



PATIENT

Winston Eames

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

10 y

WEIGHT

30.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

12929

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: pt started having v+/D+ Tuesday pt was seen at rdvm and did send out blood work (hasn't received results for bloodwork and but x-rays reportedly normal).

Abnormal PE/Chem/CBC/UA Results: WilVet Salem 12/12: EPOC: all values WNL PCV/TS: 49%/ 6.1 g/dl

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 changes were noted.

No obvious pathology in the area of the residual prostate.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.7 cm.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.72 cm width in the caudal pole. The right adrenal gland measured 0.69 cm.

Spleen

The spleen was normal in size with areas of minor asymmetrical capsule with minor heterogeneous parenchyma. Solitary, small, non-capsule deforming, non-enlarged, hypoechoic nodule was present measuring 1.1 cm in diameter.

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, echogenic, nonmineralized biliary sludge. 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 in size with an empty lumen and mild lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The colon exhibited normal intact visible wall with mild generalized distention and non-formed fecal matter consistent with patient history.

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

- Nonspecific gastroenteritis pattern
- Generalized distended colon with non-formed fecal matter
- Normal area of pancreas
- Non-disruptive splenic nodule
- Non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, non-structural inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis, less likely occult neoplasia, all potentials. No evidence of gastrointestinal mechanical obstruction or foreign material. Gastrointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis and screening cortisol level may be considered.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.





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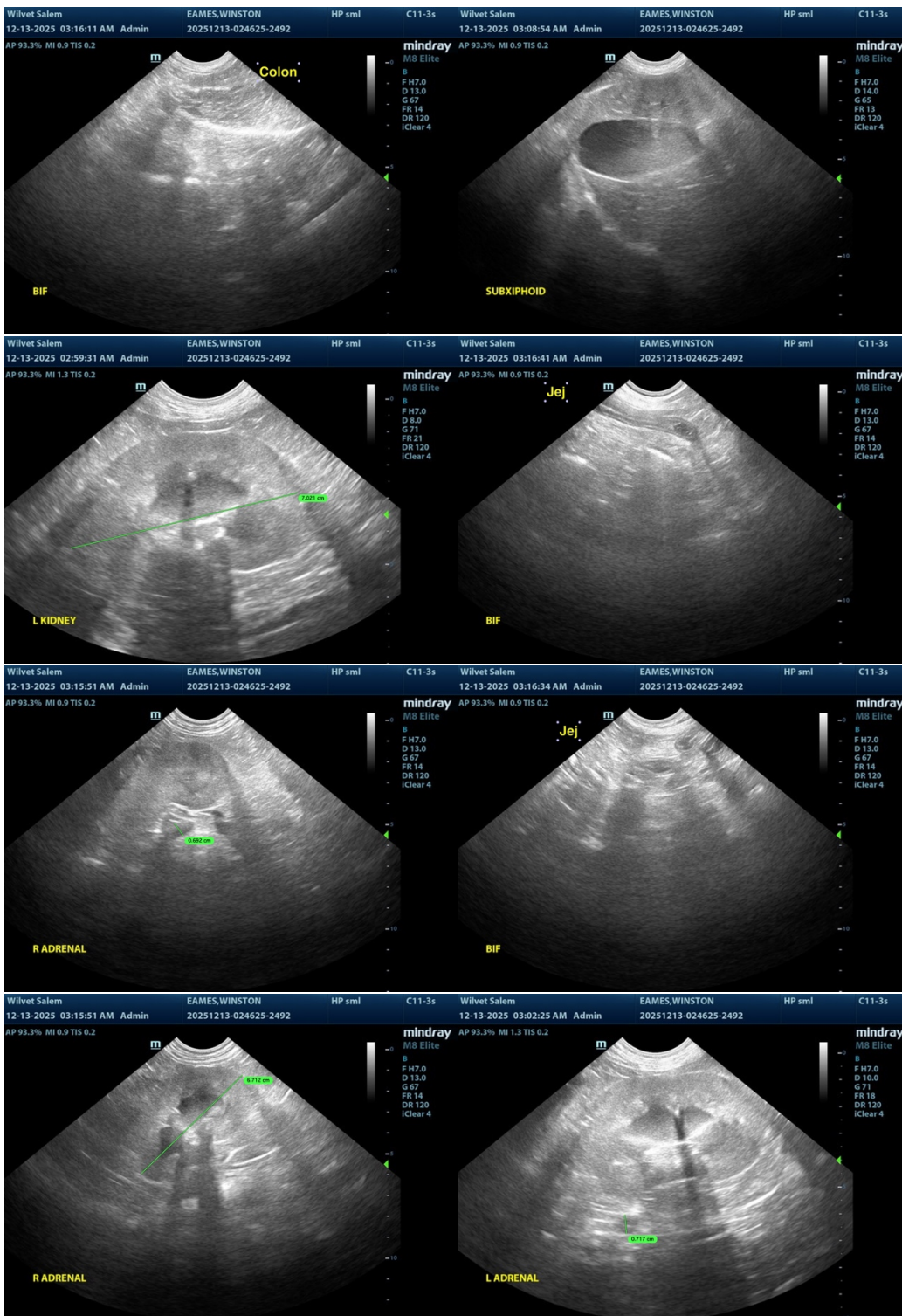
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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