



PATIENT

Togo Retana

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

3 years

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Narrowsburg Vet

REFERRING VET

Dr. Hess

INVOICE

12966

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: V+, anorexia x 4 days, November tx for GERD, continuous weight loss.

Current meds: Cerenia

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.

Normal size and margination was 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 6.5 cm in length. The right kidney measured 6.6 cm in length.

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 0.42 cm width at the caudal pole.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas.

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 0.57 cm and jejunum wall measured 0.45 cm.



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

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Pancreas

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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.

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Free Abdomen

Labrador Retriever

No overt lymphadenopathy or peritoneal effusion was present.

SEX

- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas

Male Neutered

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 years

No evidence of gastrointestinal mechanical obstruction, foreign material or sonographic gastrointestinal mural pathology. Underlying gastrointestinal disease or mild pancreatitis at times may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate, 3-view chest radiographs, and screening cortisol level to assess for occult Addison's disease is recommended. Gastrointestinal support including novel protein or hydrolyzed dietary trial with possible long-term dietary therapy, as needed gastro protectants and empirical deworming may prove beneficial. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs. Upper gastrointestinal endoscopy for biopsies may be indicated.

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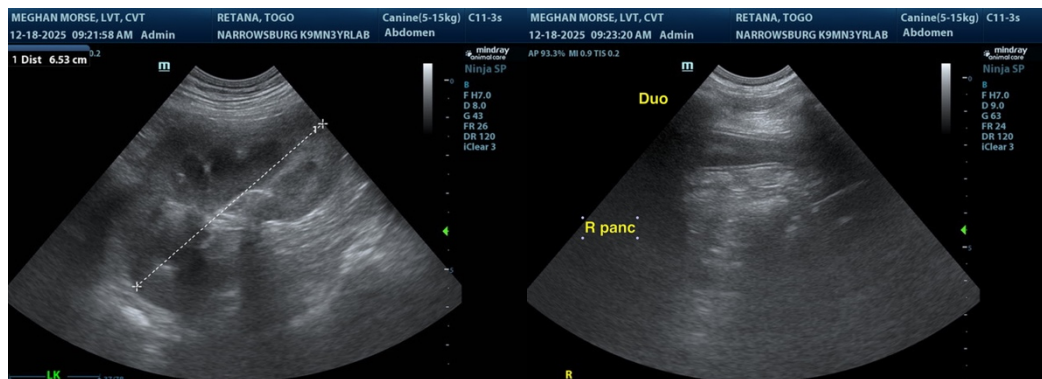
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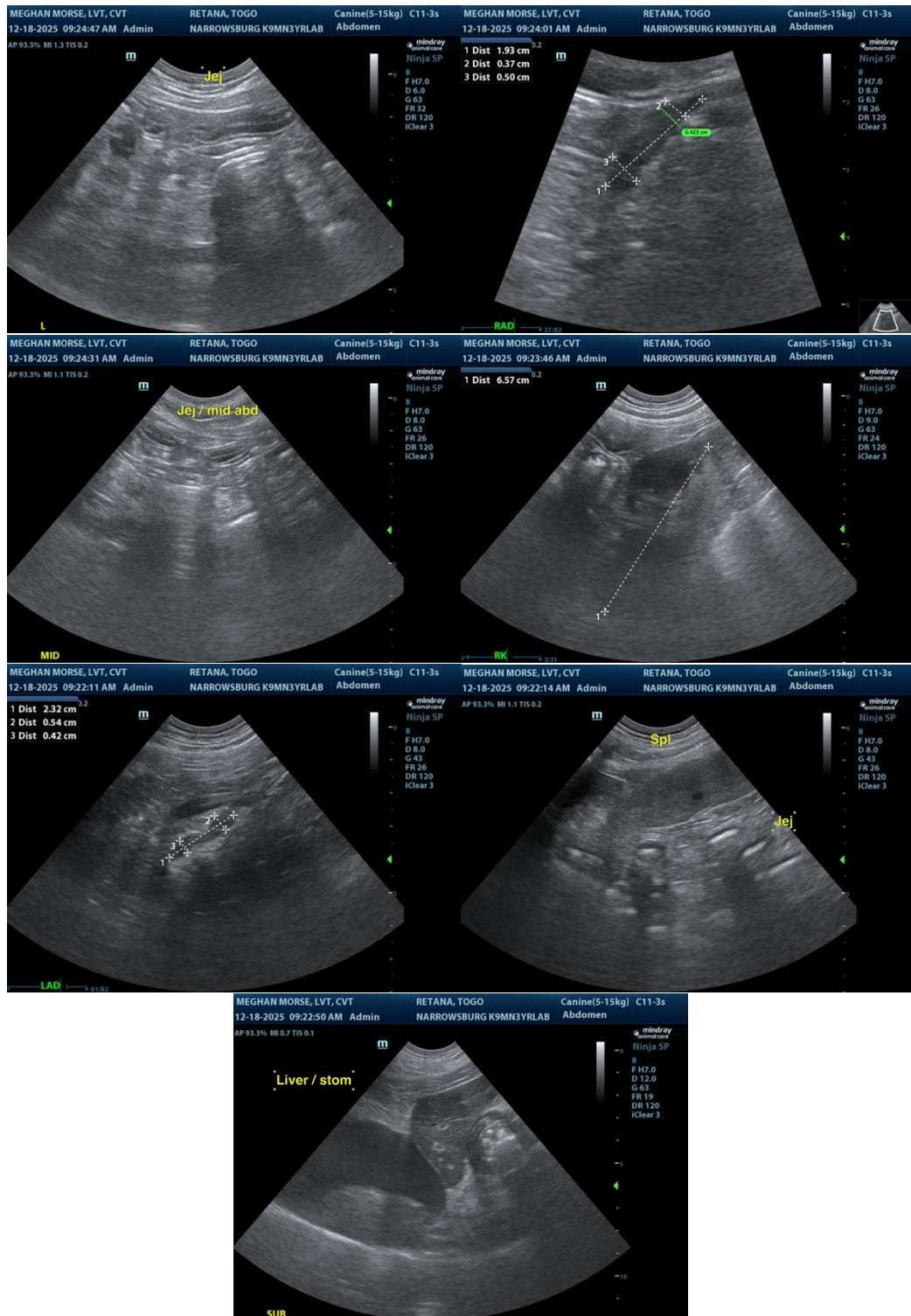
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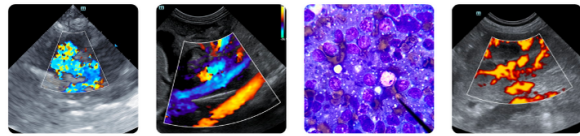
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com