



PATIENT

Max Miller

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

9.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Griffin

INVOICE

13904

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- Started coughing Wednesday after going to groomer
- Vomiting started last night
- some of the vomitus had blood in it per owner
- gelatinous bloody stool noted in hospital
- Patient gets Trifexis and Apoquel through online pharmacy

Abnormal PE/Chem/CBC/UA Results: Neutrophils 11.7 (H), ALT 330 (H), AMYL 2242 (H), LIPA 2541 (H), QPL 743 (H), TT4 0.9 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 residual prostate appeared normal and 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 4.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate gravity dependent to nondependent mildly congealed biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle hyperechoic segmental intestinal mucosal speckling with generalized empty intestinal lumen to the level of the colon.

The colon walls presented intact yet thickened wall layering. Primarily empty colon lumen with segmental gas and soft fecal matter was present.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

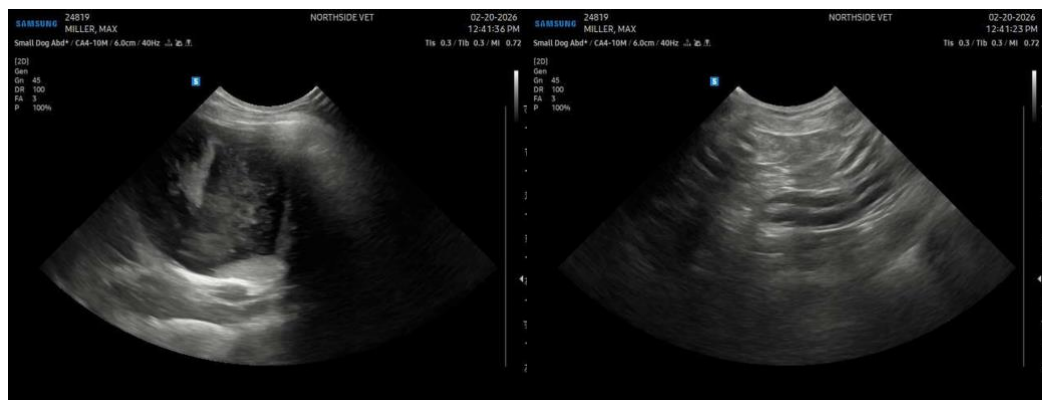
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous pancreas- not consistent with significant or active pancreatitis, mild to chronic pancreatitis is possible.
- Benign hepatopathy pattern with immature gallbladder mucocele.
- Nonobstructive hypomotile stomach with nonspecific enterocolitis.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hepatopathy is nonspecific with considerations for reactive or mild to chronic nonspecific inflammatory hepatopathy in conjunction with immature gallbladder mucocele. Hepatogastrintestinal support and empirical therapy for mild to chronic pancreatitis with clinical monitoring is recommended.

Sonographic reassessment or monitoring is suggested if progressive hepatopathy or cranial abdomen/subxiphoid discomfort on palpation which may correlate with progressive gallbladder mucocele or persistent pancreatitis.





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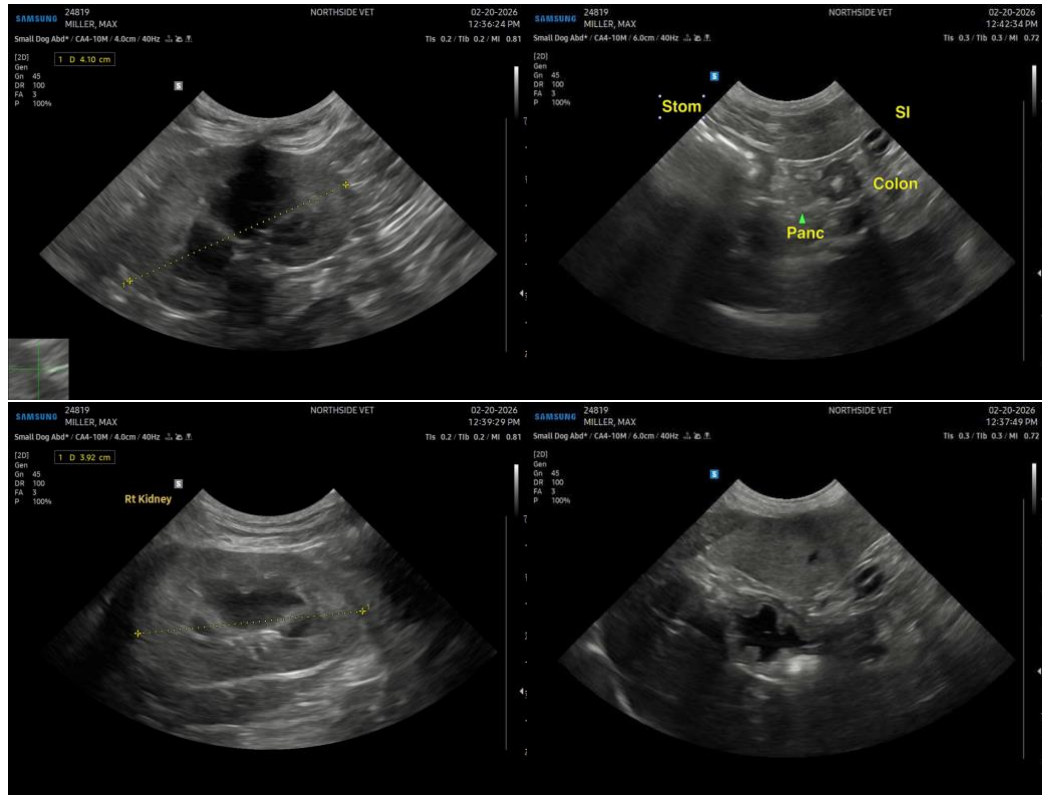
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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