



PATIENT

Raelie Eldridge

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

53.4

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Margaret
Huneycutt

INVOICE

12793

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Not acting right since 12/19. Not watching to eat or drink. Some vomiting.

Abnormal PE/Chem/CBC/UA Results: Neutrophils = 14.88K/uL (>11.64) Lymphocytes = 0.44K/uL (<1.05) Eosinophils = 0.01K/uL (<0.06) Albumin = 4.0g/dL (>3.9) ALT = 977U/L (>125) Amylase = 441U/L (<500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 change were noted.

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 6.7 cm in length. The right kidney measured 6.5 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 0.67 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.78 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 revealed subjective mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild to variable lobar parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented nondistended with intact wall layering and a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta/chyme without evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology.

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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

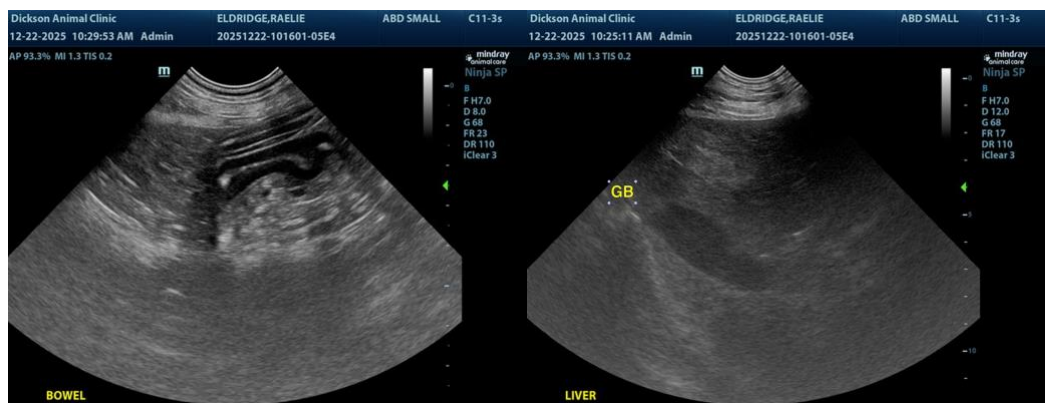
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged nonhomogenous liver.
- Mild gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.
- Mild age-related renal changes.
- Normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology or mechanical/metabolic ileus. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology may be considered primarily to assess for chronic inflammatory criteria given ALT elevation. No overt evidence of abdominal neoplastic criteria with occult hepatic neoplasia thought less likely. Likewise, occult Addison's disease is unlikely given evidence of stress. Hepatogastrointestinal support which may include dietary trial and as needed gastroprotectants with clinical monitoring is recommended. Correlation with three view chest radiographs and neurological/musculoskeletal exam to assess for or rule out extra-abdominal pathology as a contributing factor is recommended.





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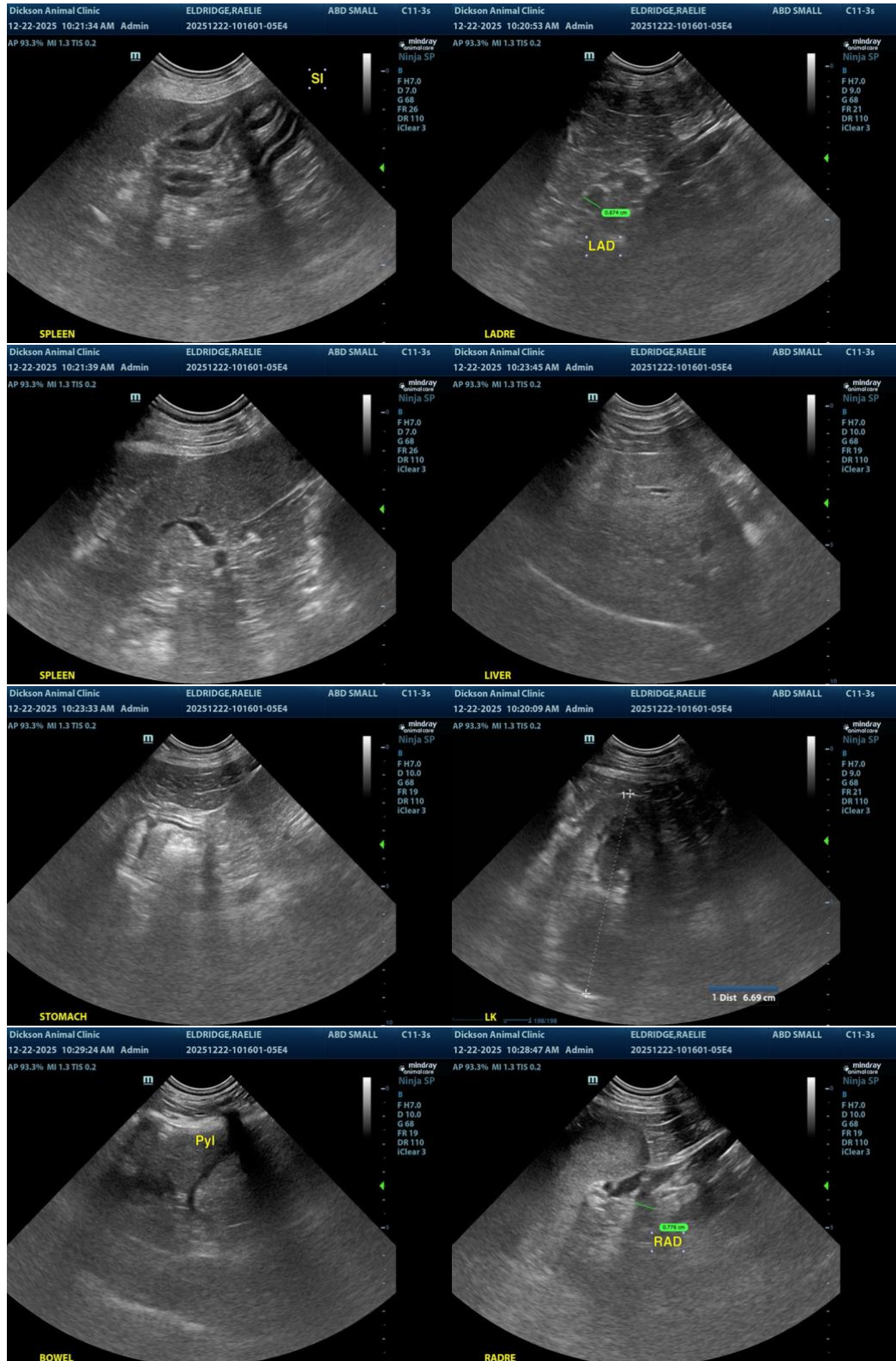
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com