



**PATIENT**

Shadow Johnson

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

2013

**WEIGHT**

43

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Mt. Airy Animal  
Hospital

**REFERRING VET**

Dr. Riley

**INVOICE**

12308

**DATE**

11/17/25

**PRESENTING CLINICAL SIGNS**

Chronic GI issues, possible pancreatitis, recent history of vomiting foreign material

Medication: Cerenia, gabapentin, Denamarin, Carafate

**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, urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 5.7 cm in length. The right kidney measured 6.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity with subtle nodular changes and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.1 cm in length x 0.76 cm width in the caudal pole. The right adrenal gland measured 2.2 cm in length x 0.57 cm width in the caudal pole.

**Spleen**

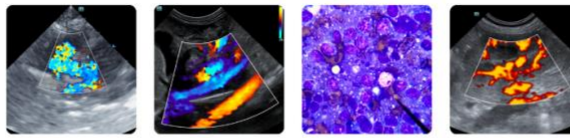
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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.

**Liver**

The liver presented subjective 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. A solitary thinly walled intraparenchymal cyst was visualized in the ventral mid liver measuring 1.9 cm in diameter.

The gallbladder was non distended in size with mild nonorganized primarily caudal lumen biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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The stomach presented with intact mildly thickened wall. The stomach contained a mild amount of retained anechoic fluid and nonshadowing hyperechoic ingesta. No evidence of obstruction to pyloric outflow. Gastric body wall measured 0.75 cm wall width.

**SPECIES**

Canine

The small intestine presented intact wall layering exhibiting segmental to generalized mildly thickened duodenojejunal mucosa. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.56 cm width. Intact wall layering noted at the level of the ileocolic junction.

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Normal visible colon wall layers were present with soft fecal matter in lumen.

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The area of the pancreas was sonographically normal.

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**Free Abdomen**

A solitary to intermittent swollen to nonhomogenous mesenteric lymph nodes were visualized with an example measuring 2.2 cm x 1.8 cm. No evidence of peritoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with benign intraparenchymal cyst.
- Nonorganized gallbladder debris (non-mucocele).
- Chronic gastroenteropathy pattern exhibiting nonobstructive hypomotile stomach, intact thickened small intestine wall and soft fecal matter in colon.
- Sonographically normal area of pancreas.
- Variable enlarged to swollen nonhomogenous mesenteric lymphadenopathy.
- Age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical gastrointestinal obstructive pattern or overt foreign material, IBD or other inflammatory enteropathy in conjunction with dietary intolerance, infectious disease, mild chronic pancreatitis (which may present sonographically normal) or emerging to occult neoplasia are all potentials. A GI panel to include PLI, TLI, cobalamin and folate and fresh fecal analysis are recommended. Assuming normal clotting status, accessible lymph node and hepatic FNA cytology are warranted for further clarification. Continued hepatogastrointestinal support, hydrolyzed diet trial with probable long term dietary therapy, high colony count probiotics such as Provable, cobalamin supplementation (pending assessment of cobalamin level) and empirical deworming may prove beneficial. Hepatogastrointestinal and lymph node biopsies may be required for a definitive diagnosis.

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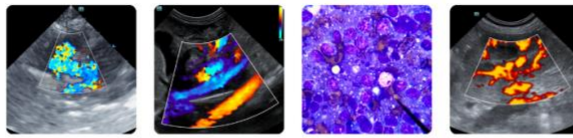
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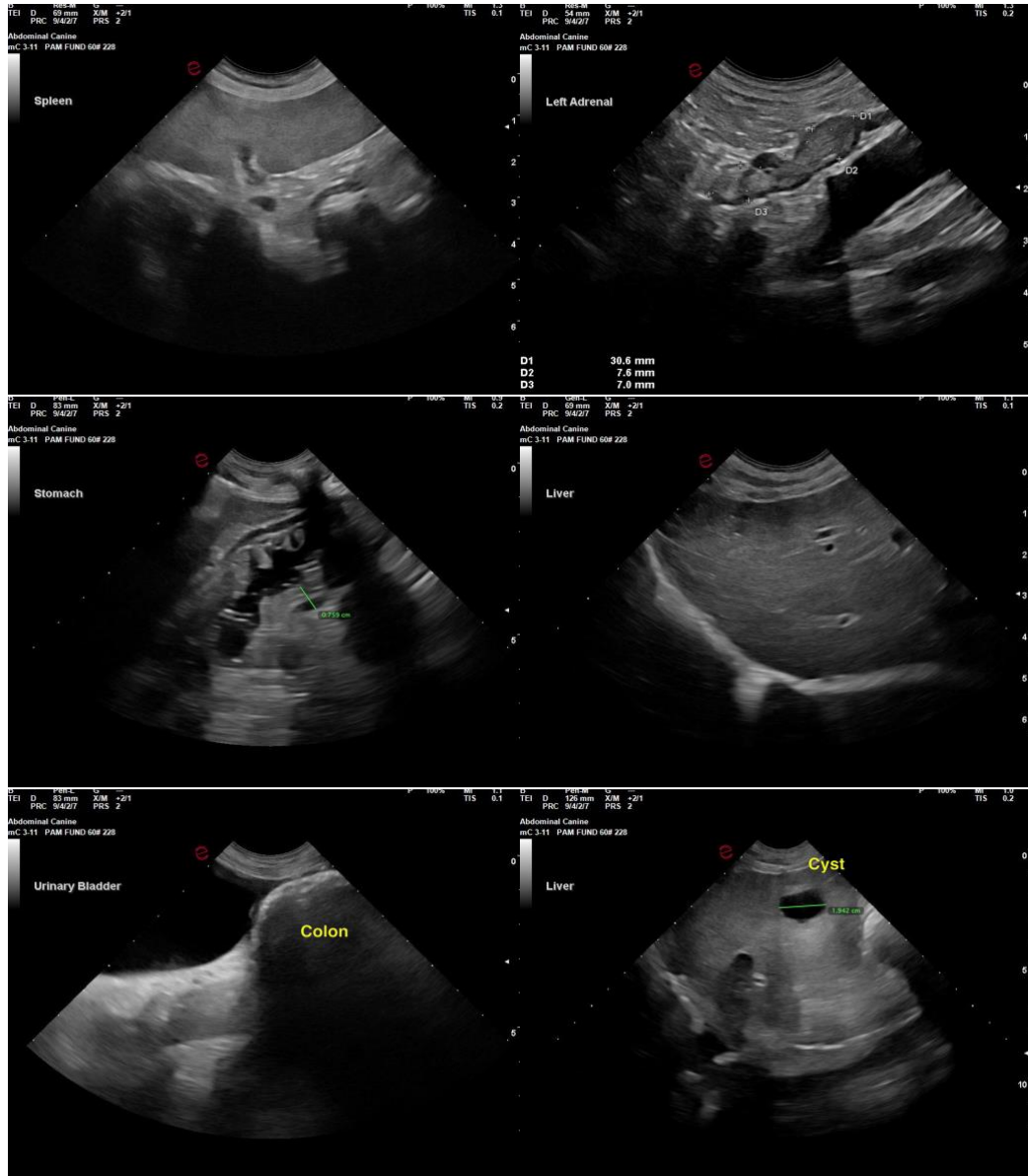
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)