



PATIENT

Luna Christman

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

9.5

WEIGHT

12.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road VH

REFERRING VET

Ashley Tichy

INVOICE

12833

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: HX of hypertension and elevated kidney values and UPCR Presented 11/17 for diarrhea, vomiting, lack of appetite, lethargic that started the last past 1 to 2 days. On Friday patient vomited plastic and fabric, has not thrown up since. Has had diarrhea over the weekend. Has a decreased appetite, barely eating chicken and rice. O says p had blood in the stool Sunday night, only time it happened, o says p has not had a bowel movement since then. O says p does eat other pet's stool; the other pet does eat plastic and fabric things a lot that tend to come out in his stool. O reports she did eat a small amount 11/17 around 6:30 AM. Was on IV fluids and received Cerenia 11/17. Pt did not eat last night or this morning. O offered chicken, rice, pumpkin and P showed no interest. O had to medicate (telmisartan, benazepril, visbiome) P forcefully by coating meds in pb and then putting pills in back of throat. this am. Urinating normally, no bm observed, ambulating fine up/downstairs. O states P was lethargic this am, but O states that is not uncommon. No vomiting. P has been drinking more water than normal this am- drank ~1 1/4 bowls of water this am. Concern for foreign body obstruction.

Abnormal PE/Chem/CBC/UA Results: PE: Tense on abdominal palpation (more sensitive on cranial abdomen during ultrasound) slight distension to abdomen. Significant dental tartar. Normal TPR. Ultrasound images at end of intestinal segments that appeared abnormal compared to rest. BW today shows significant elevation in kidney values since BW in April. See attached lab work for all results.

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 and minor, indistinct corticomedullary border demarcation. 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. Pinpoint to minor medullary mineral was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.2 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 0.69 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm.

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.



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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 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 distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation and effusion was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, non-shadowing ingesta without signs of 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 generalized empty lumen prohibiting full evaluation of the colon wall. Subjective mild thickened intact colon wall measured 0.43 cm.

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

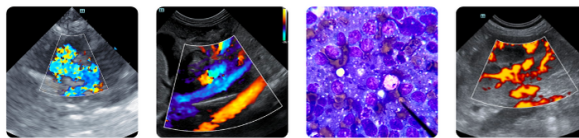
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Mild age-related kidneys with minor medullary mineral
- Hepatopathy – subjective benign
- Immature gallbladder mucocele
- Sonographically normal gastrointestinal tract with non-shadowing gastric ingesta
- Probable colitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material or obstructive pattern with mild metabolic gastric stasis probable, assuming documented NPO. The kidneys did not appear to be in stage indicating potential for acute renal insult such as infectious disease or toxic insult. Correlation with urinalysis including C/S and UPC level is recommended. Assuming normal clotting status, further assessment of the liver may include FNA cytology and leptospirosis titer/PCR in conjunction with suspect acute kidney insult. Although considered less likely, screening cortisol level to rule out occult Addison's



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disease may be considered. Hepatorenal and intestinal support indicated with clinical monitoring.

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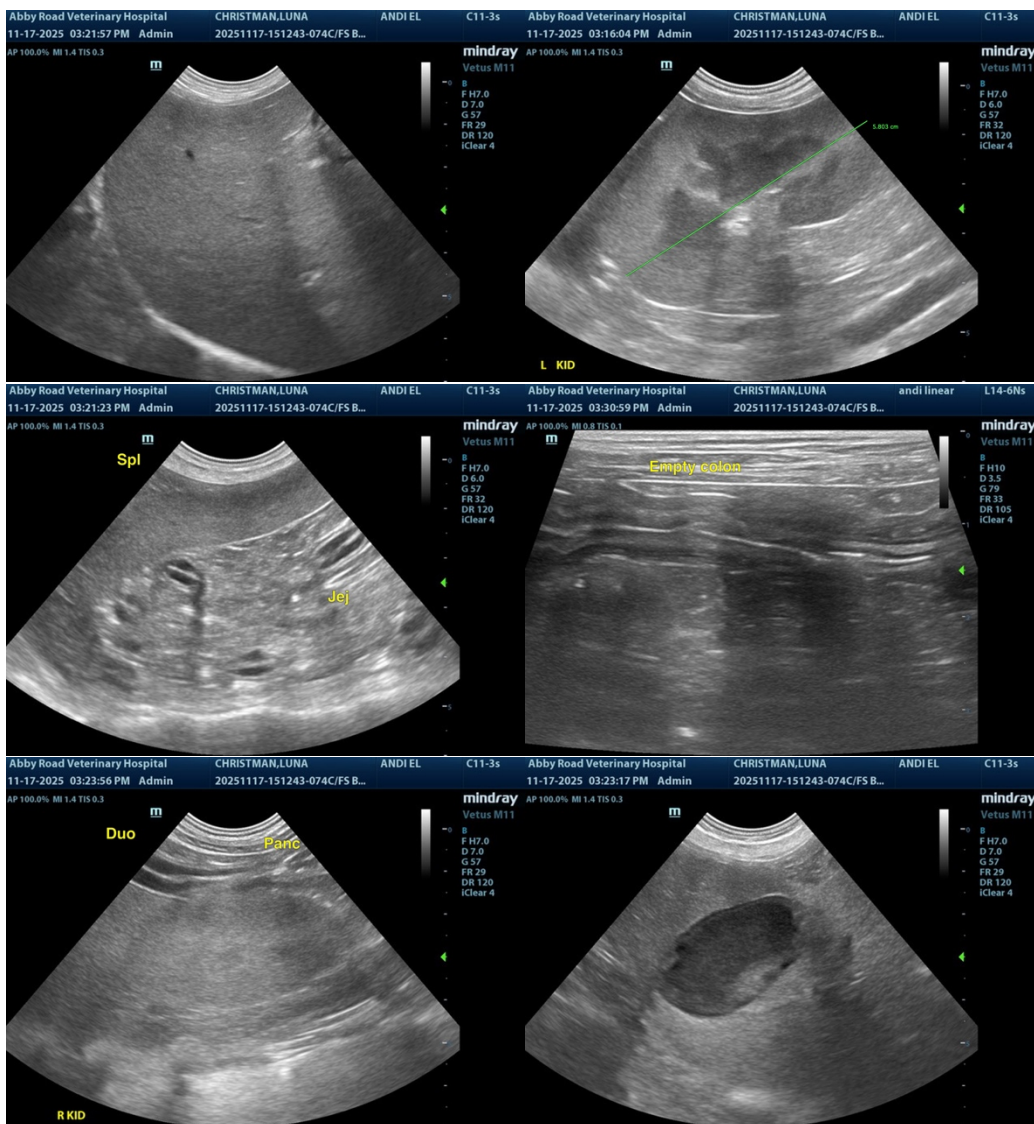
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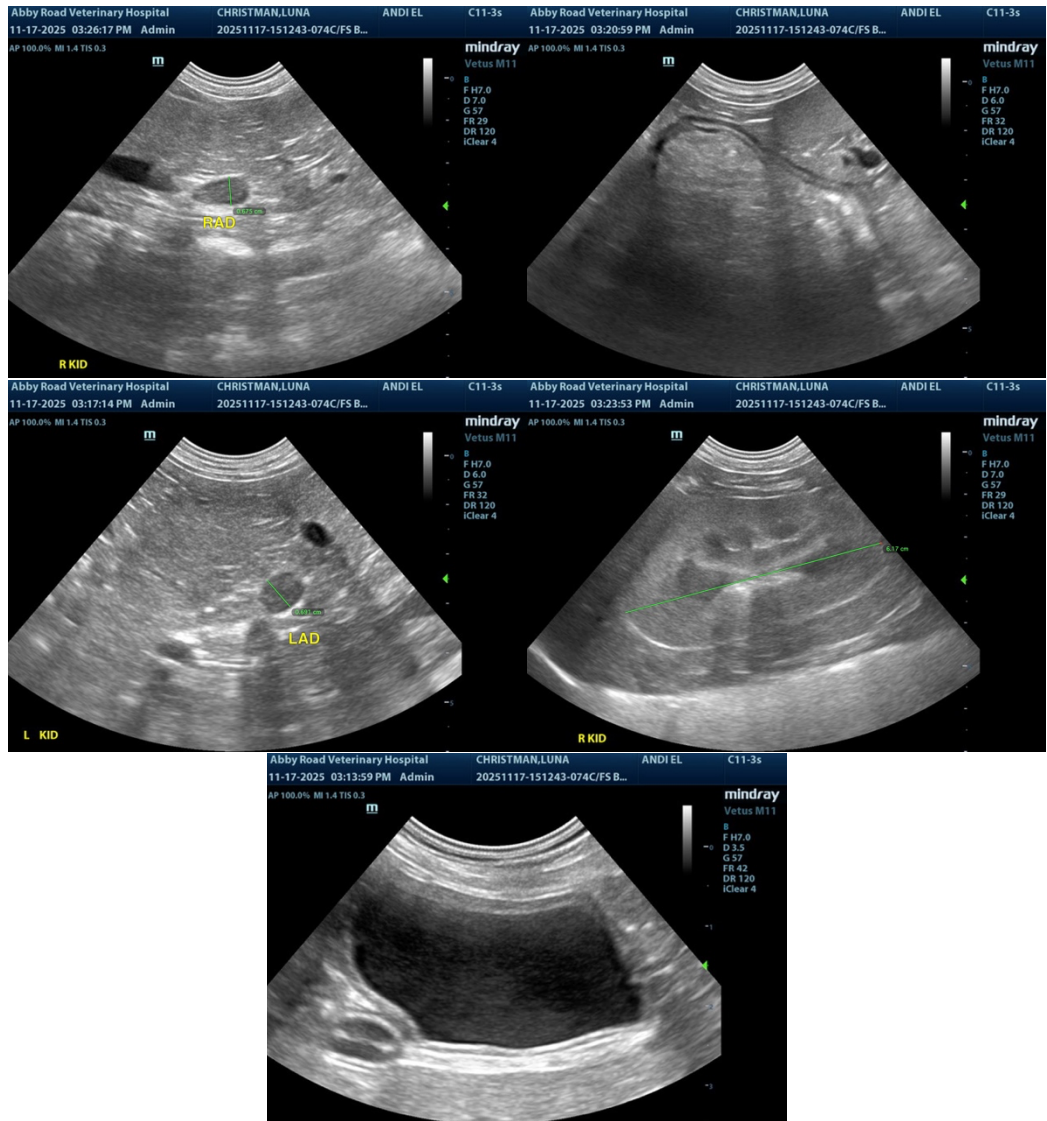
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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