



PATIENT

Hazel O'Donnell

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

53 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. Zelinski

INVOICE

13533

DATE

02/02/26

PRESENTING CLINICAL SIGNS

- Recurrent loose stool 6 months
- last week vomited piece of rope tie for gifts
- weight loss 2024 58 lb now 53 lbs
- Meds: Stool normalized w/ Metro, Probiotic, W/D in past no help, Had Panacur Jan 2026 (fecal neg)

Abnormal PE/Chem/CBC/UA Results: AP 233 (was 477 June 2025) T4 and Cortisol Normal

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 change were noted.

The area of the iliac 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 5.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in 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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Small left cranial thin walled intraparenchymal cysts were present.

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



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction 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. The duodenum wall measured 0.50 cm wall width. The jejunum wall measured 0.44 cm wall width.

The colon presented with normal intact visible wall. The proximal colon was empty with semi formed to soft fecal matter in the distal colon.

Pancreas

The pancreas presented normal to mildly prominent in size with mild asymmetrical capsule contour and isoechoic nonhomogenous remodeled parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

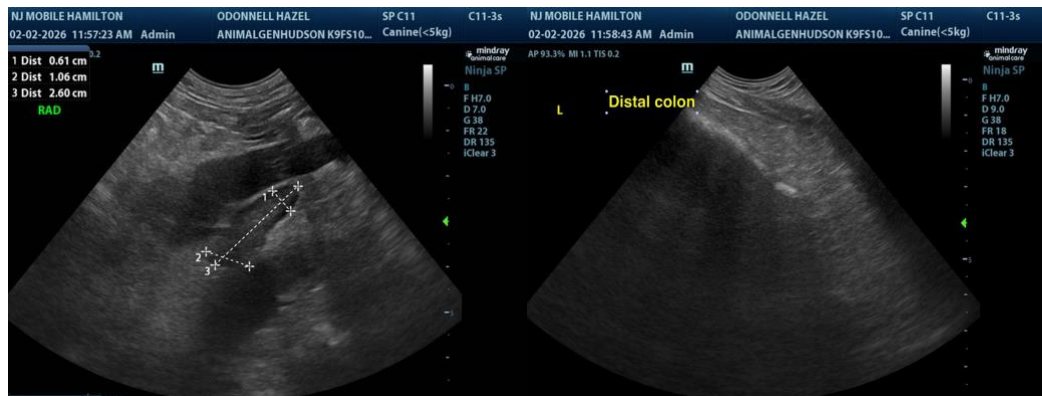
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta.
- Empty proximal colon with semi formed/soft fecal matter in distal colon.
- Mild prominent remodeled pancreas.
- Benign hepatopathy pattern with small intraparenchymal cysts.
- Mild non-organized gallbladder debris (non-mucocele).
- Age-related renal/adrenal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Non-structural inflammatory bowel, dietary intolerance, infectious disease, dysbiosis, mild chronic pancreatitis, less likely occult to emerging neoplasia are all potentials in conjunction with previous diagnostics.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Concurrent three view chest radiographs are suggested if not recently done. Hydrolyzed diet trial with possible long-term dietary therapy, continued high colony count probiotic, i.e. proviable or similar, cobalamin supplementation pending assessment of cobalamin level and clinical monitoring may prove beneficial.





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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)

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