



PATIENT

SweetPea Logemann

PRESENTING CLINICAL SIGNS

Anorexia x3days, not urinating, soft stool, painful palpation of abdomen, rads- very distended bladder, aerophagia Current meds: Convenia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Phos 2.1, ALKP 22, Amylase 430, K 3.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Maltese

Urinary System

The urinary bladder was normal in size and tone with normal appearing bladder wall. The trigone and cystourethral junction were free of pathology. The urethra exhibited subjective normal structure with mild decreased tone to depth of 3 cm. Urethral diameter measured ~ 0.45 cm. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

Normal size and margination were 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 4.2 cm in length. The right kidney measured 4.2 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

17lb

The area of the uterine remnant appeared normal and 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 0.54 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 0.51 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Flanders Veterinary
Clinic

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Labell

INVOICE
22853

Gastrointestinal

DATE

11/04/2025



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was non-distended and was primarily empty with lumen gas and mild non-shadowing chyme.
SweetPea Logemann	
SPECIES	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 0.48 cm width. The jejunum wall measured 0.36 cm width.
Canine	The colon exhibited normal intact wall layering with segmental empty descending colon and non-distended distal colon containing semi-formed fecal matter.
BREED	<i>Pancreas</i>
Maltese	The area of the pancreas was sonographically normal.
SEX	<i>Free Abdomen</i>
FS	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
3yr	Primary
WEIGHT	<ul style="list-style-type: none"> • Sonographically unremarkable gastrointestinal tract with mild gastric gas and non-shadowing chyme. • Segmental semi-formed fecal matter in colon • Sonographically normal non-distended urinary bladder with mild urine sediment. • Structurally normal visible proximal urethra with mild decreased urethral tone • Normal area of the pancreas
17lb	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of lower urinary tract obstructive criteria with mild decreased proximal urethral tone of unclear clinical significance. Correlation with current urination pattern to assess for stranguria / dysuria vs possible incontinence recommended. Urine C/S recommended if inflammatory sediment on UA. Cystoscopy may be indicated if stranguria / dysuria or persistent incontinence to assess for non-visible urethral abnormality as a contributing factor.
IMAGING PERFORMED BY	The definitive cause of the anorexia was not obvious without evidence of gastrointestinal mural pathology, obstructive pattern, or foreign material. Mild pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen discomfort on palpation. Correlation with a spec CPL could be considered.
Meghan Morse	
HOSPITAL NAME	Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease is warranted. Gastrointestinal support indicated.
Flanders Veterinary Clinic	
REFERRING VET	
Dr Labell	
INVOICE	
22853	
DATE	
11/04/2025	



PATIENT

SweetPea Logemann

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

3yr

WEIGHT

17lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

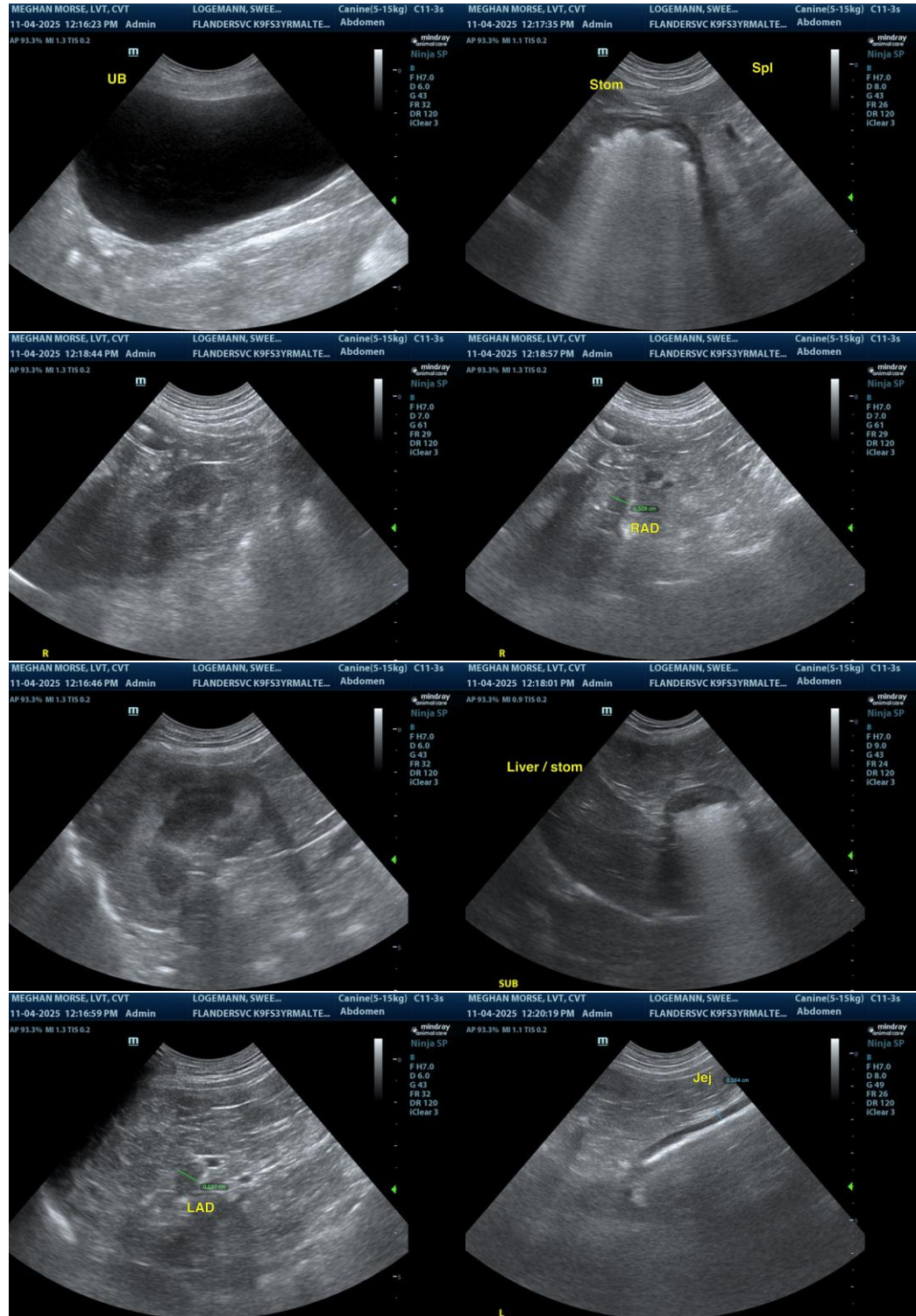
Flanders Veterinary
 Clinic

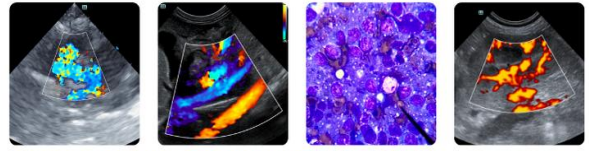
REFERRING VET

Dr Labell

INVOICE
 22853

DATE
 11/04/2025





PATIENT

SweetPea Logemann

SPECIES

Canine

BREED

Maltese

SEX

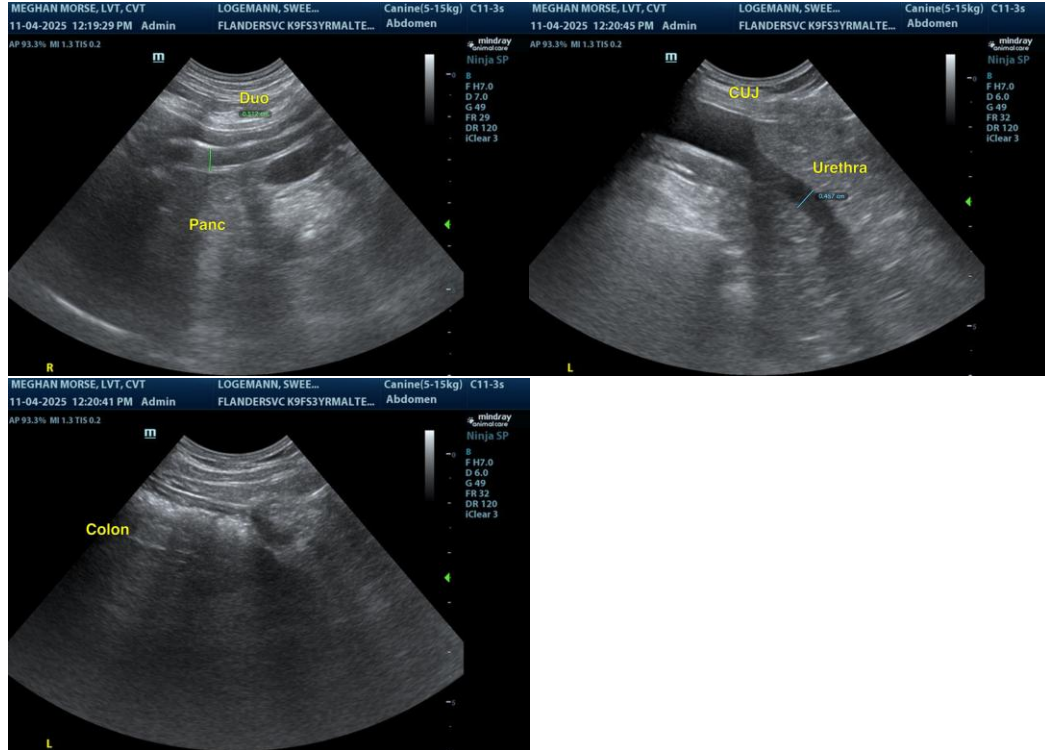
FS

AGE

3yr

WEIGHT

17lb



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Meghan Morse

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

HOSPITAL NAME

Flanders Veterinary
 Clinic

REFERRING VET

Dr Labell

INVOICE
 22853

DATE
 11/04/2025