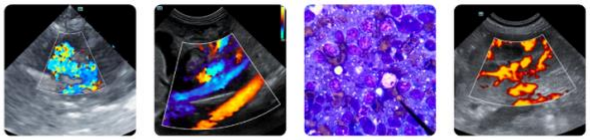
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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 mild lumen gas. No evidence of ingesta, fluid or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental minor intestinal gas pattern without mechanical/metabolic ileus to the level of the colon.

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

- Sonographically normal gastrointestinal tract.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as an obvious cause of the patient's clinical signs or fever. Mild pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. A GI panel to include PLI, TLI, cobalamin and folate, three view chest radiographs, neurological/musculoskeletal examination and expanded infectious disease serology to assess for nonobvious disease as a contributing factor may be considered. Gastrointestinal support is indicated.

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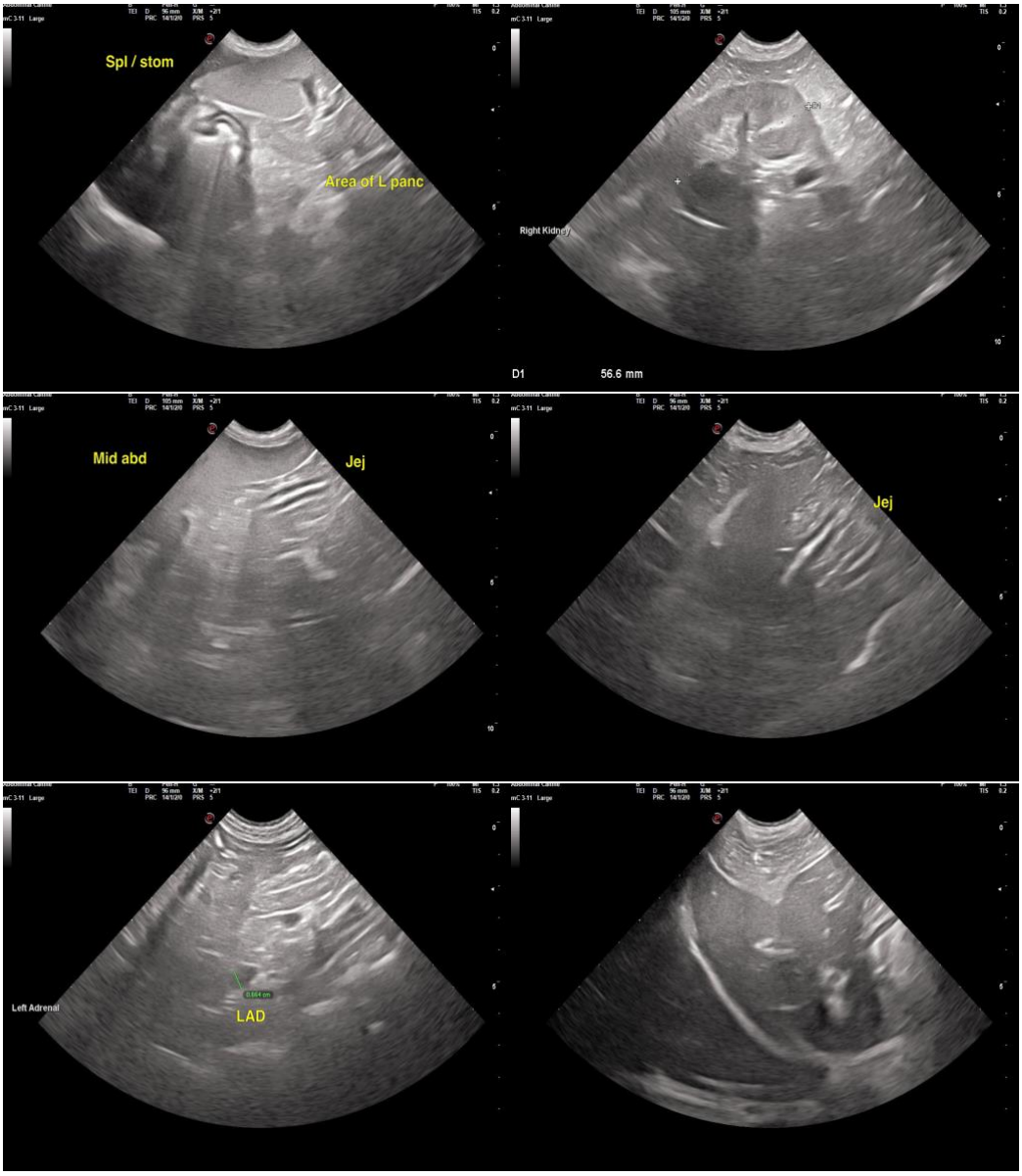

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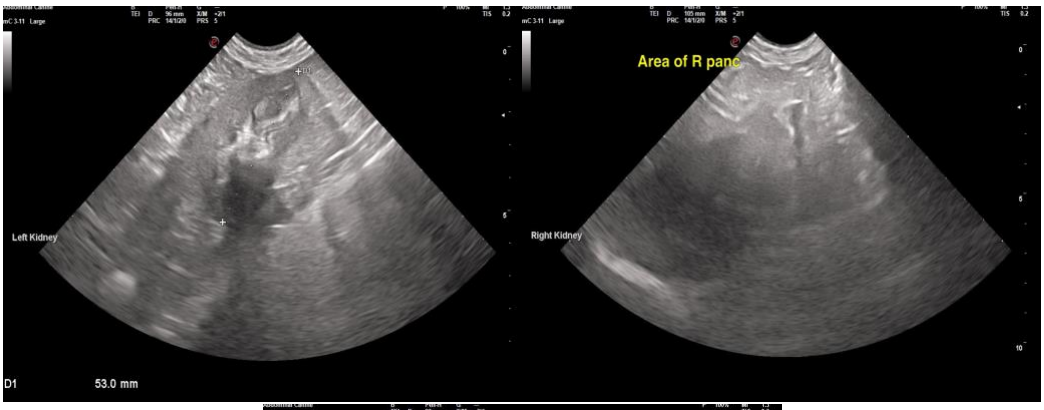

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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