



PATIENT

Oakley Pinter

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

2 Years

WEIGHT

41 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Eppler

INVOICE

12389

DATE

11/21/25

PRESENTING CLINICAL SIGNS

V Sunday (had some hair ties in v), lethargic, since no appetite but no further V. Non painful abd on exam. Receiving Omeprazole 20mg sod; Mirataz 15mg (3/4t sid); Sucralfate 1g tid; Ampicillin 500mg bid.

Abnormal PE/Chem/CBC/UA Results: Cortisol 2.9; abd xr + barium wnl. Bw wnl; cort 2.9 (n); 4dx (-)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 5.2 cm in length. The right kidney measured 5.4 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 0.52 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 0.43 cm width at the caudal pole.

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

Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild intestinal gas without mechanical/metabolic ileus to the level of the colon.

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



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Pancreas

The right pancreatic limb was nonenlarged exhibiting mild homogenous hypoechoic parenchyma compared to adjacent subjective mild hyperechoic peripancreatic omentum.

Free Abdomen

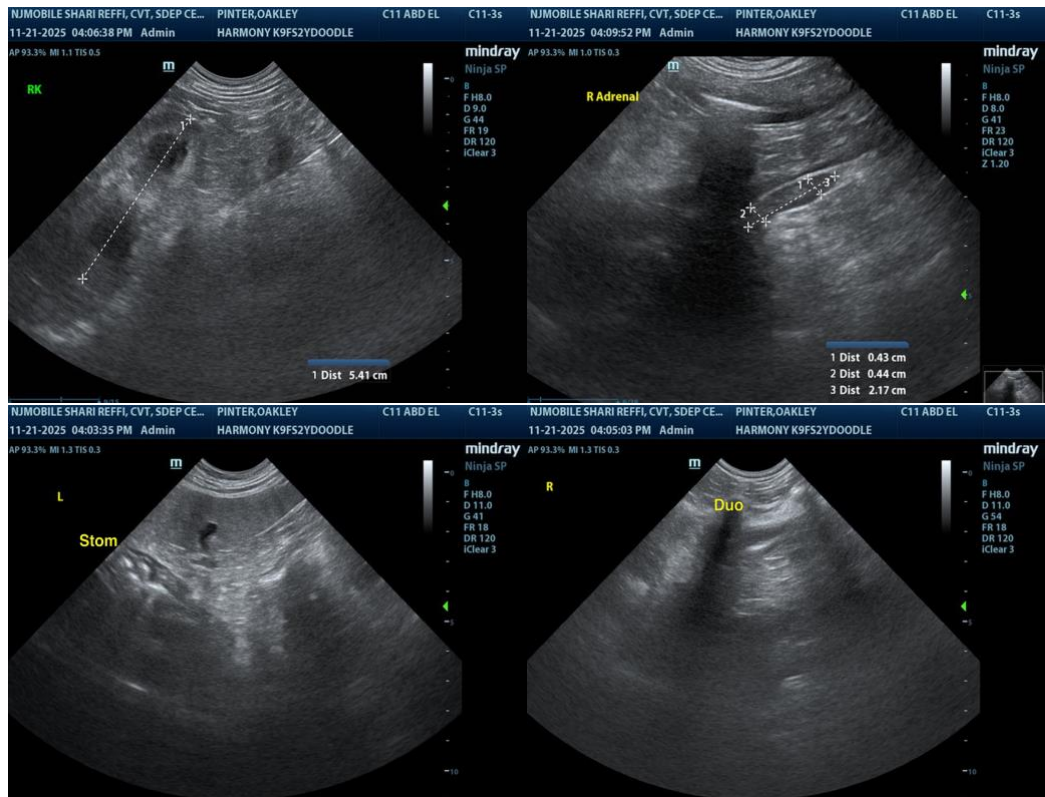
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract.
- Suspect mild right limb pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstructive pattern or current foreign material. Correlation with a spec cPL could be considered. Gastrointestinal support and empirical therapy for possible mild right limb pancreatitis with clinical monitoring is recommended. Sonographic reassessment is indicated if nonresponsive or progressive gastrointestinal signs.





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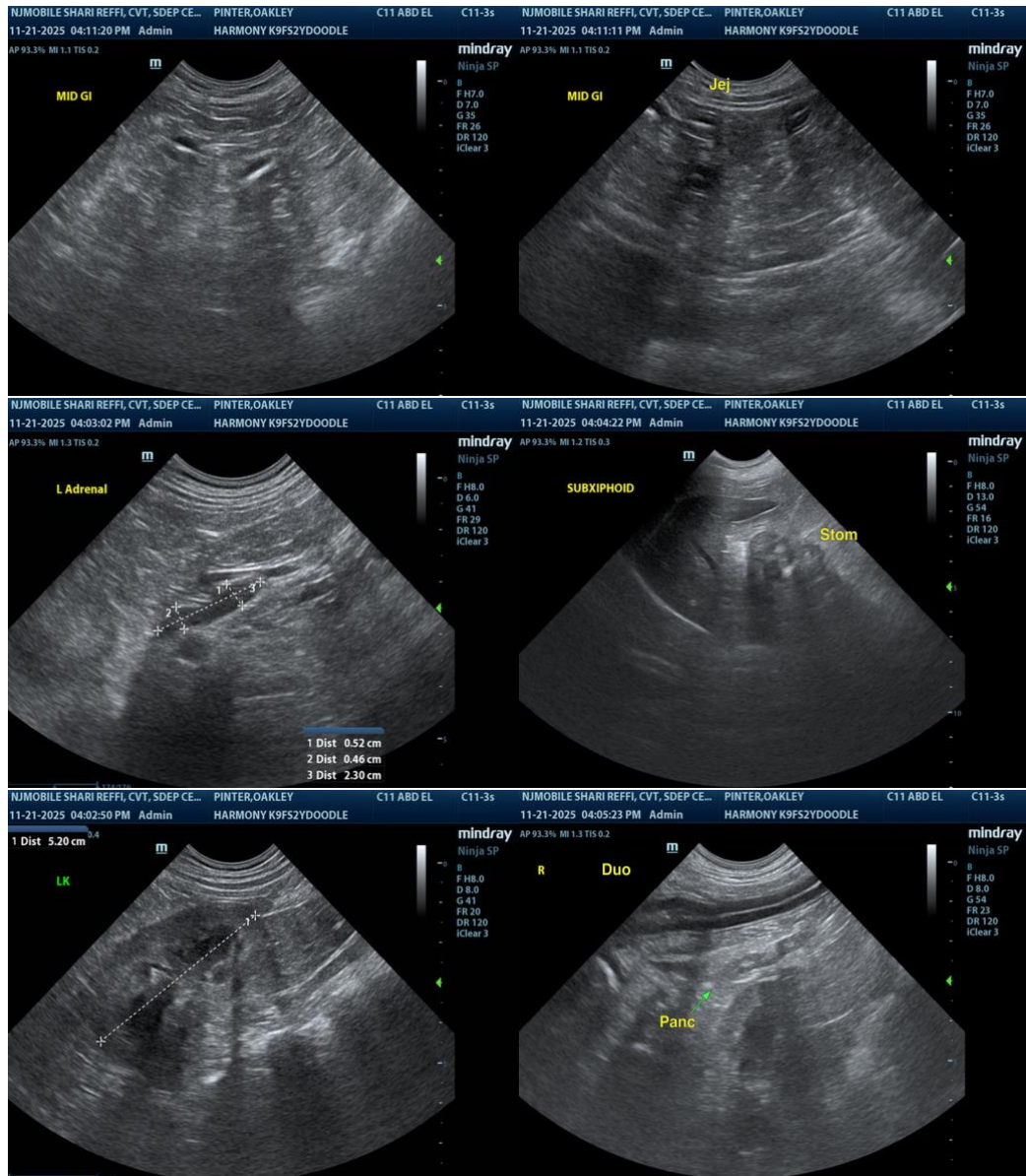
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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