



PATIENT

Isaac Latorre

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

2012

WEIGHT

22.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

White Haven
Veterinary Hospital

REFERRING VET

Dr. Vollers

INVOICE

14657

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Gi issues
- Bradycardia

Labs: BUN 2.5, ALT 302.

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 aortic 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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.61 cm width in the caudal pole. The right adrenal gland measured 0.40 cm width in the caudal pole.

Spleen

The spleen presented subjective mildly enlarged with symmetrical contour and mild heterogeneous parenchyma exhibiting intermittent noncapsule deforming hyperechoic nodules.

Liver & Gallbladder

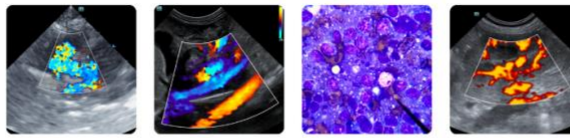
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild congealed hyperechoic 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.

The small intestine presented intact wall layering exhibiting subjective propensity for mildly prominent intestinal mucosa. Mild segmental hyperechoic duodenojejunal mucosal speckling.



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Normal visible colon wall layers were present with semi formed fecal matter.

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Pancreas

SPECIES

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.

Canine

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Free Abdomen

Terrier Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Sonographically normal liver- consistent with mild benign hepatopathy.
- Mild congealed gallbladder debris (non-mucocele).
- Mildly enlarged heterogeneous spleen with hyperechoic nodules- hyperplasia, hematopoiesis, differentiation between red/white pulp, inflammation, hyperechoic myelolipomas, emerging splenic neoplasia thought less likely yet not excluded.
- Nonspecific enteropathy exhibiting mild mucosal speckling.
- Mild age-related renal/adrenal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology could be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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Monitoring of liver parameters +/- concurrent hepatosupportive medications i.e. Denamarin or ursodiol is recommended if evidence of progressive hepatopathy.

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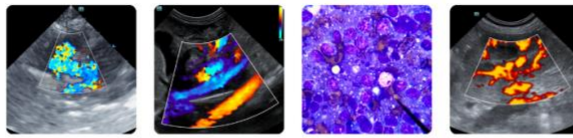
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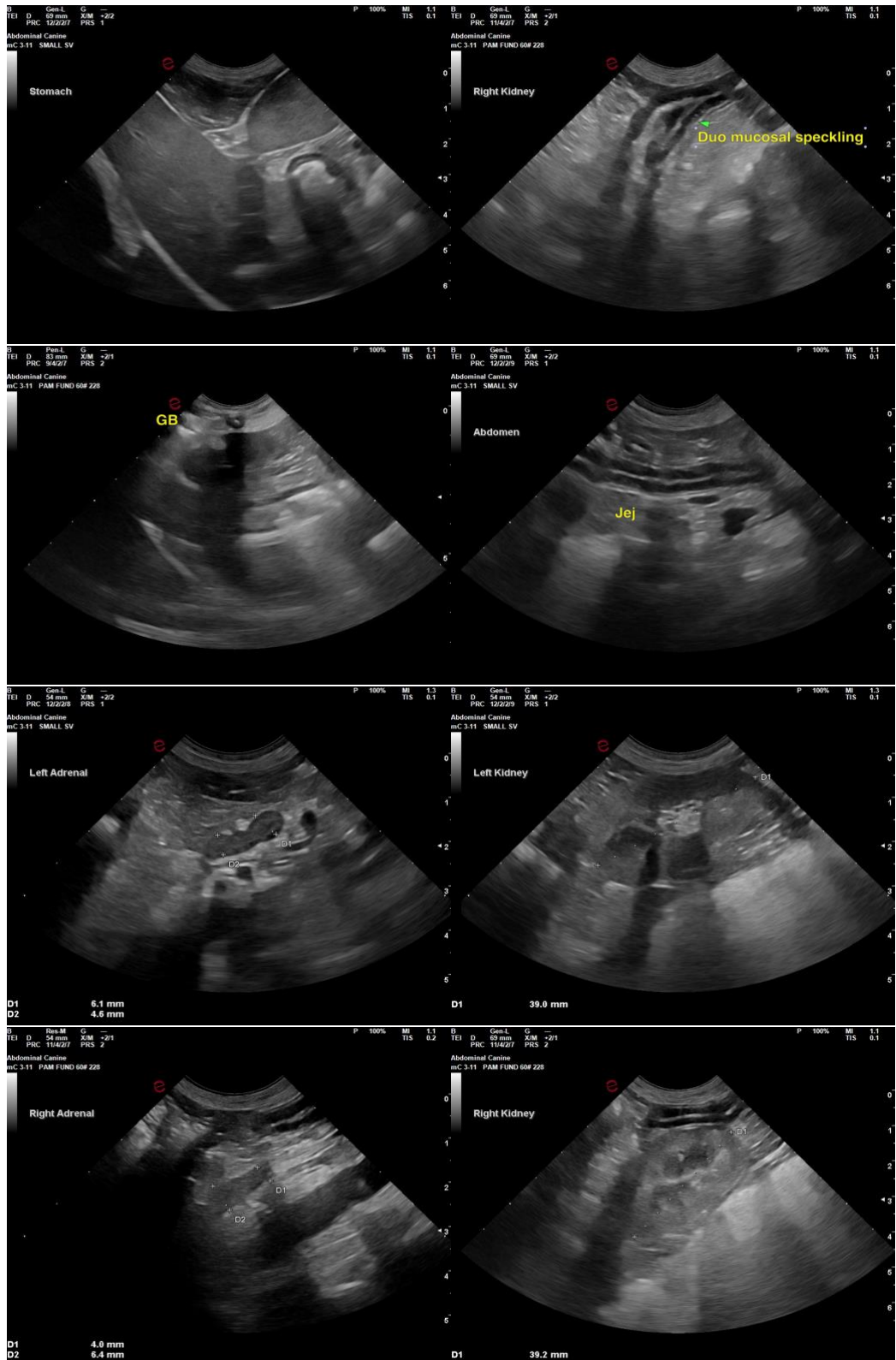
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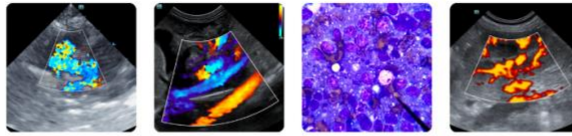
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com