



PATIENT

Joy Penner

SPECIES

Canine

BREED

Lab Retriever

SEX

FS

AGE

9 years

WEIGHT

32.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah
Barthelemy

HOSPITAL NAME

VCA Coach Hill AH

REFERRING VET

Dr. Barker

INVOICE

10368

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Some weight loss since May 2024. Otherwise clinically normal.

Abnormal PE/Chem/CBC/UA Results: Persistent SDMA elevation and isosthenuria

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

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 7.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

An indistinctly margined, mild nonhomogeneous, nonmineralized nodule was present in the cranial left adrenal gland with mild associated cranial left adrenal enlargement. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 2.5 cm x 0.88 cm. The left adrenal gland measured 0.65 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

The spleen was subjectively mild enlarged with maintained symmetrical contour. The spleen exhibited generalized mild heterogeneous parenchyma with normal vascularity. There were no visualized splenic masses or nodules.

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.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta, consistent with food echogenicity without signs of 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 contained segmental, similar-appearing mild intestinal ingesta / chyme without an obstructive pattern to the level of the colon.

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

SEX

Pancreas

FS

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 were evident.

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Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

32.4 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Sonographically normal gastrointestinal tract with gastrointestinal ingesta 0 ingesta consistent with food / chyme
- Mildly enlarged heterogeneous spleen - hyperplasia, hematopoiesis, inflammation, sedation if clinically applicable, emerging to occult splenic neoplasia possible
- Sonographically normal bilateral kidneys
- Indistinct cranial left adrenal nodule - adenoma or mild hyperplasia favored, minor potential for emerging left adrenal tumor

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

VCA Coach Hill AH

Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended to assess for occult disease as a contributing factor to the weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Correlation with most recent meal ingestion is recommended. There is no evidence of a gastrointestinal obstructive pattern or foreign material.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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Sonographic monitoring of the left adrenal nodule for evidence of progression with concurrent monitoring of systemic BP for evidence of hypertension, which may potentially allude to emerging left pheochromocytoma, is recommended.



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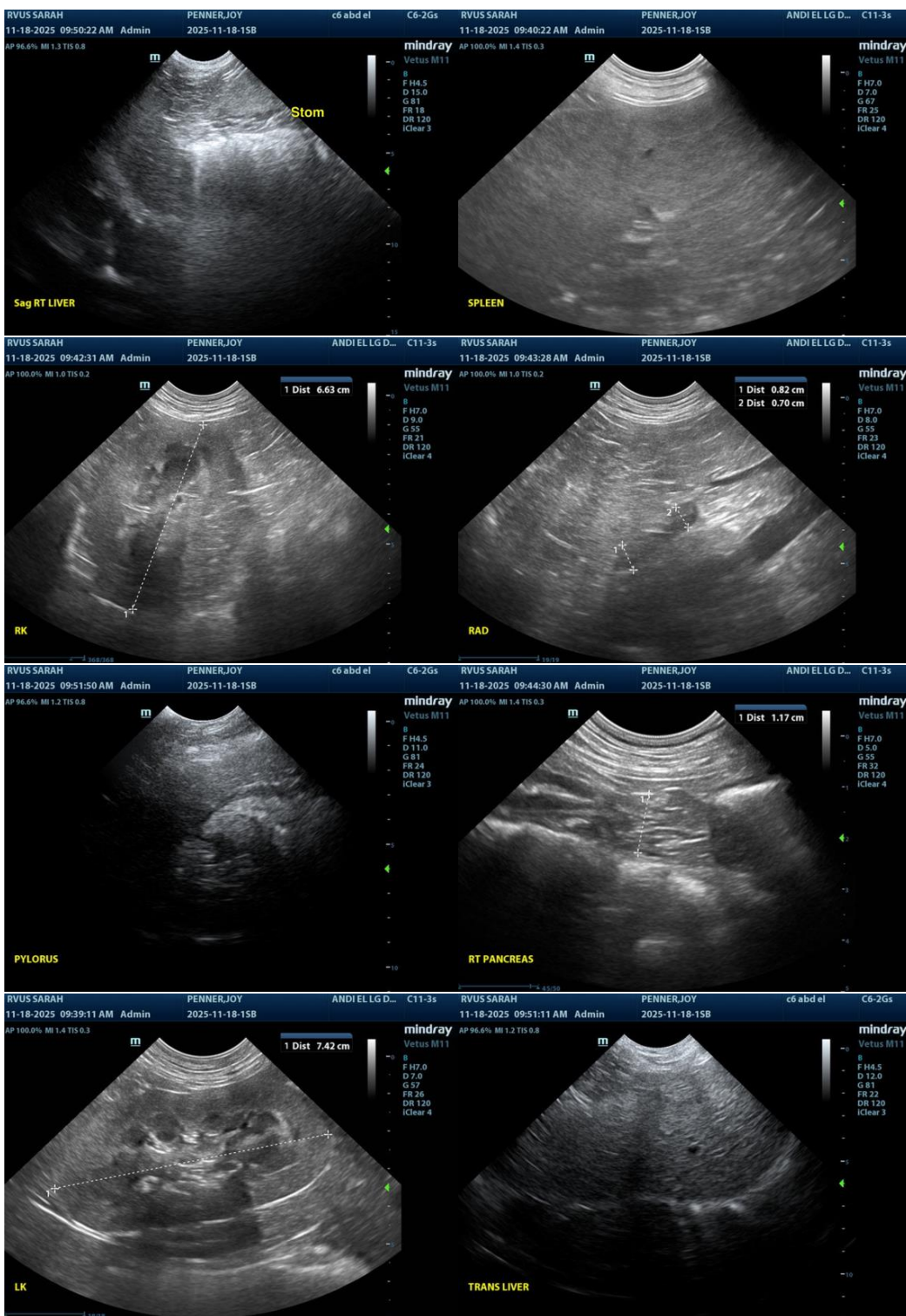
Dr. Barker

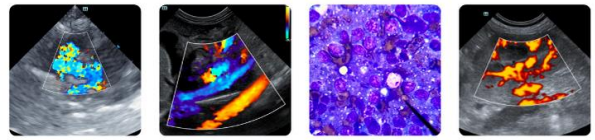
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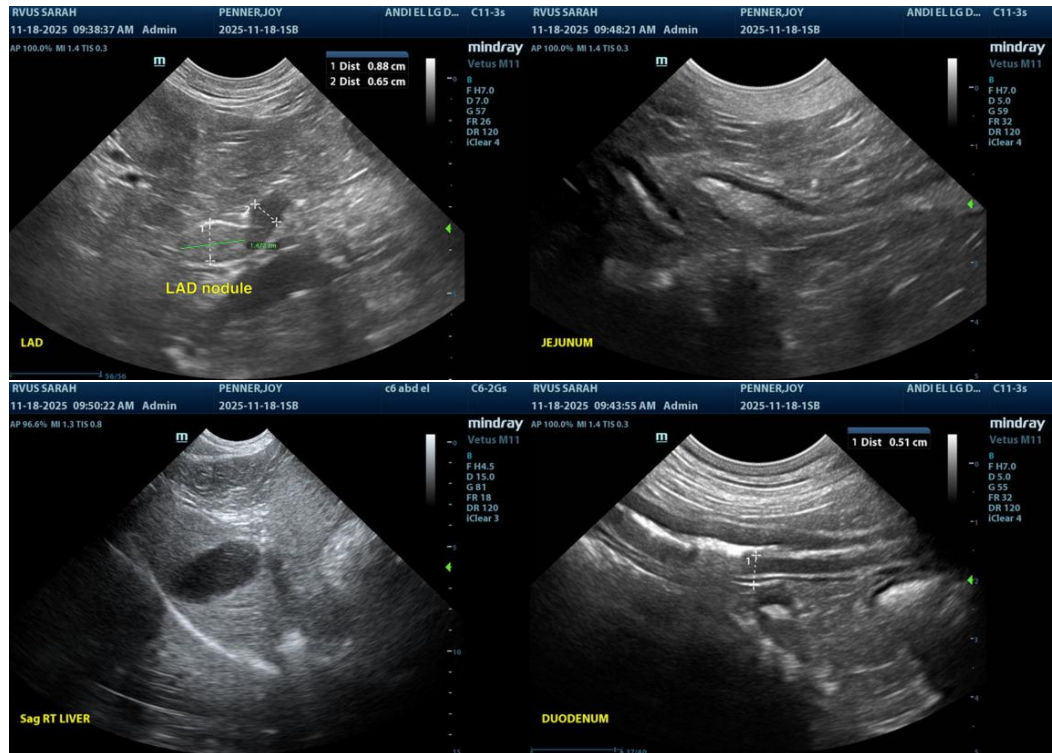
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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