



PATIENT

Cooper Stathopoulos

SPECIES

Canine

BREED

Mixed Breed

SEX

Male Neutered

AGE

6 yrs

WEIGHT

37 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

12789

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Patient presented form vomiting on 11/29 and back pain.

Abnormal PE/Chem/CBC/UA Results: Painful on right cranial abdominal palpation CBC/CHEM wnl QPL 330

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 changes were noted.

The residual prostate was free of pathology.

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 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 5.9 cm in length. The right kidney measured 5.8 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 0.43 cm. The right adrenal gland was indistinctly visualized exhibiting overtly normal size, position and shape measuring 0.52 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. Focal to intermittent, discrete, hypoechoic, non-disruptive nodule to nodules with an example measuring 0.5 cm in diameter. Nodules did not distort the splenic capsule.

Liver

The liver presented subjective mildly 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 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.



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Gastrointestinal

The stomach presented intact mildly thickened wall and discrete, hyperechoic gastric mural foci. The stomach was primarily empty with minor retained anechoic fluid and lumen gas. Gastric body wall measured 0.60 cm.

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 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

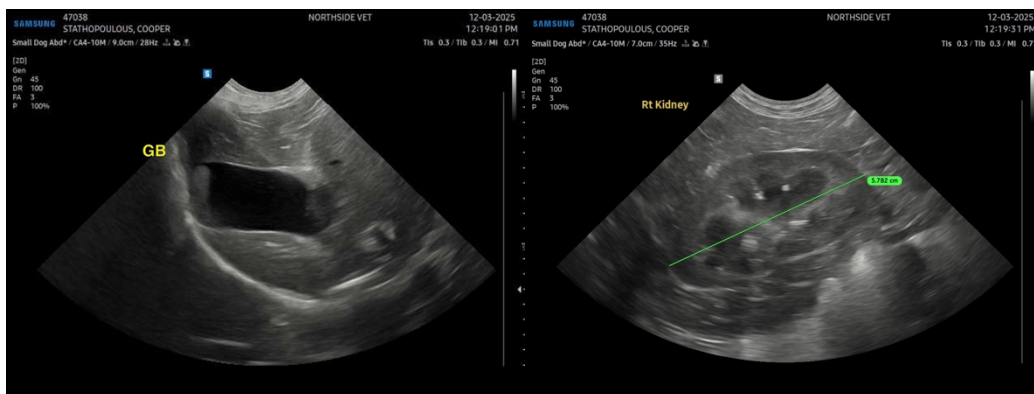
No overt lymphadenopathy or peritoneal effusion was present.

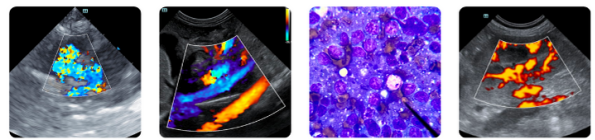
ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern, sonographically normal empty small intestine
- Normal area of pancreas
- Mild hepatomegaly – subjective benign
- Mild gallbladder debris (non-mucocele)
- Discrete splenic nodules – tend to trend benign, hyperplasia or hematopoiesis suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild to chronic pancreatitis may present sonographically normal. It may be suspected if cranial abdominal/subxiphoid discomfort on palpation in correlation with increased lipase. Gastrointestinal support and empirical therapy for gastritis and mild pancreatitis is recommended. Monitoring for emerging hepatopathy or non-obstructive cholestasis is suggested. Initial sonographic monitoring of the splenic nodules for evidence of persistence or progression with consideration for screening FNA cytology using 25-gauge needle and assuming normal clotting status is recommended.





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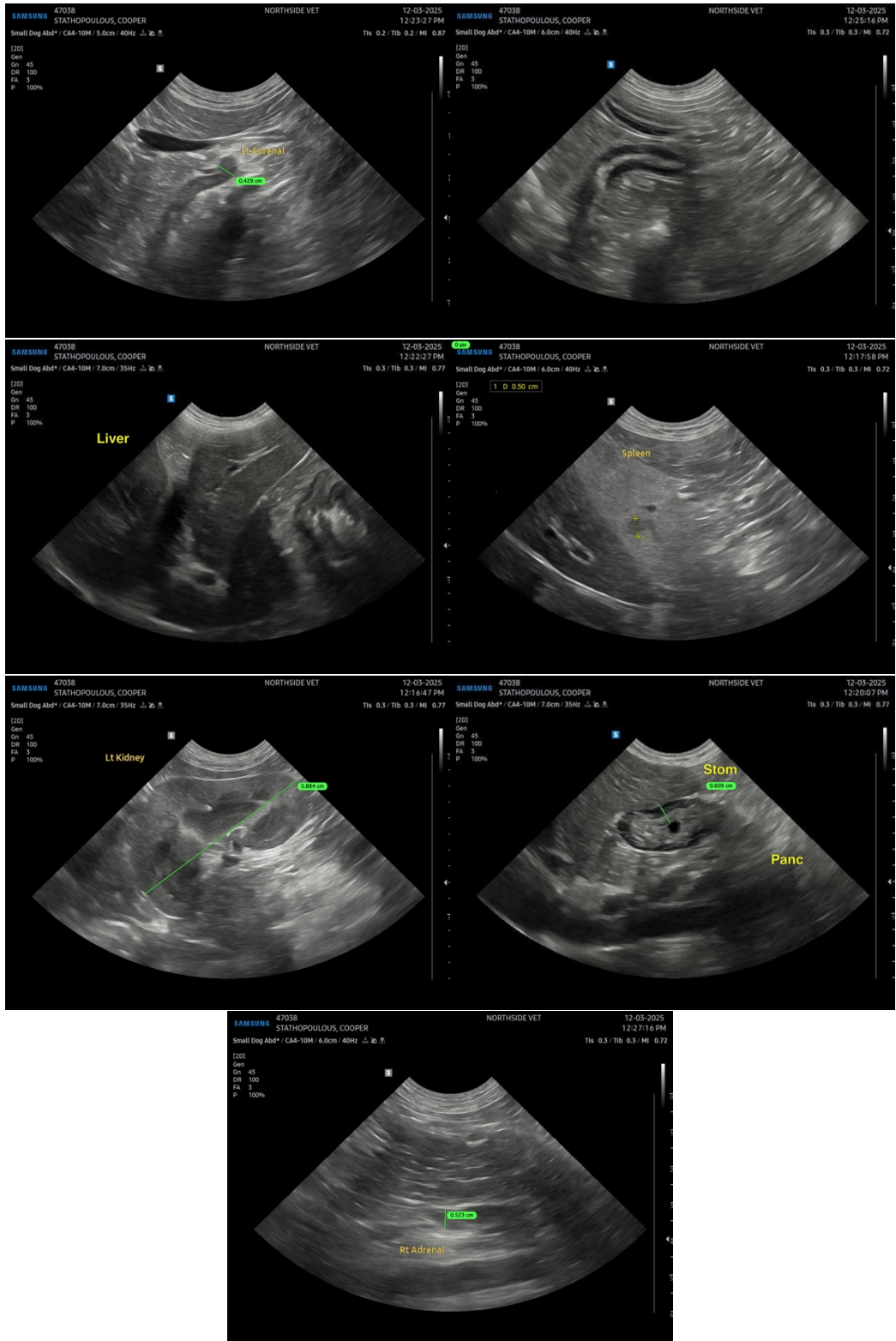
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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