

PATIENT

Tank Campbell

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

10y

WEIGHT

100 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Paws AH

REFERRING VET

Dr. Johnson

INVOICE

13339

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting for a month
- Can only keep rice and broth down
- Lost 16 lbs in a year
- Cranial organomegaly
- Facial muscle wasting

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.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in the right kidney with subnormal size of the left kidney compared to the right. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be thickened and hyperechoic resulting in an altered cortex: medulla ratio. Reduced medullary volume with mild to moderate loss of corticomedullary distinction was also present. Minor pyelectasia noted. The left kidney measured 5.3 cm in length. The right kidney exhibited a cortical cyst. The right kidney measured 9.0 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 0.88 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology exhibiting subjective normal size, position and shape. The right adrenal gland measured 0.81 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

The liver presented normal in size with normal vascular volume. Mild, non-uniform, increased hepatic parenchyma compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 contained mild, echogenic, non-shadowing ingesta without signs of 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 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

- Bilateral marked chronic degenerative renal changes with subnormal left kidney size
- Mildly hyperechoic liver
- Non-organized gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with mild, non-shadowing gastric ingesta - consistent with retained food echogenicity
- Normal area of pancreas
- Normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral nonspecific chronic nephropathy with considerations including advanced chronic renal disease, nonspecific nephritis or renal dysplasia, all potentials. The liver is nonspecific with potential chronic nephropathy, i.e. chronic vacuolar, inflammatory, metabolic hepatopathy, lipidosis, all potentials. Hepatic neoplasia thought less likely yet not excluded. Correlation with full lab work including urinalysis, C/S and UPC level for renal staging is recommended. Assuming normal clotting, screening hepatic FNA cytology could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs to assess for additional occult disease as a contributing factor to the weight loss is recommended. No evidence of mechanical gastrointestinal obstruction or visualized gastrointestinal mural pathology. Gastrointestinal support is recommended.



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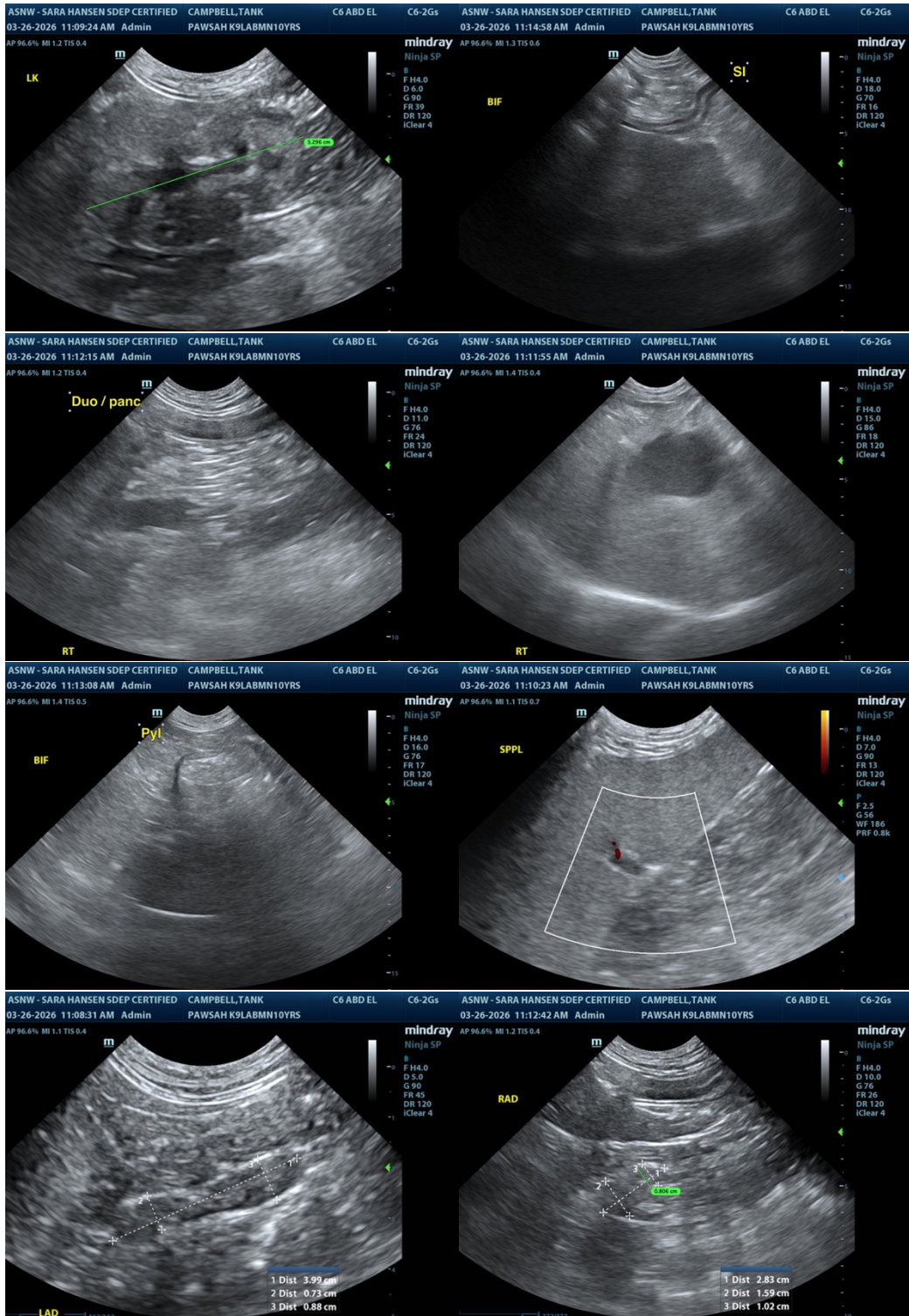
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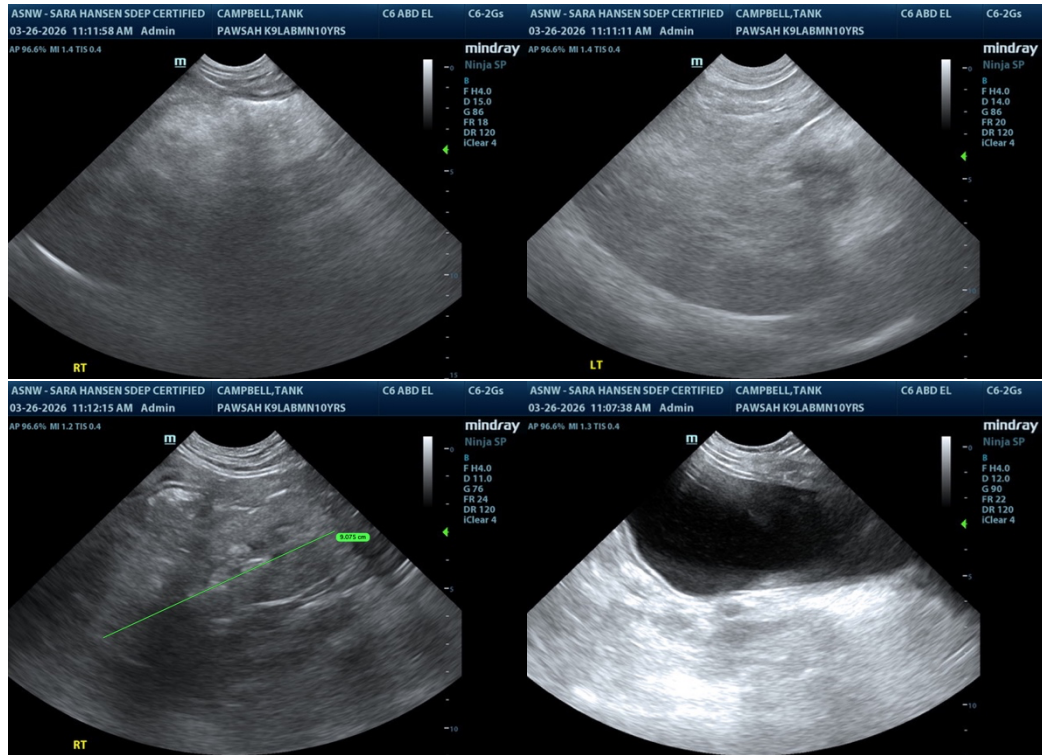
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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