



PATIENT

Jax Johnson

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

11y

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Mack

INVOICE

13303

DATE

3/20/26

PRESENTING CLINICAL SIGNS

History:

- acute colitis

Abnormal PE/Chem/CBC/UA Results: mildly elevated liver enzymes

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 changes were noted.

Normal size and margination was 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 5.6 cm in length. Probable underestimation of left kidney size. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland exhibited mild asymmetrical enlargement with the caudal pole measuring ~0.9 cm width. Mid adrenal non-capsule deforming, homogeneous, hypoechoic nodule was present measuring 1.3 cm x 0.89 cm.

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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 ileus, obstruction or foreign material.

The colon exhibited generalized mild distention with mild thickened wall layering. Non-formed fecal matter consistent with patient history. Example of colon wall measured 0.5 cm width.

Pancreas

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.

Free Abdomen

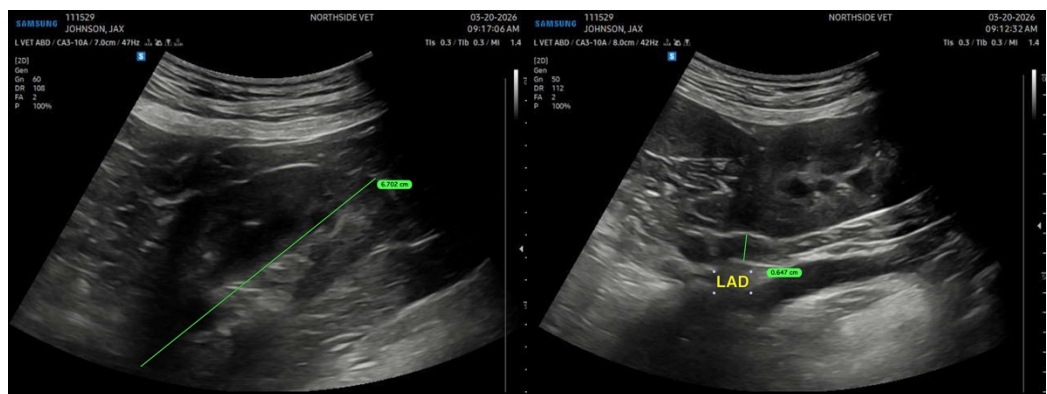
No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened colon wall with generalized non-formed fecal matter consistent with acute or potential acute on chronic colitis
- Normal empty gastrointestinal tract
- Sonographically unremarkable liver – consistent with low-grade benign hepatopathy
- Mild, non-organized gallbladder debris
- Mildly enlarged right adrenal gland with adrenal nodule – nodular hyperplasia, adenoma, emerging tumor thought less likely, or other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical coverage for granulomatous/boxer colitis with clinical monitoring is recommended. Potential for emerging colon or right adrenal nodular neoplasia thought less likely yet sonographic monitoring if non-responsive or recurrent diarrhea as well as for evidence of progressive right adrenal nodule is recommended. Monitoring of systemic BP for evidence of hypertension which may potentially allude to emerging right pheochromocytoma, although thought less likely, is suggested. Hepato-supportive medications may be considered if persistent or progressive hepatopathy.





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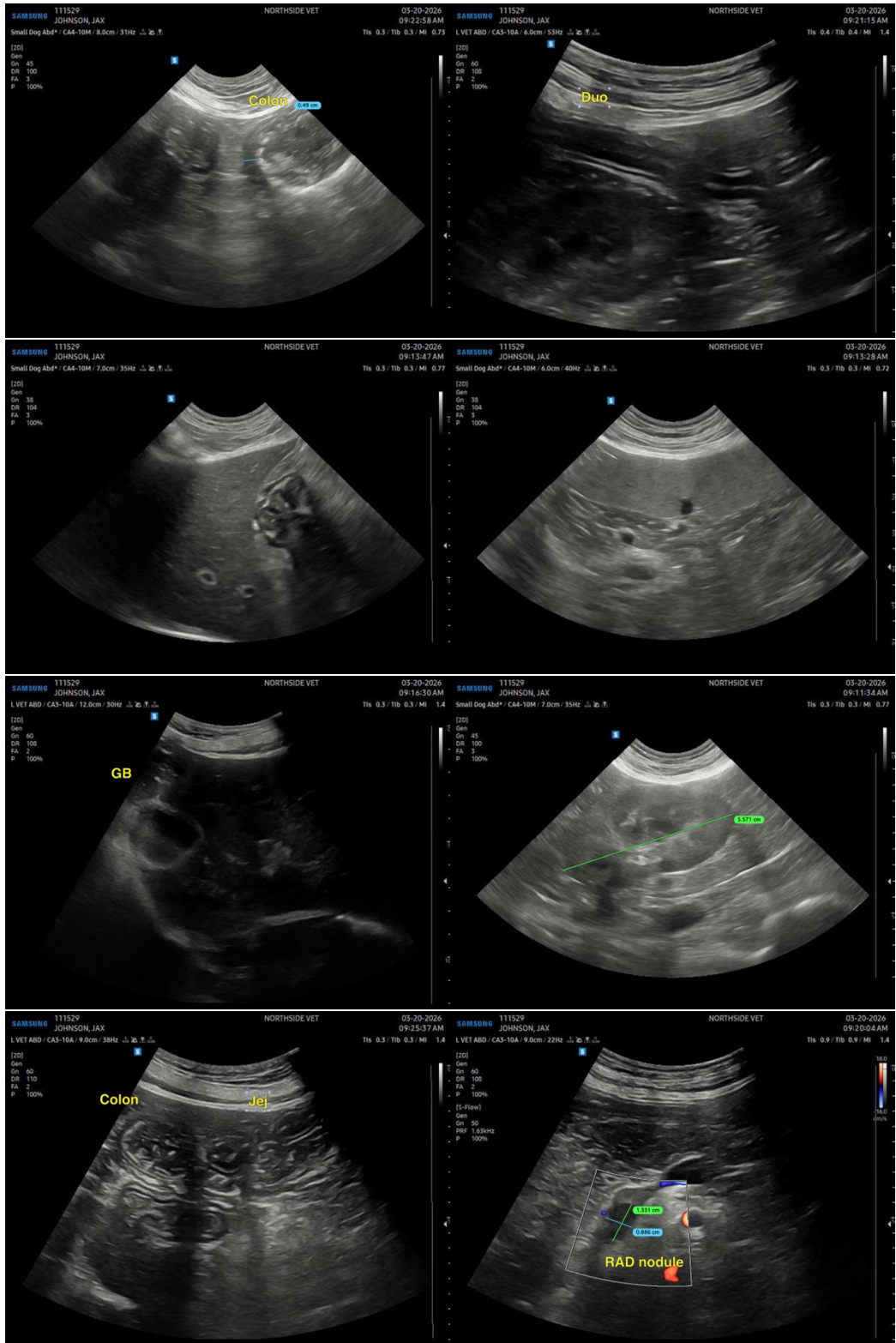
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com