



## PATIENT

Riley Bradley

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Neutered Male

## AGE

6 Years 9 Months

## WEIGHT

61

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Wylee Cooper

## INVOICE

72210

## DATE

11/30/25

## PRESENTING CLINICAL SIGNS

Weight loss noted since August, maintained at 61 pounds since then - Vomiting twice in the last 8 days, most recent Friday evening after eating - Client noted hesitancy to jump on bed/couch recently - Currently on hydroxyzine 2 tablets once daily for allergies (client stopped giving due to recent vomiting) - Changed food since August due to weight concerns - Currently fed once daily in evening (wholehearted food from Petco with wet food supplement) - Normal urination, defecation, and drinking - Ate chicken and rice yesterday without vomiting - Had small chew bone at 7 AM today

## 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.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

The kidneys were normal in size with symmetrical margination. Both kidneys exhibited thickened, mildly hyperechoic cortices. The right kidney measured 7.0 cm. The left kidney measured 7.5 cm.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

### *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 mild, non-organized debris in the caudal lumen and area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended, with luminal gas present. A small, non-obstructive area of non-shadowing to mildly progressively shadowing luminal ingesta noted measuring 1.6 cm in diameter.



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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. Duodenum wall measured 0.52 cm. Jejunum wall measured 0.39 cm.

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

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### ***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.

## SEX

Neutered Male

### ***Free Abdomen***

A solitary, mildly enlarged, asymmetrical, non-homogeneous, hypoechoic mid abdominal mesenteric lymph node noted with mild surrounding hyperechoic perilymphatic omentum. The lymph node measured 4.0 cm x 1.5 cm.

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No evidence of peritoneal effusion.

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## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with small, non-obstructive gastric ingesta/echo – retained ingesta, treat, or medication favored.
- Non-specific mid abdominal mesenteric lymphadenopathy.
- Bilateral non-specific chronic nephropathy pattern with cortical cysts.
- Non-organized gallbladder debris (non-mucocele)

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full lab work including urinalysis primarily to assess renal parameters given evidence of chronic nephropathy is recommended.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

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Assuming normal clotting status, and if accessible, mesenteric lymph node FNA cytology warranted for further clarification. Gastrointestinal support with clinical and sonographic monitoring of the mesenteric lymph node for evidence of progression would be a more conservative approach.

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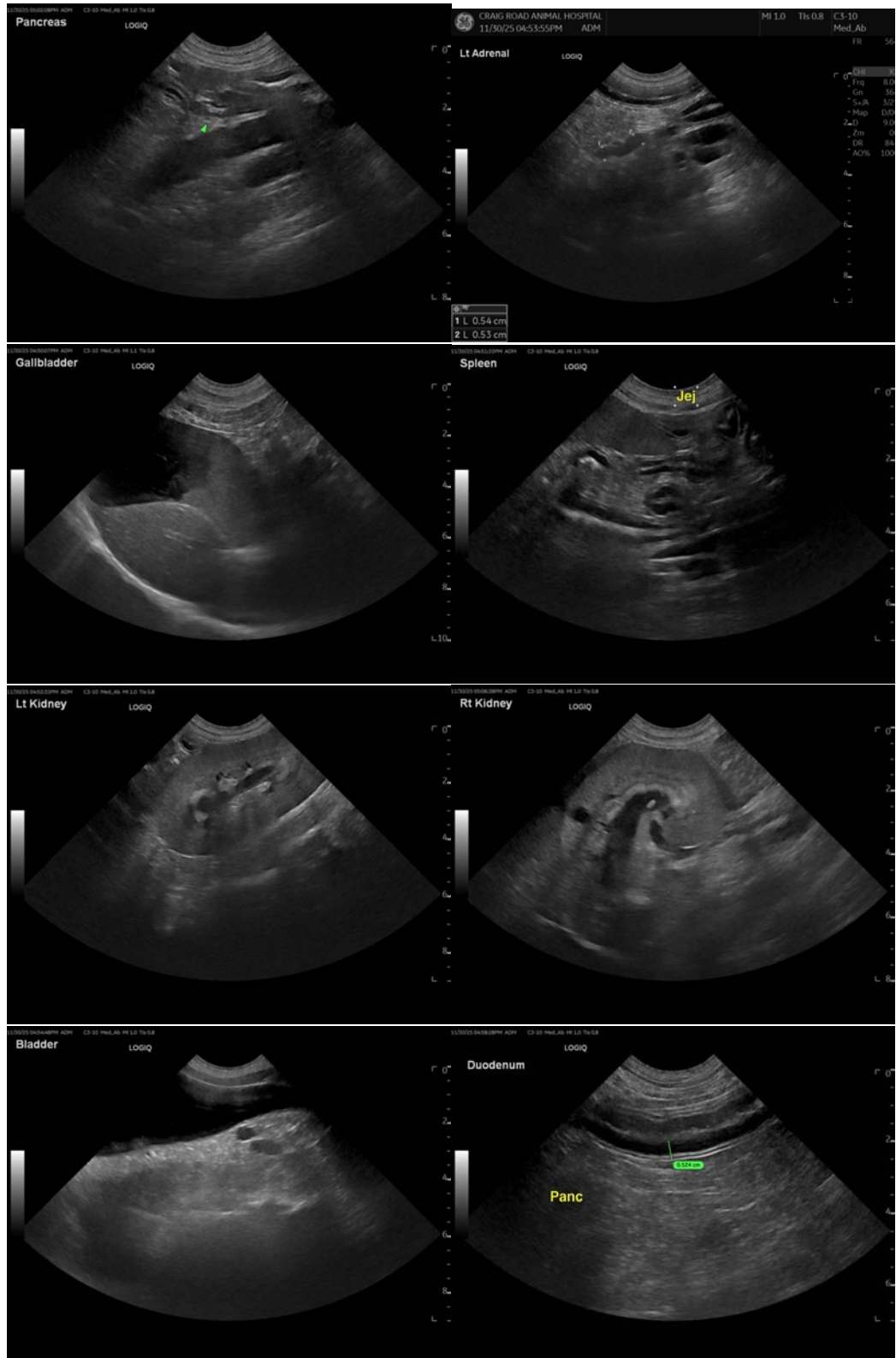
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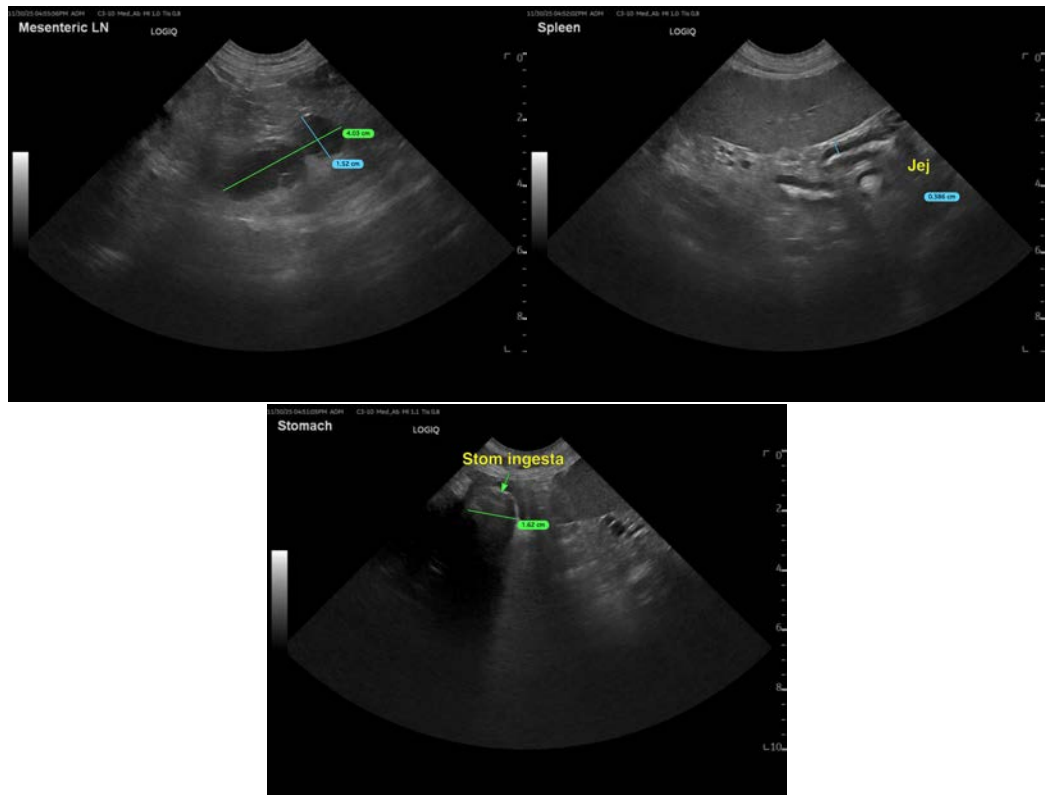
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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