



## PATIENT

Duke Desany

## SPECIES

Canine

## BREED

Redbone Coonhound

## SEX

MN

## AGE

11yr

## WEIGHT

35.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Haley Harasimowicz

## HOSPITAL NAME

Peak Veterinary  
Referral Center

## REFERRING VET

Haley Harasimowicz

## INVOICE

23265

## DATE

12/17/2025

## PRESENTING CLINICAL SIGNS

10 day history of intermittent vomiting (acutely worse this morning) and diarrhea (improved with bland diet and fiber/probiotic supplement). Lethargy and anorexic this morning.

Abnormal PE/Chem/CBC/UA Results: Estimated 5% dehydrated with cranial abdominal pain. No stool in rectum on rectal exam. Owner declined BW. Radiographs 8 days ago showed no obvious FB or obstructive pattern.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.68 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

Normal size and margination were 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 6.1 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Pinpoint hyperechoic parenchyma foci suggestive of pinpoint areas of dystrophic mineralization. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver/Gallbladder



<b>PATIENT</b>	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Mildly prominent portal vascular borders.
Duke Desany	
<b>SPECIES</b>	The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.
Canine	<b>Gastrointestinal</b>
<b>BREED</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
Redbone Coonhound	
<b>SEX</b>	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 0.60 cm in width.
MN	Normal visible colon wall layers were present with semi formed feces in lumen.
<b>AGE</b>	<b>Pancreas</b>
11yr	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	<b>Free Abdomen</b>
35.9kg	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Sonography unremarkable gastrointestinal tract / colon with non-shadowing gastric ingesta / chyme and semi-formed fecal matter in colon</li> <li>• Mild heterogeneous pancreas</li> <li>• Mild gallbladder debris</li> <li>• Age-related renal / adrenal changes</li> <li>• Mild cystitis pattern</li> </ul>
Haley Harasimowicz	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Peak Veterinary Referral Center	No evidence of gastrointestinal mechanical obstructive pattern or foreign material. Gastrointestinal support with clinical monitoring indicated. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered for further assessment of the intestine as well as potential for chronic pancreatitis. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs.
<b>REFERRING VET</b>	
Haley Harasimowicz	
<b>INVOICE</b>	
23265	
<b>DATE</b>	
12/17/2025	



**PATIENT**

Duke Desany

**SPECIES**

Canine

**BREED**

Redbone Coonhound

**SEX**

MN

**AGE**

11yr

**WEIGHT**

35.9kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Haley Harasimowicz

**HOSPITAL NAME**

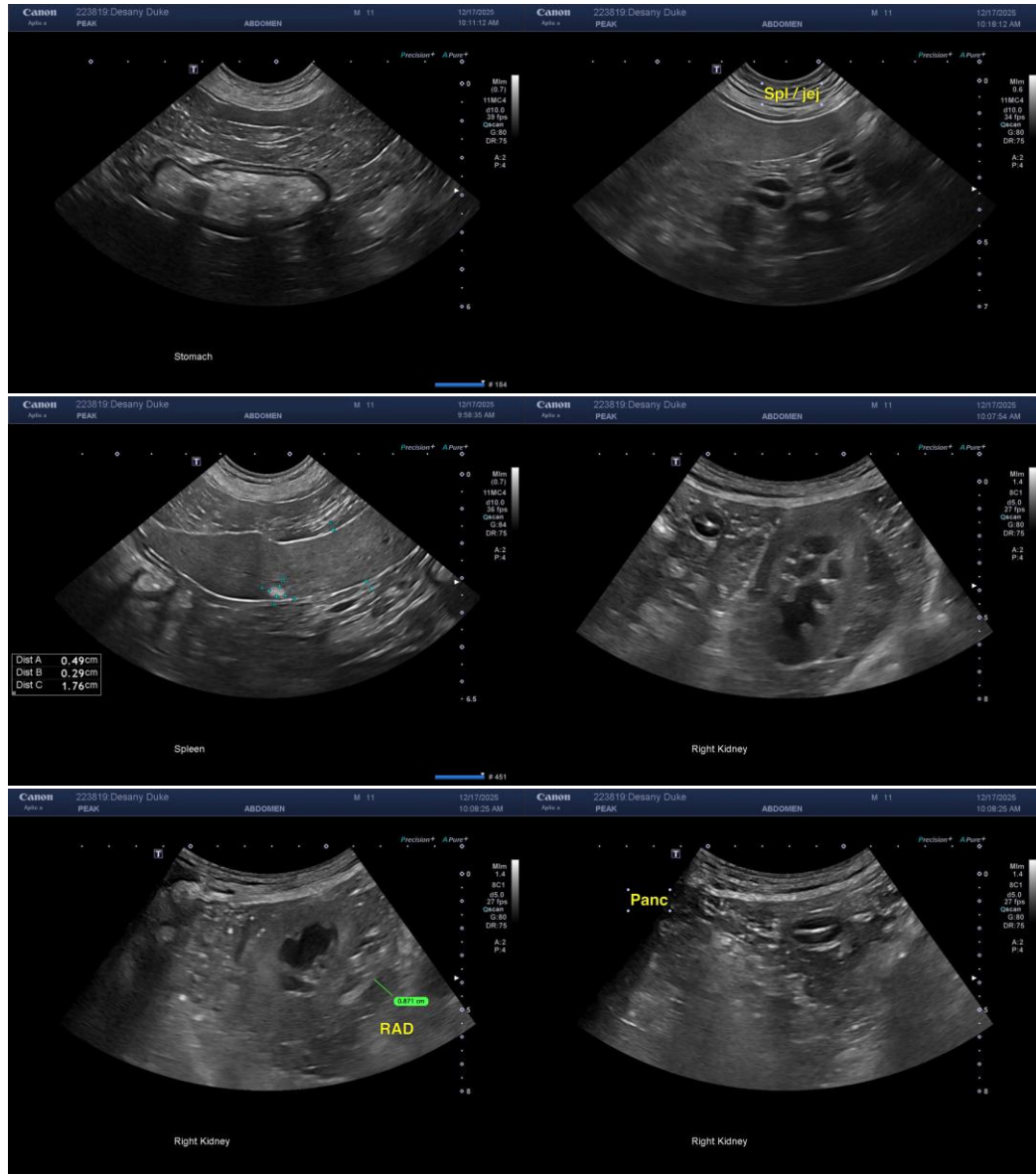
Peak Veterinary  
Referral Center

**REFERRING VET**

Haley Harasimowicz

**INVOICE**  
23265

**DATE**  
12/17/2025





**PATIENT**

Duke Desany

**SPECIES**

Canine

**BREED**

Redbone Coonhound

**SEX**

MN

**AGE**

11yr

**WEIGHT**

35.9kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Haley Harasimowicz

**HOSPITAL NAME**

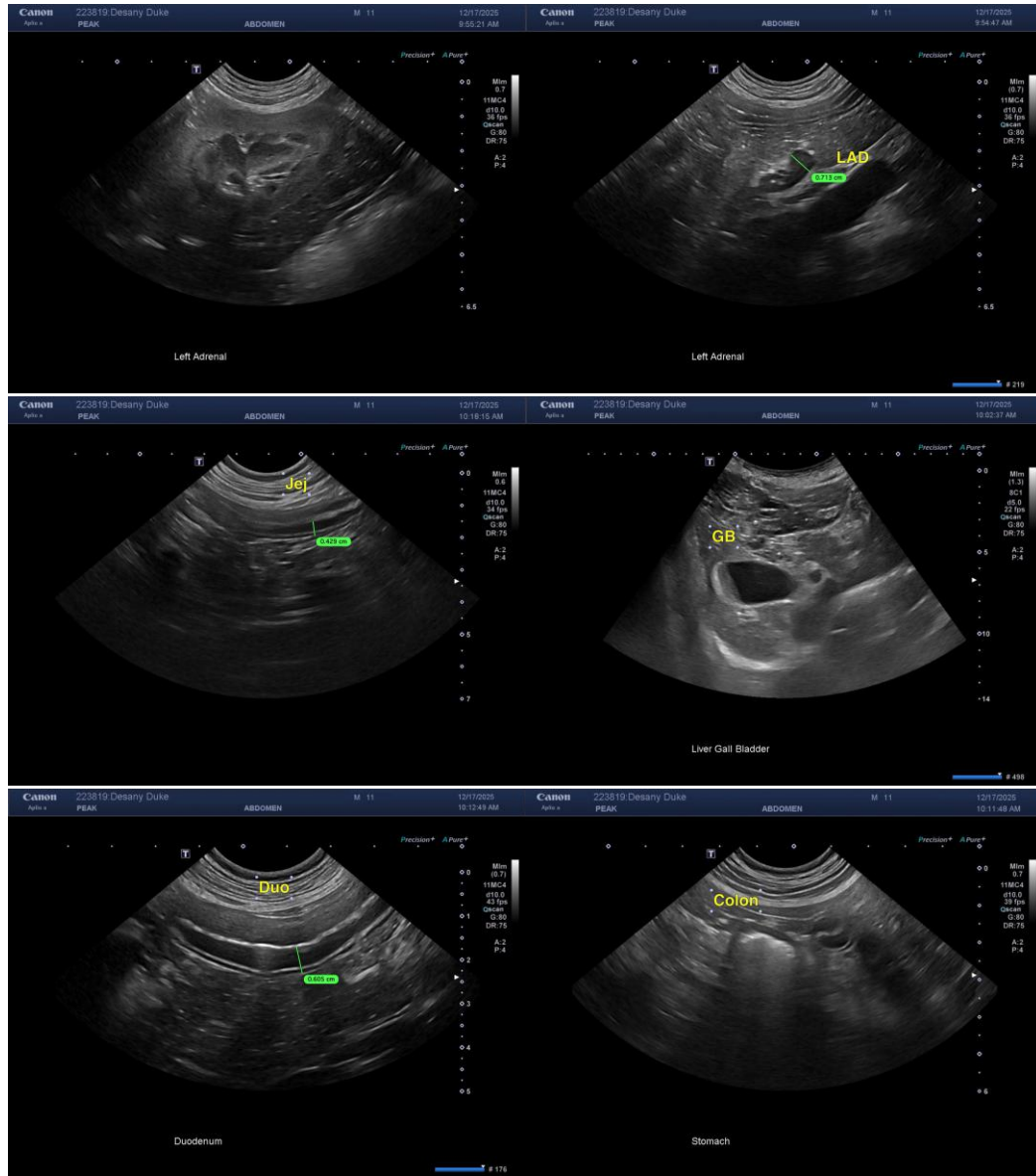
Peak Veterinary  
Referral Center

**REFERRING VET**

Haley Harasimowicz

**INVOICE**  
23265

**DATE**  
12/17/2025



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)



## PATIENT

Duke Desany

## SPECIES

Canine

## BREED

Redbone Coonhound

## SEX

MN

## AGE

11yr

## WEIGHT

35.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Haley Harasimowicz

## HOSPITAL NAME

Peak Veterinary  
Referral Center

## REFERRING VET

Haley Harasimowicz

## INVOICE

23265

## DATE

12/17/2025