



PATIENT	PRESENTING CLINICAL SIGNS
Oakley Gallagher	Starting 11/28 patient appetite was decreased. Stool more yellow than normal. P was seen at rDVM today. O concerned about pale gums and p not improving. Patient was referred due to severe anemia
SPECIES	Abnormal PE/Chem/CBC/UA Results: EPOC: pH 7.455, BE -8.9 (L), Na 143, Cl 122, K 4.1, lact 1.8 PCV/TS: 16/7.4, icteric CBC: Hct 13.9 (L), MCV 95.2 (H), MCHC 25.2 (L), retic 859 (H), WBC 15.44, Neut 8.15, lymph 6.29 (H), eos 0.05 (L), plt 172 Slide agglutination: macro negative, micro negative Blood type: negative Crossmatch: compatible with unit in clinic and additional unit. Blood smear: - pending to imagyst Radiographs: 1. Normal thorax. 2. Ingested mineral opaque structures most consistent with ingested bone or plastic fragments. No current evidence of pyloric obstruction AFAST: no peritoneal effusion SNAP 4DX: Negative
Canine	
BREED	
Labrador	
SEX	
FS	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
7.5	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
WEIGHT	No evidence of medial iliac or sublumbar lymphadenopathy/masses. There is no evidence of distal aortic thrombus.
29.2	Normal size and margination were 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. Mild medullary mineral was noted in both kidneys. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized. No obvious pathology was noted in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Lea Hayes	The spleen was subjectively mildly enlarged with 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.
HOSPITAL NAME	
Wilvet Salem	
REFERRING VET	
Lea Hayes	
INVOICE	
10419	
DATE	
12/5/25	



PATIENT

Oakley Gallagher

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

7.5

WEIGHT

29.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Lea Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Lea Hayes

INVOICE

10419

DATE

12/5/25

Liver/ Gallbladder

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 without evidence of retained ingesta, fluid, or foreign material.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal mildly enlarged spleen
- Normal gastrointestinal tract
- Mild renal medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology, specifically no evidence of gastrointestinal mural pathology, foreign material, or abdominal neoplastic criteria. Mild splenic hyperplasia or hematopoiesis, given anemia, is probable. If anemia is stabilized and assuming normal clotting status, screening splenic FNA cytology using a 25-gauge needle could be considered to assess for occult pathology, yet no evidence of splenic neoplastic criteria. CBC pathology review may be considered.



PATIENT

Oakley Gallagher

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

7.5

WEIGHT

29.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Lea Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

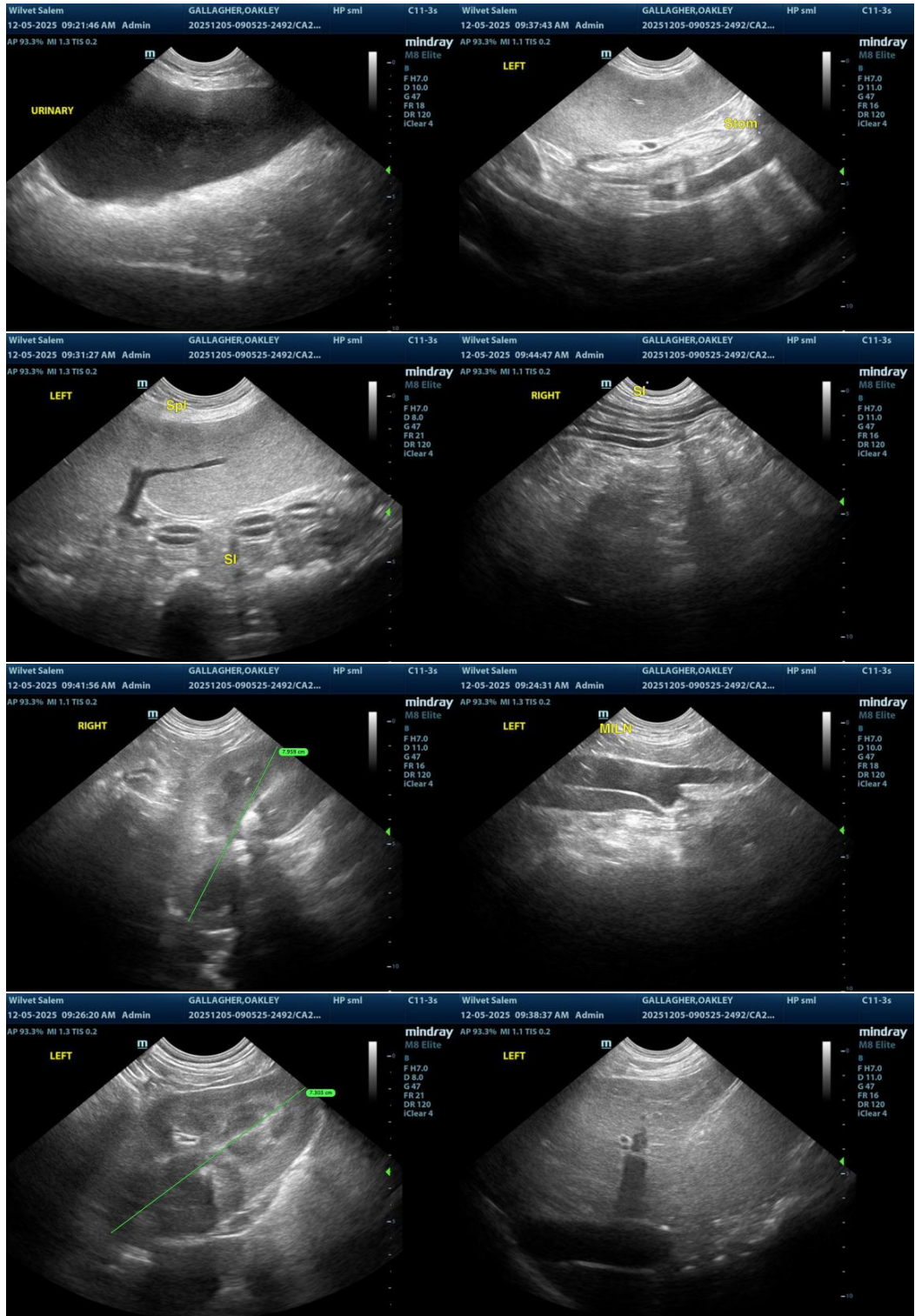
Lea Hayes

INVOICE

10419

DATE

12/5/25





PATIENT

Oakley Gallagher

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

7.5

WEIGHT

29.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Lea Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Lea Hayes

INVOICE

10419

DATE

12/5/25



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