

PATIENT

Wally Bridgham

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

MN

AGE

11 yrs

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

10358

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Patient has not eaten in two days and has been vomiting. history of pancreatitis. usually he is on I/D but eats grass sometimes

Abnormal PE/Chem/CBC/UA Results: CBC. leukopenia, lymphopenia, monopenia Chemistry. BUN > 140, creatinine 12.4, phosphorus > 15, calcium 12.6, total bilirubin 0.6 EPOC. sodium 137, BE -11.1, PH 7.349, BUN > 120, creatinine 12.93 (NaK ratio 30) Radiograph report attached CpLi. abnormal (strong) USG. 1.016

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 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 6.1 cm in length. The right kidney measured 6.8 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 0.73 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary to possible intermittent, discreet, hypoechoic, nondisruptive splenic nodules. An example measured 1.2 cm diameter.

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 containing primarily anechoic content with mild, nondependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



PATIENT

Wally Bridgham

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

MN

AGE

11 yrs

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

10358

DATE

11/18/25

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas, without evidence of retained ingesta, fluid, 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. There is no evidence of mechanical / metabolic ileus to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically unremarkable.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

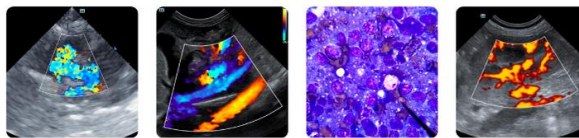
- Sonographically normal empty gastrointestinal tract
- Normal area of pancreas
- Mild age-related renal changes
- Sonographically normal left adrenal gland
- Nondisruptive splenic nodules
- Minor gallbladder debris (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal obstructive pattern, foreign material, or sonographic evidence of active pancreatitis. Mild pancreatitis, at times, may present as sonographically normal.

The kidneys did not appear to be end-stage, which may suggest acute renal insult, i.e., infectious disease, toxin, etc.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound-guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



PATIENT

Wally Bridgham

SPECIES

Canine

BREED

Labrador Retriever

Mix

SEX

MN

AGE

11 yrs

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

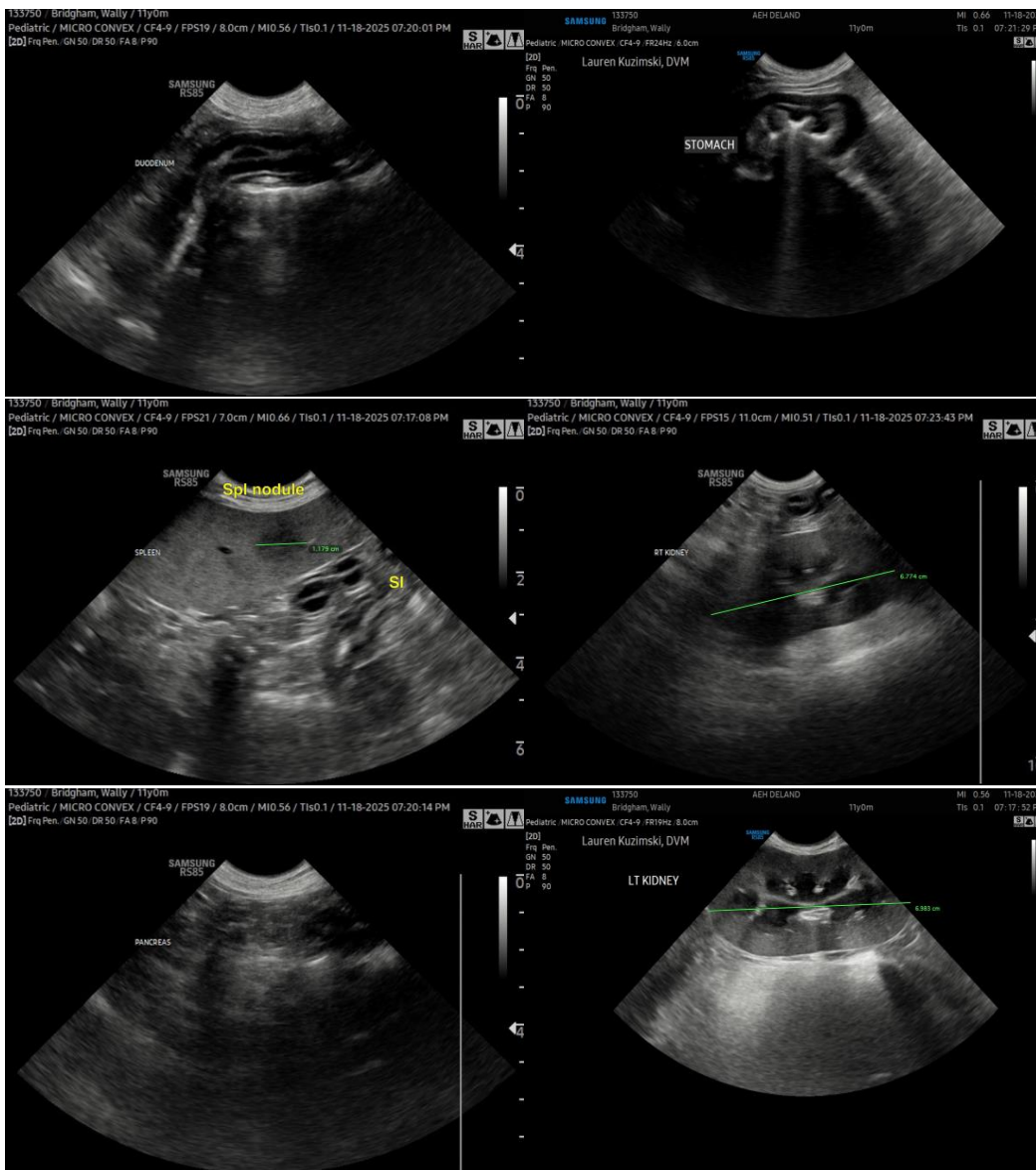
INVOICE

10358

DATE

11/18/25

Gastrointestinal / renal support and empirical therapy for possible mild pancreatitis with monitoring of clinical signs and renal parameters is recommended. Leptospirosis titers / PCR, if potential exposure is warranted. Although considered less likely, screening cortisol level to rule out occult Addison's Disease may be considered.





PATIENT

Wally Bridgham

SPECIES

Canine

BREED

Labrador Retriever
Mix

SEX

MN

AGE

11 yrs

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

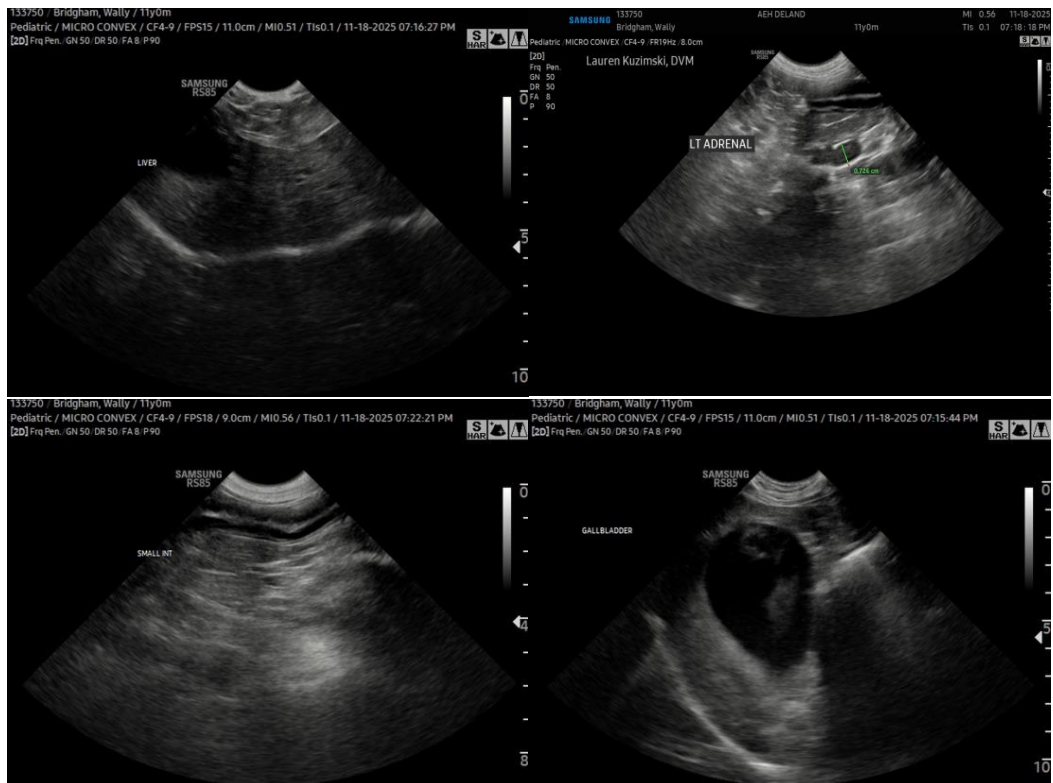
Dr. Kuzimski

INVOICE

10358

DATE

11/18/25



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