



## PATIENT

Jake Bates

## SPECIES

Canine

## BREED

Cocker Spaniel

## SEX

Neutered Male

## AGE

3

## WEIGHT

12.5 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Laura Bennett

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Laura Bennett

## INVOICE

12392

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

New Concerns: Not improving Symptoms: pt was struggling to take medications at first, would not eat if the medication was with food but O found out a way to get them into pt using a syringe and baby food. pt appetite has not come back to normal, he us usually very food driven but has little to no interest in bland diet. He has been very restless and noticeably uncomfortable per O. pt will frantically run around, pt will not lay down and seems very uncomfortable. pt hind end is very raw and irritated from D+ that O has been using Desitin cream on it and per O it seems to be improving but is still bothersome. Was not able to get a temp in exam room because pt was very uncomfortable and yelping. O states that she has been using diapers at night to keep pt from licking at area while O is asleep but they are waking up every 1-2 hours and going outside. O states pt is U but seems to be urinating while straining to defecate. O is concerned that they are running out of medications or that a different medication needs to be prescribed to get to the root issue. O also noted that pt has been panting a lot which is abnormal for him. Duration: Since visit on 11/14 E/D/U/D: E-, D wnl, U wnl, D abnormal V/D/C/S: V none, D+(still softer stool but consistency is improving) C/S none Indoor/Outdoor/both: Indoor with outdoor potty breaks

Abnormal PE/Chem/CBC/UA Results: Hydration: Slightly dehydrated Ears: Abnormal: Moist otitis externa AU Abdomen: Tense on palpation, not overtly painful Rectal: Did not perform rectal exam. Perianal area shaved and coated in dried white ointment (Desitin applied last night). Underlying skin healthy pink color. CBC: Hct 44.6%, Mono 1.95k (H), rest WNL. Chem10: ALT 146 (H - was 198 on 11/18), ALKP 289 (H - was 242 on 11/18), Crea 1.5, rest WNL. FAST scan: No free abdominal fluid. Stomach contains small amount of ingesta. Empty duodenum. No obvious lymphadenopathy or dilated intestinal loops noted. Liver subjectively small. Normal appearing GB with anechoic fluid.

## 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 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 residual prostate appeared normal and free of pathology.

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 4.7 cm in length. The right kidney measured 5.4 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no evidence of pathology in the areas of the adrenal glands.

### 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



**PATIENT**

thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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**Liver**

**SPECIES**

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 was empty with no signs of ileus, obstruction or foreign material.

Neutered Male

**AGE**

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. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.32 cm width.

3

Normal visible colon wall layers were present with semi formed to possible soft fecal matter in lumen.

**WEIGHT**

**Pancreas**

12.5 kg

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.

**INTERPRETED BY**

**Free Abdomen**

R. McKenzie Daniel,  
DVM, DABVP

A solitary mildly prominent colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5).

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Dr. Laura Bennett

- Sonographically normal gastrointestinal tract/colon with semi formed to soft fecal matter.
- Normal area of pancreas.
- Sonographically unremarkable normal volume liver- consistent with mild benign hepatopathy.
- Minor benign colic lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of visceral pathology as a definitive cause of the patient's clinical signs. Nonstructural intestinal disease may present sonographically normal. A Gi panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease may be considered. No evidence of intrahepatic or extrahepatic macroscopic shunt. Hydrolyzed diet trial, high colony count probiotics such as Provable and empirical deworming (Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks) may prove beneficial.

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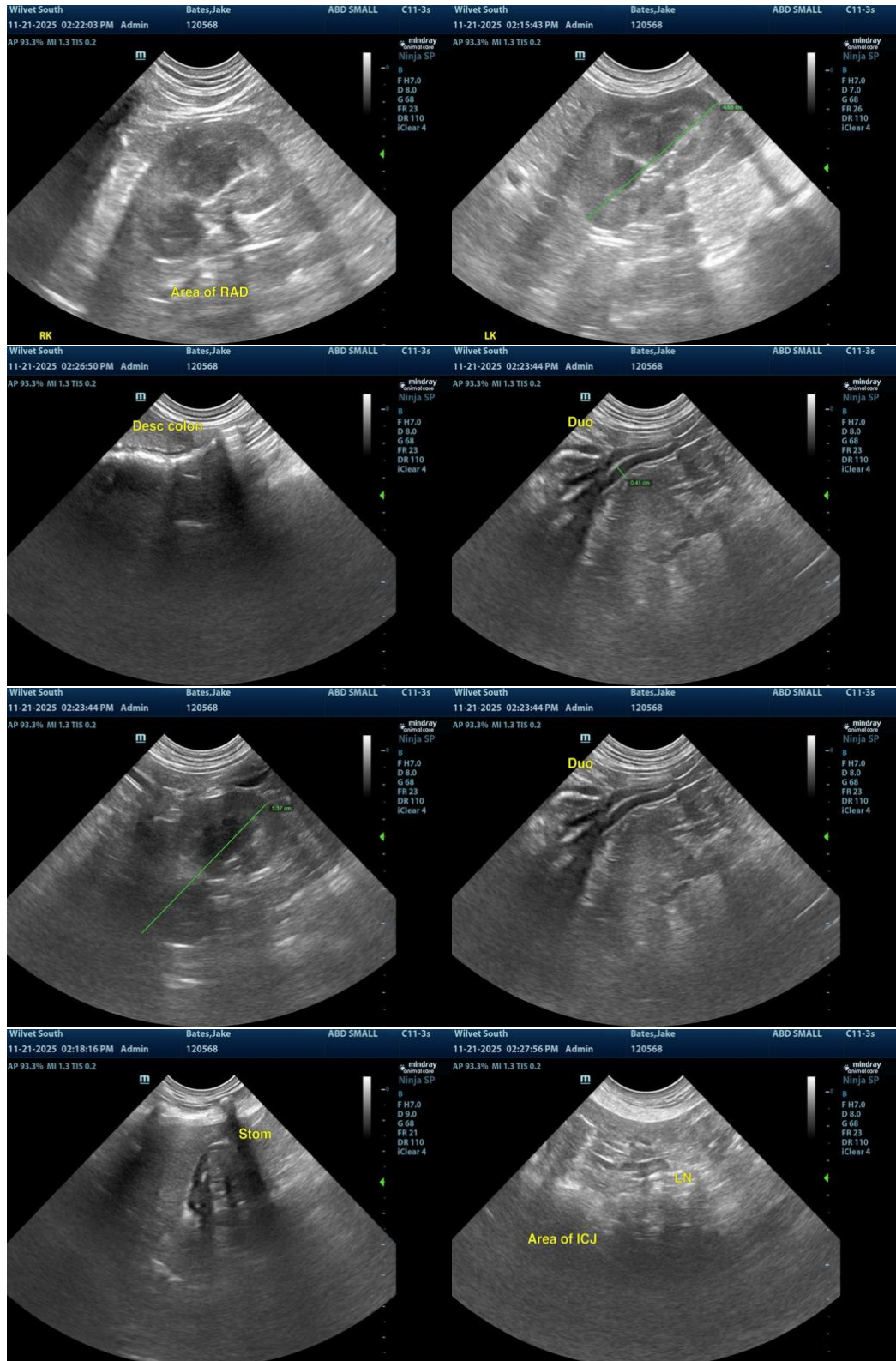
Dr. Laura Bennett

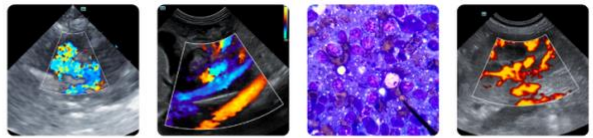
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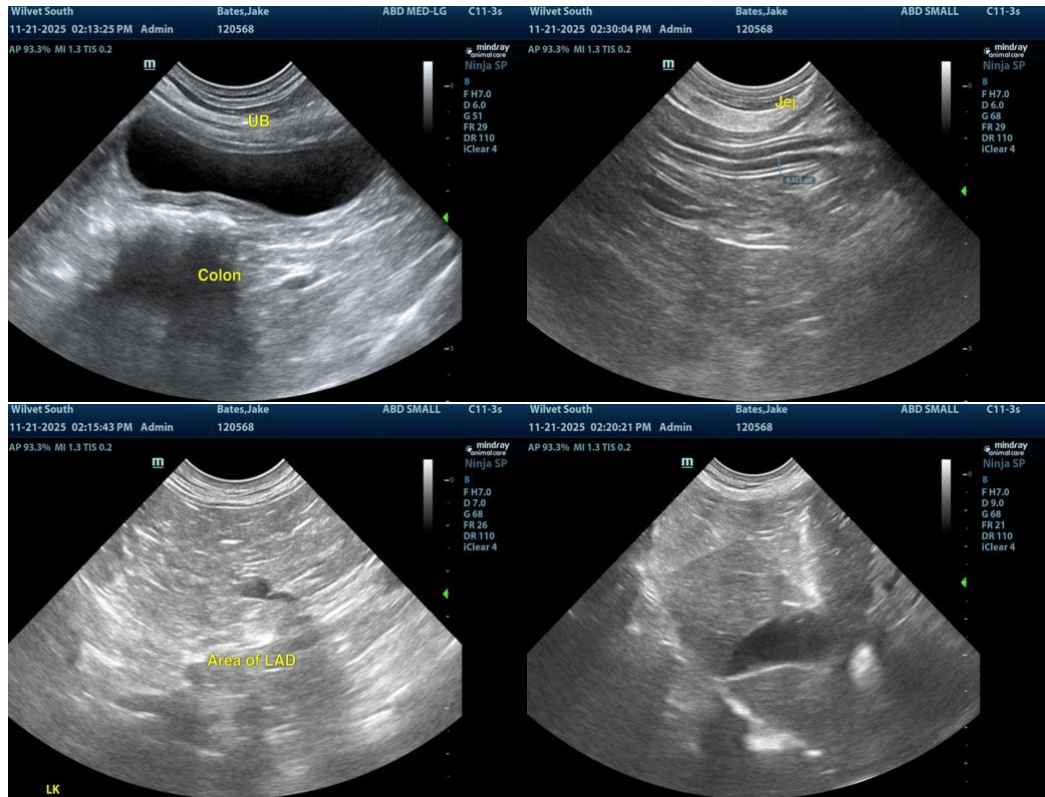
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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