



PATIENT

Tille Towne

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

FS

AGE

11yr

WEIGHT

30.40

INTERPRETED BY

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

IMAGING PERFORMED BY

DR. Mavis McCormick-
rantze

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

DR. Mavis McCormick-
rantze

INVOICE

23056

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Has a history of seizures and is on Keppra BID; had a break out seizure about 8 weeks ago; today had a seizure also. Has not been eating well even on miratazpine, has lost 5 lbs since June and 2 of those lbs in the last 10 days. Is currently on treatment for UTI, Omeprazole. Doing some on/off vomiting. Also coughs a lot

Abnormal PE/Chem/CBC/UA Results: 11/14/25 CBC: NSF Chem: mildly elevated SDMA (16) and creatinine (1.6) - SDMA slightly higher than previous, creat similar; mild hypophosphatemia (2.2); mild hypokalemia (3.7); mildly high ALT (321) and AST (70) - ALT higher than previous; mild hypercholesterolemia (473) Urine Cystatin B: severely high (1248) UA: USG = 1.020; 30-50 WBCs and marked rods T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Adequate renal size with normal symmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively adequate. No pyelectasia. The left kidney measured 5.1 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma. Intermittent discrete hypoechoic non-disruptive splenic nodules were present. An example measured 0.8 cm in 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate non-dependent non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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. The stomach wall measured 0.5 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.35 cm width.

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

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract / area of pancreas.
- Sonographically unremarkable normal volume liver
- Non-organized gallbladder debris (non-mucocele)
- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No evidence of abdominal neoplastic criteria. Further assessment of the liver may include consideration for FNA cytology assuming normal clotting status primarily to assess for evidence of inflammatory disease in conjunction with ALT elevation. Assessment of hepatic function with bile acid profile may be considered if concerned for clinical hepatopathy or evidence of hepatic dysfunction i.e. abnormal ALB, GLU, BUN or CHOL. 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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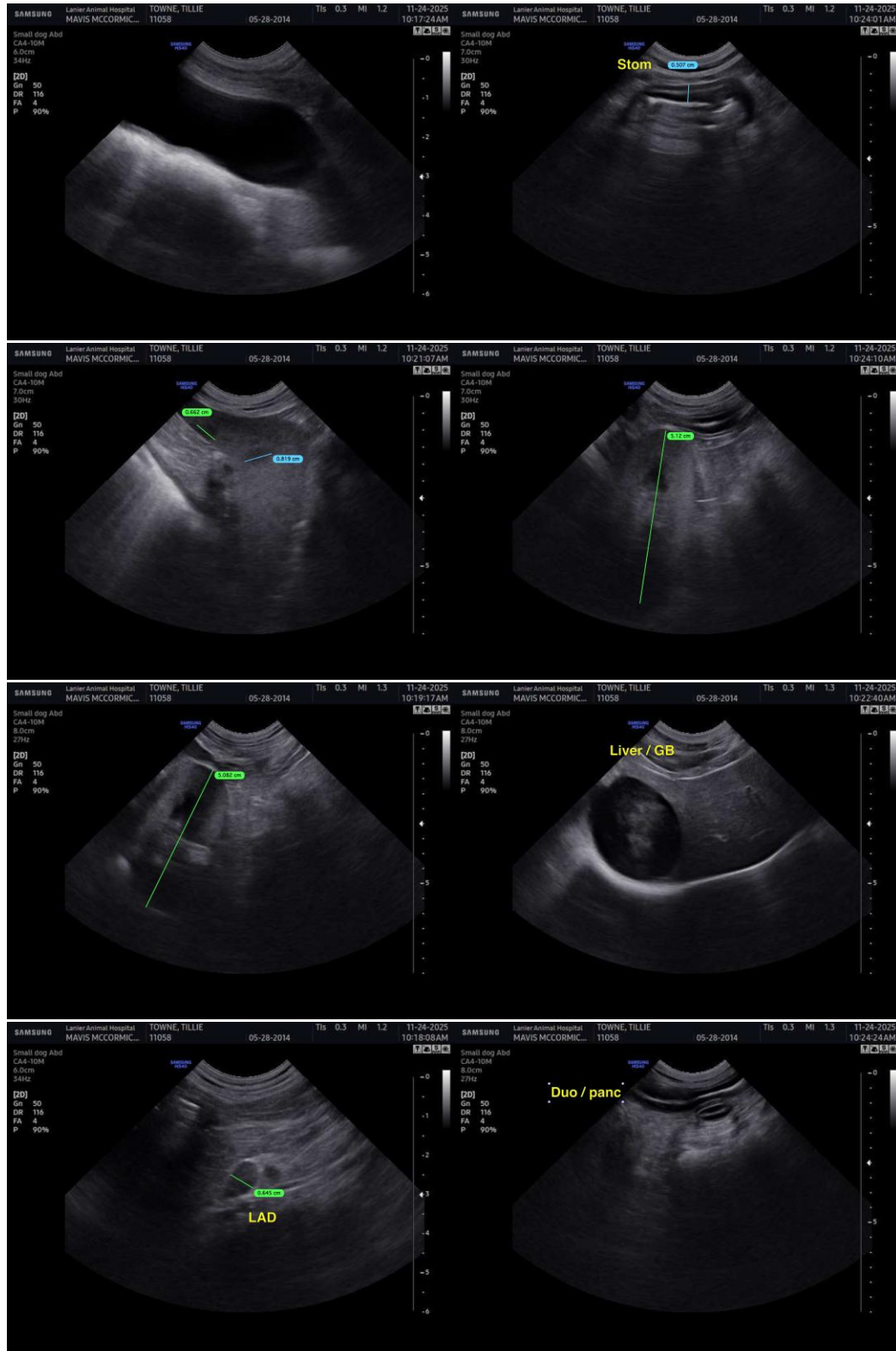
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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