



PATIENT

Kyuubi Kondrat

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

12 Years

WEIGHT

23 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Reyes

INVOICE

12161

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Follow up on ultrasound after been on Ursodiol. Pet is doing well in overall, but owner is concerned about weight lost. Pet lost 2 lbs since June but unsure if related to only eating 350 kcal (Farmer's dog)

Abnormal PE/Chem/CBC/UA Results: Pending today

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.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 5.5 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with normal non-inflamed nonedematous gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. No evidence of pericholecystic omental inflammation or effusion was present.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Nonspecific subtle intestinal mucosal speckling with concurrent segmental nonshadowing ingesta to the level of the colon.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Current non-inflamed gallbladder mucocele.
- Structurally normal gastrointestinal tract with subtle nonspecific intestine mucosal speckling and gastrointestinal ingesta- ingesta consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work and reassessment of hepatic parameters is recommended. Currently, the gallbladder mucocele appears stable without evidence of associated regional inflammation. Continued hepatosupportive medications and close clinical monitoring for evidence of cranial abdomen/subxiphoid discomfort on palpation, gastrointestinal signs or leukocytosis would be reasonable. Eventual cholecystectomy with hepatic biopsies are likely indicated. Adrenal screening if clinical signs are consistent with Cushing's syndrome as well as assessment and monitoring of T4 level if not done is recommended. A definitive cause of the patient's mild weight loss was not obvious. The subtle intestinal mucosal speckling is nonspecific and may indicate patient variant yet at times, is associated with nonspecific enteritis. A GI panel to include PLI, TLI, cobalamin and folate and if not recently done, thoracic radiographs are recommended.



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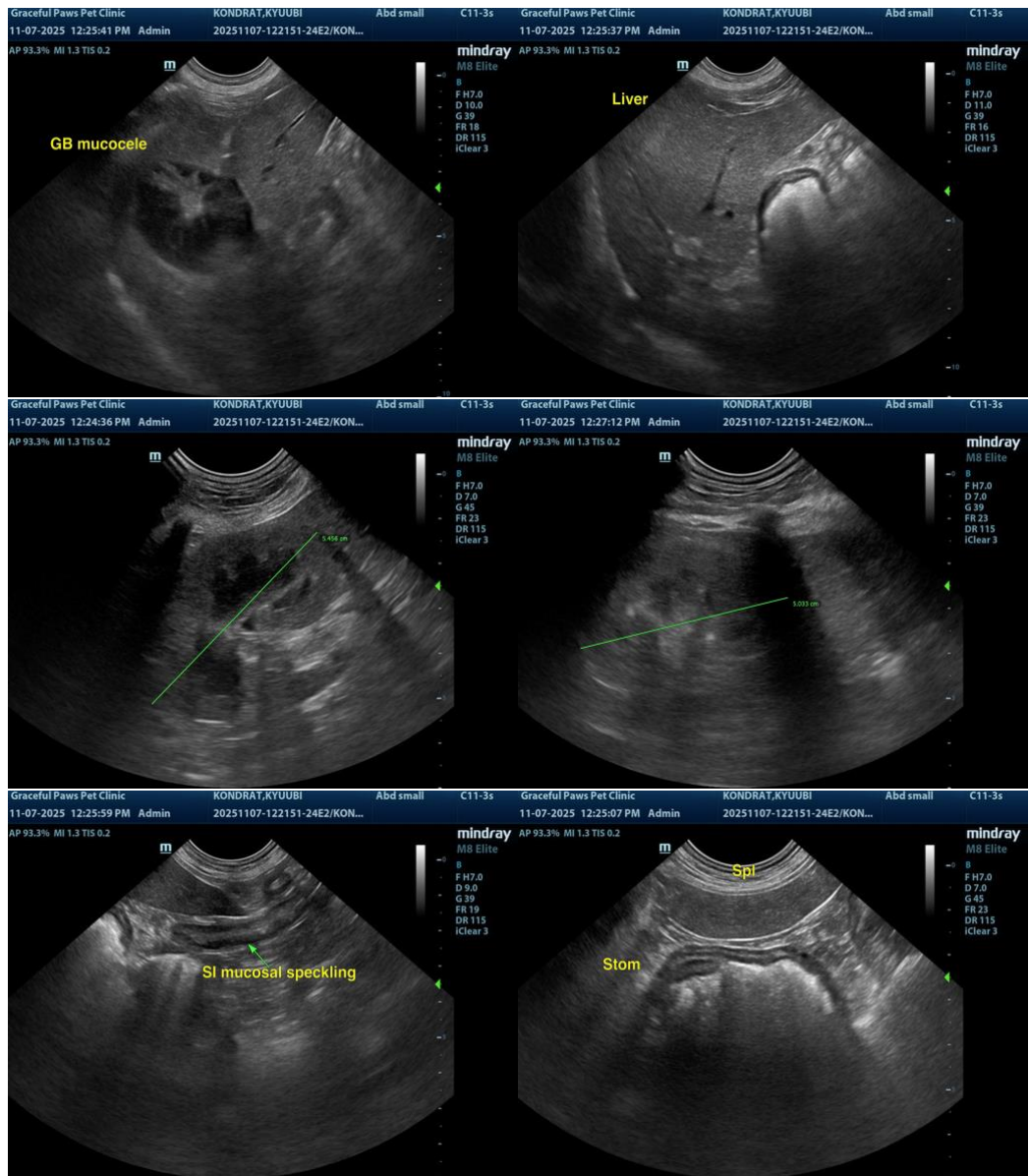
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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