



## PATIENT

Piper Pfister

## SPECIES

Canine

## BREED

Poodle

## SEX

Female Spayed

## AGE

9 yrs

## WEIGHT

68 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Griffin

## HOSPITAL NAME

Northside VC

## REFERRING VET

Griffin

## INVOICE

12858

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: Patient has been treated with Carprofen since 2022 for hip dysplasia. Patient acutely became unable to walk normally and is leaning to the right.

Meds: Patient is currently on incurin and carprofen.

Abnormal PE/Chem/CBC/UA Results: PE: HR 180, Temp wnl, Patient presented with inability to walk without assistance, stumbling and not eating. CBC: WBC 4.58 CHEM: PHOS 1.8 TT4/SDMA wnl Rads: Thorax - no obvious abnormality Abd- gas distended stomach and pylorus

## 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 changes were noted.

Normal size and margination was 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 6.7 cm in length. The right kidney measured 7.0 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 0.56 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 0.74 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 subjective borderline enlarged in size with normal vascular volume. 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. No mass or nodules present. The gallbladder was non distended in size with minor, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**Gastrointestinal**

The stomach presented intact mildly thickened wall and was non-distended in size exhibiting primarily empty lumen and mild lumen gas. Ventral gastric body wall measured 0.75 cm width. Pylorus wall measured 0.67 cm 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 ileus, obstruction or foreign material.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

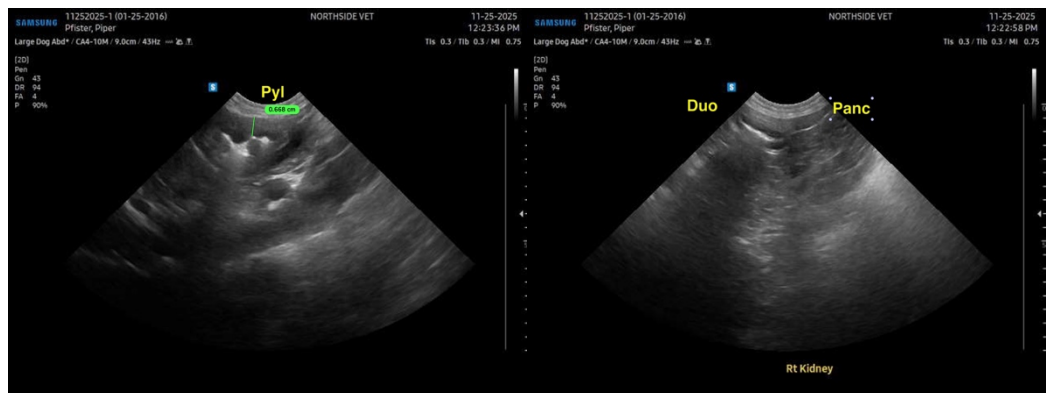
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly thickened stomach with mild lumen gas
- Sonographically normal small intestine and area of pancreas
- Subjective borderline hepatomegaly
- Mild, non-organized gallbladder debris (non-mucocele)
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt sonographic evidence of gastrointestinal ulceration. Gastritis is favored with emerging infiltrative gastric pathology though less likely. The borderline hepatomegaly is most consistent with benign criteria. Gastro protectants with sonographic monitoring of the liver and stomach if persistent ort progressive inappetence, gastrointestinal signs or hepatomegaly is recommended.





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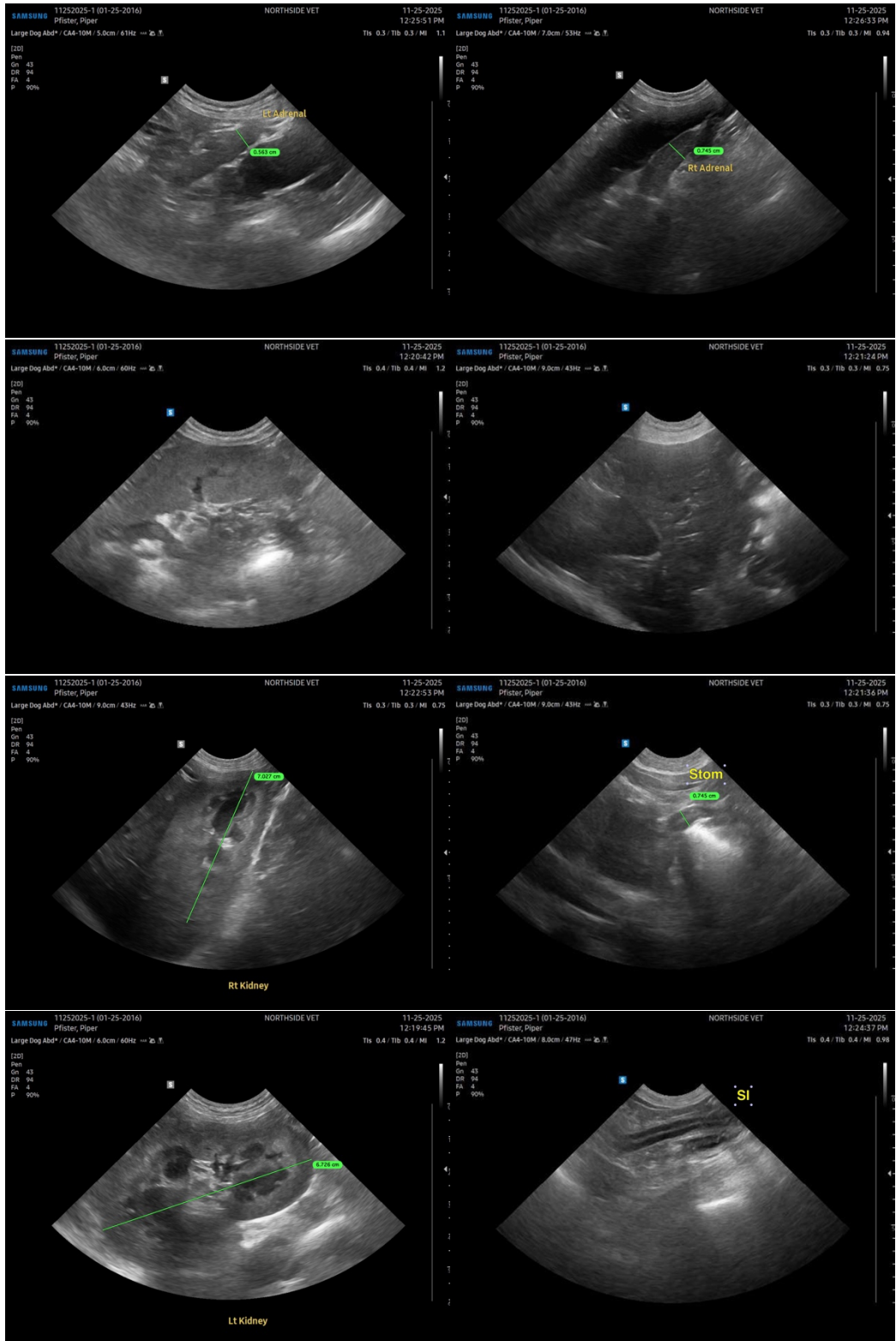
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)