



PATIENT

Trixie Horsky

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

11yr

PRESENTING CLINICAL SIGNS

- Trixie presents with a known cruciate injury, complicated by recent weight loss, a newly identified enlarged submandibular lymph node, and a history of seizures with current ataxia.
- The most clinically significant recent findings include progressive weight loss, with a drop from a previous weight of 28 kg to 26.9 kg today. A new, enlarged submandibular lymph node has been identified on the left side, which is the only lymph node noted to be enlarged appreciated. These changes are accompanied by occasional missed meals, halitosis. Recent blood work was reportedly unremarkable, and a urinalysis with dilute urine.
- The patient has a pre-existing history of seizures and is currently being treated with Prolin (25mg PO q12hr).
- Patient is also on phenobarbital for the seizures - PO q12hrs (90mg AM and 120mg PM)
- **OVERALL:**
- History of epilepsy, which is controlled with phenobarbital.
- History of urinary incontinence, which is controlled with Proin.
- R stifle lameness (cruciate tear), on Onsior/gabapentin. Recently added amantadine
- Recent significant weight loss despite good appetite.
- Recent normal bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

28kg

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

INTERPRETED BY

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

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. The left kidney measured 6.7 cm in length. The right kidney measured 6.9 cm in length.

IMAGING PERFORMED BY

Dr Jill Rankin

The area of the aortic trifurcation was free of pathology.

HOSPITAL NAME

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

REFERRING VET

Dr Jodi

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.

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Liver/Gallbladder

Trixie Horsky

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild to moderate, non-organized gravity dependent debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary

- Sonographic normal gastrointestinal tract
- Non-organized gallbladder debris (non-mucocele)
- Normal urinary bladder and visible proximal urethra
- Sonographically normal intra-abdominal and retroperitoneal lymph nodes

IMAGING PERFORMED BY

Dr Jill Rankin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, including no evidence of primary or metastatic neoplastic criteria as an obvious cause of the patient's weight loss. The gallbladder debris is likely incidental given no recent hepatic enzyme elevation or cholestasis. Continued monitoring indicated with hepatosupportive medication if hepatopathy or cholestasis arises.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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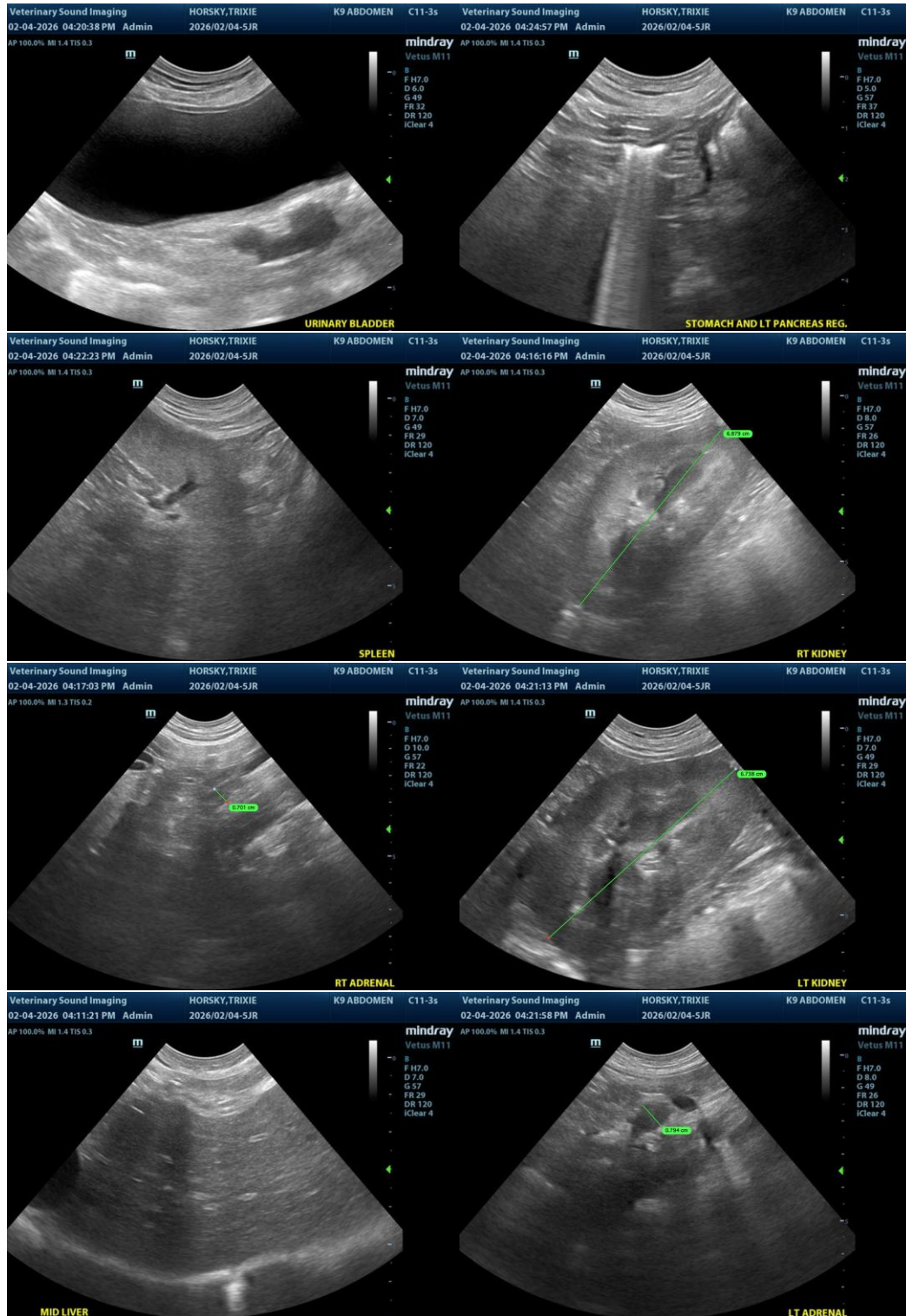
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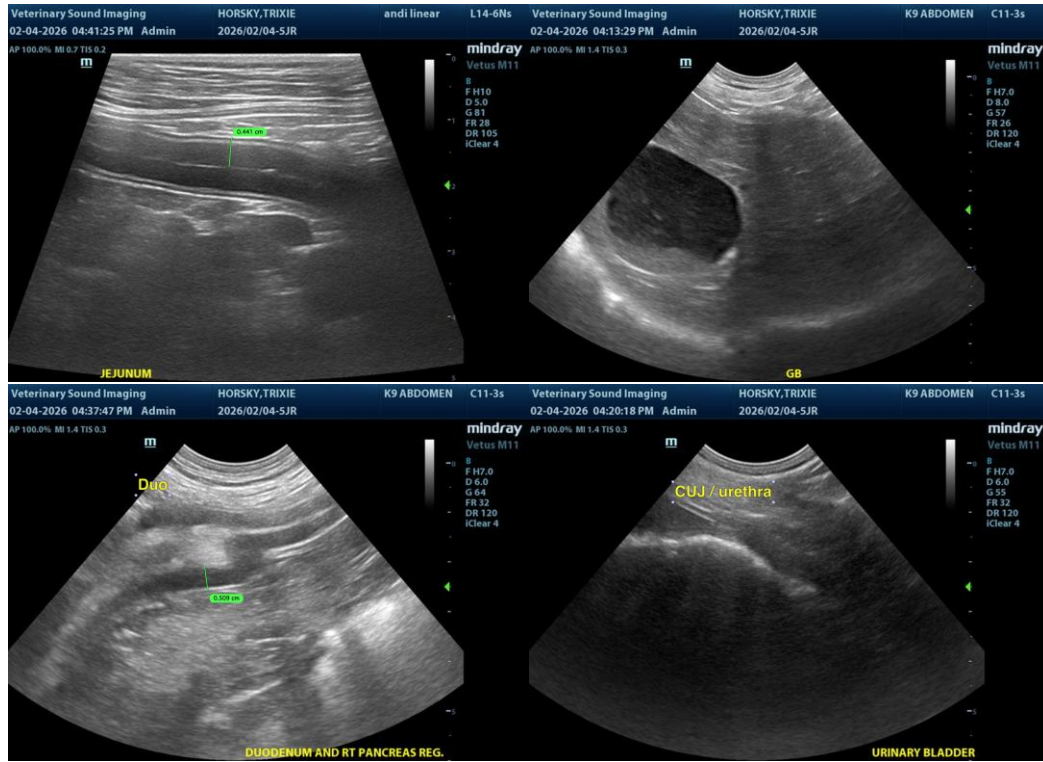
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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