



PATIENT

Lou Harrison

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

76.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Aimal Hospital

REFERRING VET

Dr. Emily Kirk

INVOICE

14644

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Recently has started vomiting more often. The vomit used to be a clear liquid and now looks more like undigested food.
- Bowel movements have been normal.
- Has been lethargic off and on.
- Lab work showed an increased pancreatic lipase level. Ondansetron was prescribed and this appeared to help her symptoms.
- The main goal of the ultrasound is to better identify if anything could be contributing to vomiting/pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Spec cPL 297 (< 200) CBC/Chem otherwise unremarkable

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 change 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 6.6 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

A nonhomogeneous / hyperechoic nodule was present in the left adrenal gland with mild associated caudal left adrenomegaly. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.2 cm x 1.1 cm.

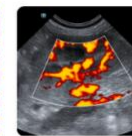
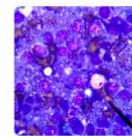
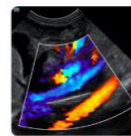
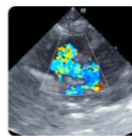
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



PATIENT

Lou Harrison

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

76.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Aimal Hospital

REFERRING VET

Dr. Emily Kirk

INVOICE

14644

DATE

03/26/26

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.56 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 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 overt lymphadenopathy or peritoneal effusion was present.

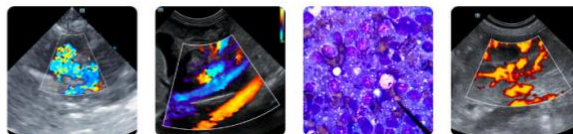
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract.
- Left adrenal nodule.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural gastrointestinal pathology or mechanical/metabolic gastrointestinal ileus. Dietary intolerance, low-grade nonspecific gastritis or gastroenteritis as well as possible mild pancreatitis which may present sonographically normal are all potentials. Dietary trial with gastroprotectant Omeprazole 1.0 mg/kg PO SID as needed with concurrent anti-nausea medication and clinical monitoring would be reasonable.

The left adrenal nodule is suggestive of mild benign hyperplasia or adenoma. Emerging left adrenal tumor is thought less likely yet technically not excluded. Sonographic monitoring of the left adrenal nodule for evidence of progression as well as periodic monitoring of systemic blood pressure for evidence of hypertension is recommended.



PATIENT

Lou Harrison

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

76.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Aimal Hospital

REFERRING VET

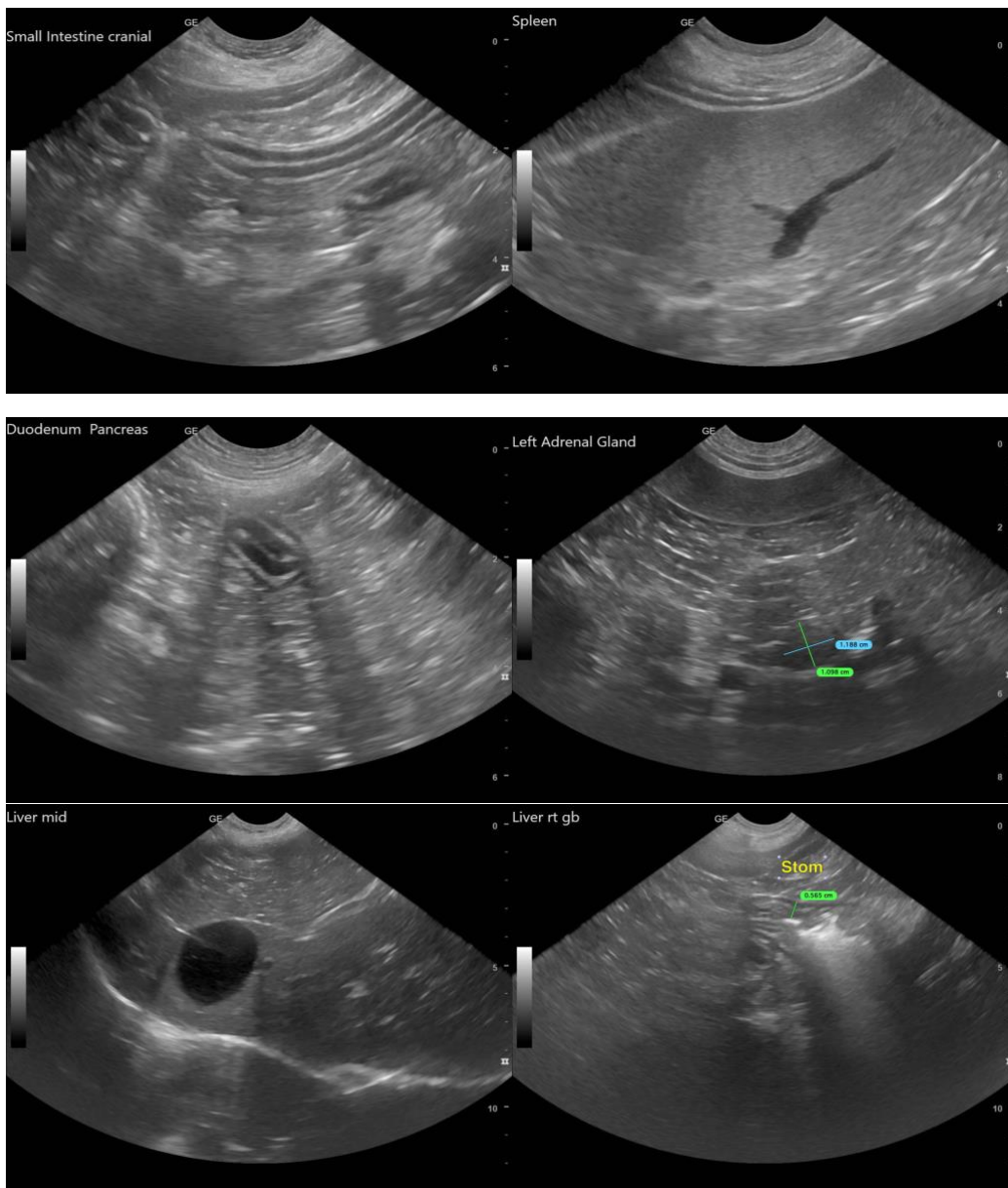
Dr. Emily Kirk

INVOICE

14644

DATE

03/26/26





PATIENT

Lou Harrison

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

76.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Aimal Hospital

REFERRING VET

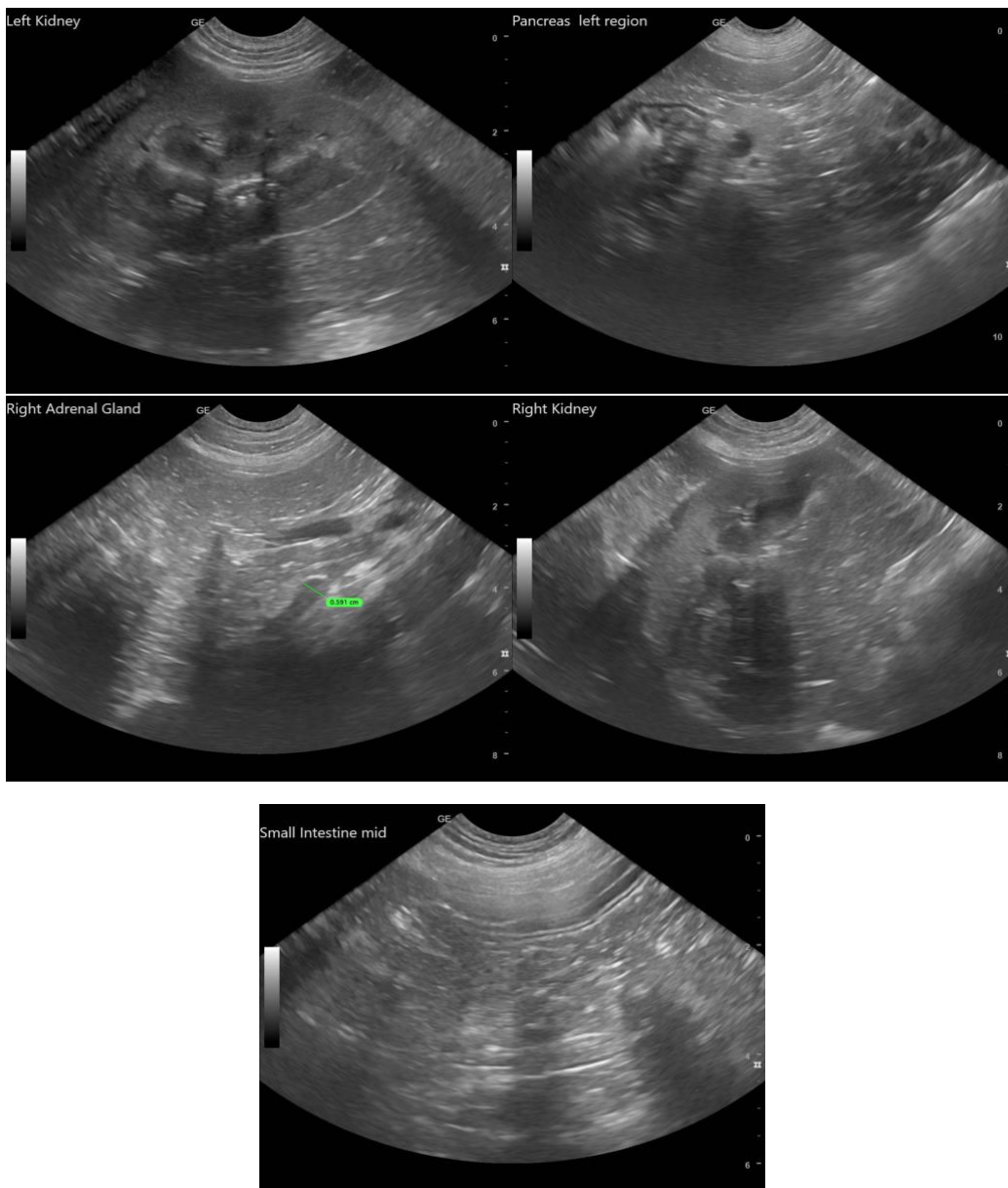
Dr. Emily Kirk

INVOICE

14644

DATE

03/26/26



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