



PATIENT

Harry Booth

SPECIES

Canine

BREED

Golden Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

71.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Powers

INVOICE

13556

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Chronic vomiting of yellow bile once weekly per owner. Generally normal appetite, but slower in the mornings. Normal drinking/urination. No diarrhea.
- ABNORMAL Labwork Values: ALT 158, Chol 381, PSL 144, 2+ urine protein, USG 1.051
- Current Medications: Credelio Quattro, Welactin, Dasuquin, Mometamax

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 residual prostate appeared normal and free of pathology.

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 7.4 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.88 cm width in the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.75 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 & 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/ moderate coarse echotexture and subjective mild parenchymal remodeling. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta, fluid or foreign material. The pylorus wall measured 0.57 cm wall width. No evidence of obstruction to pyloric outflow.

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 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

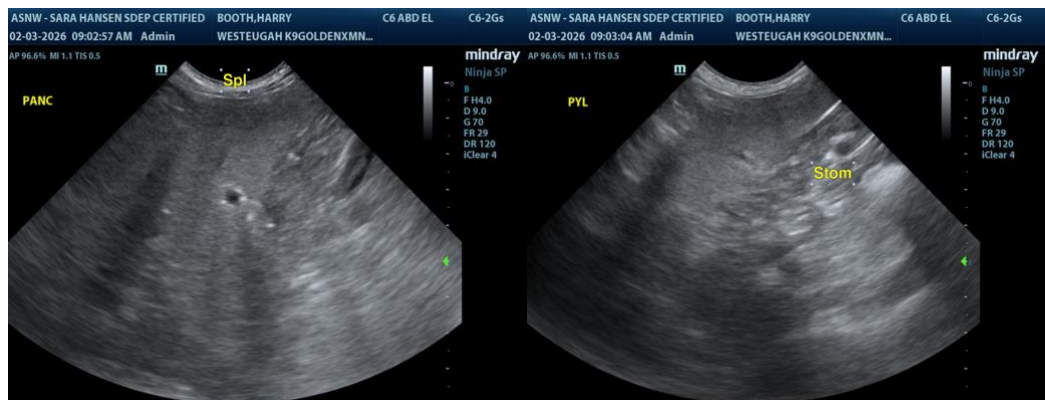
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract.
- Mild hepatic parenchymal remodeling- consistent with low-grade benign hepatopathy.
- Normal gallbladder.
- Mild heterogeneous remodeled pancreas.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastrointestinal, pathology or active pancreatitis with largely geriatric abdomen. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. As needed gastroprotectants +/- empirical dietary trial may prove beneficial.





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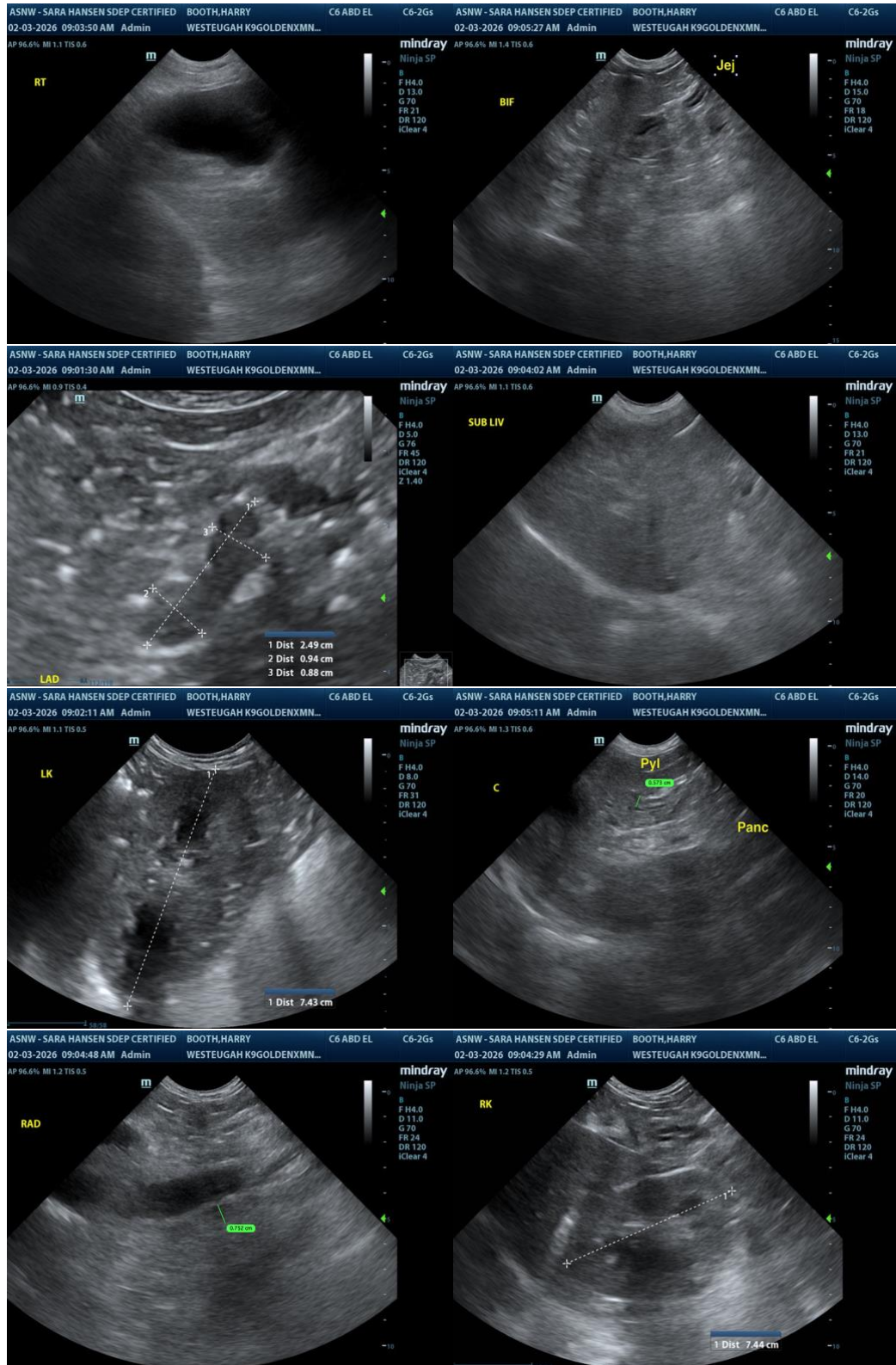
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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