



PATIENT

Kip Spring

SPECIES

Canine

BREED

Papillion

SEX

Male Neutered

AGE

11y

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brooke Thurstonson

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Brooke Thurstonson

INVOICE

13177

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- Chronic intermittent vomiting (bilious, occasionally food) and hyporexia to anorexia.

Abnormal PE/Chem/CBC/UA Results: Mild periodontal disease, otherwise PE is WNL. BW on 12/5/25: CBC- HCT at 64%; Chemistry- Mildly increased SDMA (14.2); all other values, T4 and UA demonstrated no significant findings.

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 changes 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 3.9 cm in length. The right kidney exhibited a moderately size, thinly walled cyst measuring 2.0 cm in diameter. The cyst contained anechoic fluid and possibly mildly multi-chambered. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no overt pathology subjectively measuring 0.38 cm width. The right adrenal gland was 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

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 minor, non-dependent, non-organized, echogenic, nonmineralized 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 was empty with no signs of ileus, 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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

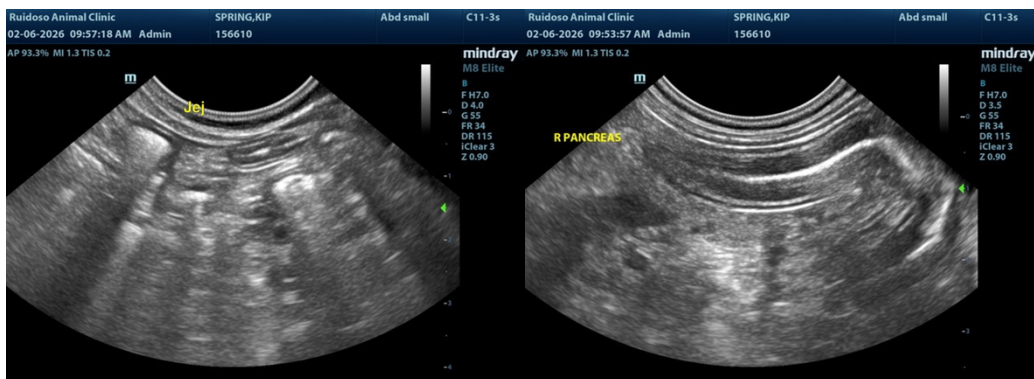
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas
- Minor gallbladder debris (non-mucocele)
- Chronic renal changes with right kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt pathology as a definitive cause of the patient's gastrointestinal signs. A GI panel to include PLI/TLI/Cobalamin/Folate, screening cortisol level and 3-view chest radiographs to assess for occult disease is suggested. Gastrointestinal support indicated.





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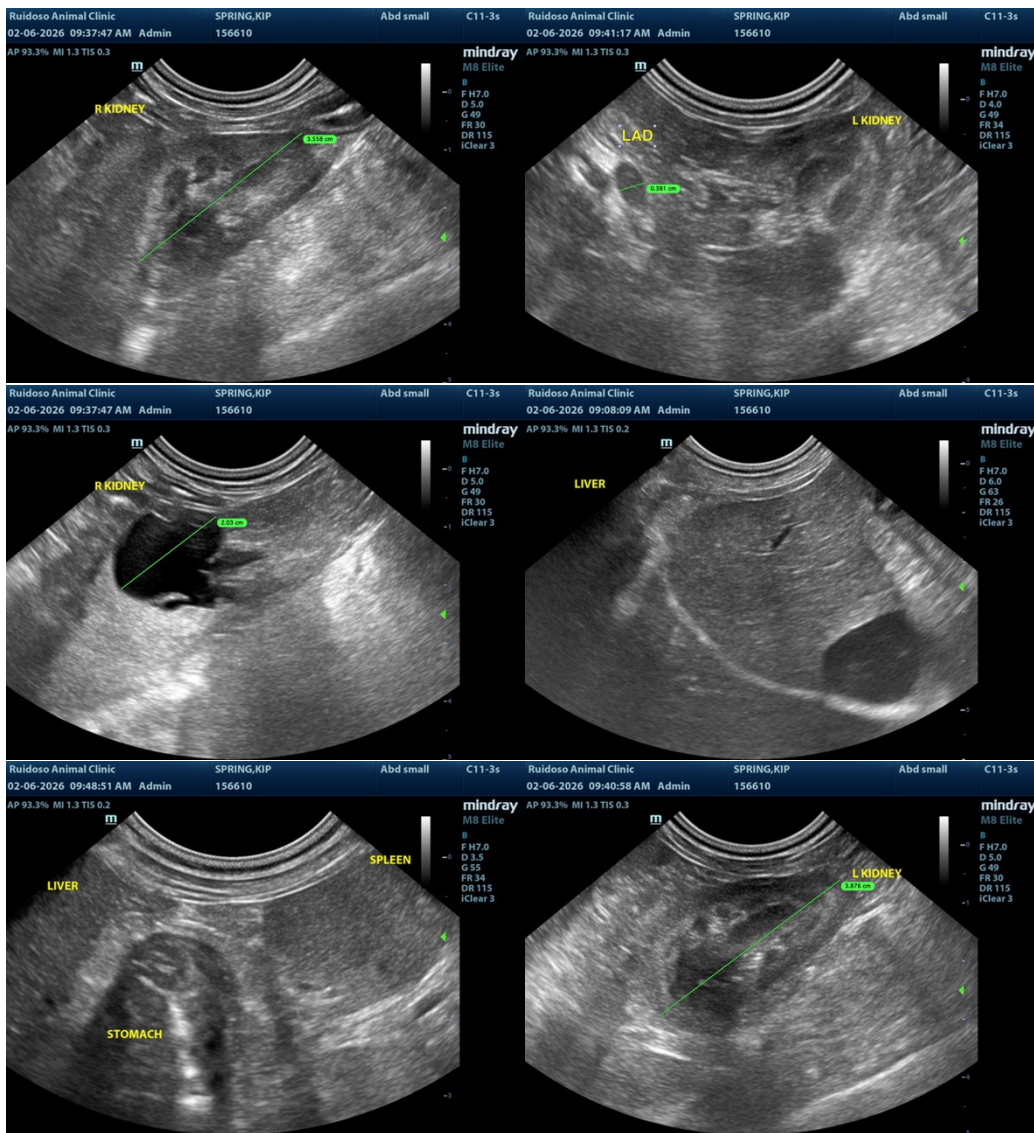
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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