



PATIENT

Obie Creary

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

14yr

WEIGHT

5.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE

24106

DATE

03/04/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate acute neurologic episode -suspected vascular event. Bloodwork showed mild elevations in all liver values (is on 2.5 mg pred EOD), hyperlactatemia, T. bili. History of prior TL IVDD but then today falling to one side, cannot walk or stand, mild rotational nystagmus, lack of CP on right front

ER Mgmt: IVF - 10 ml/kg bolus, 25 ml/hr rate, Cerenia 1 mg/kg IV once, 2.5 mg pred EOD and Gabapentin 50 mg for IVDD

Abnormal PE/Chem/CBC/UA Results: Initial BP: 190 mmHg PCV/TS - 44/9.0 WBC - 21.88 H, Neut - 20.24 H EPOC - Lac - 9.99, pH - 7.545 Chem - Alb - 5.0, ALT - 340, ALP - 183, Glu - 143, TBil - 1.4 Chest rads - not sent out but relatively unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.0 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology. No evidence of distal aorta or iliac thrombus.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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



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The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Normal vascular volume. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Non-dilated cranial abdomen caudal vena cava without evidence of thrombus.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Normal spleen
- Bilateral chronic renal changes
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology as a definitive cause or contributing factor to the patient's neurological episode. Considerations for the liver may include vacuolar, reactive, inflammatory or cholestatic etiologies with occult hepatic neoplasia thought less likely. Hepatosupportive medications and monitoring is recommended.



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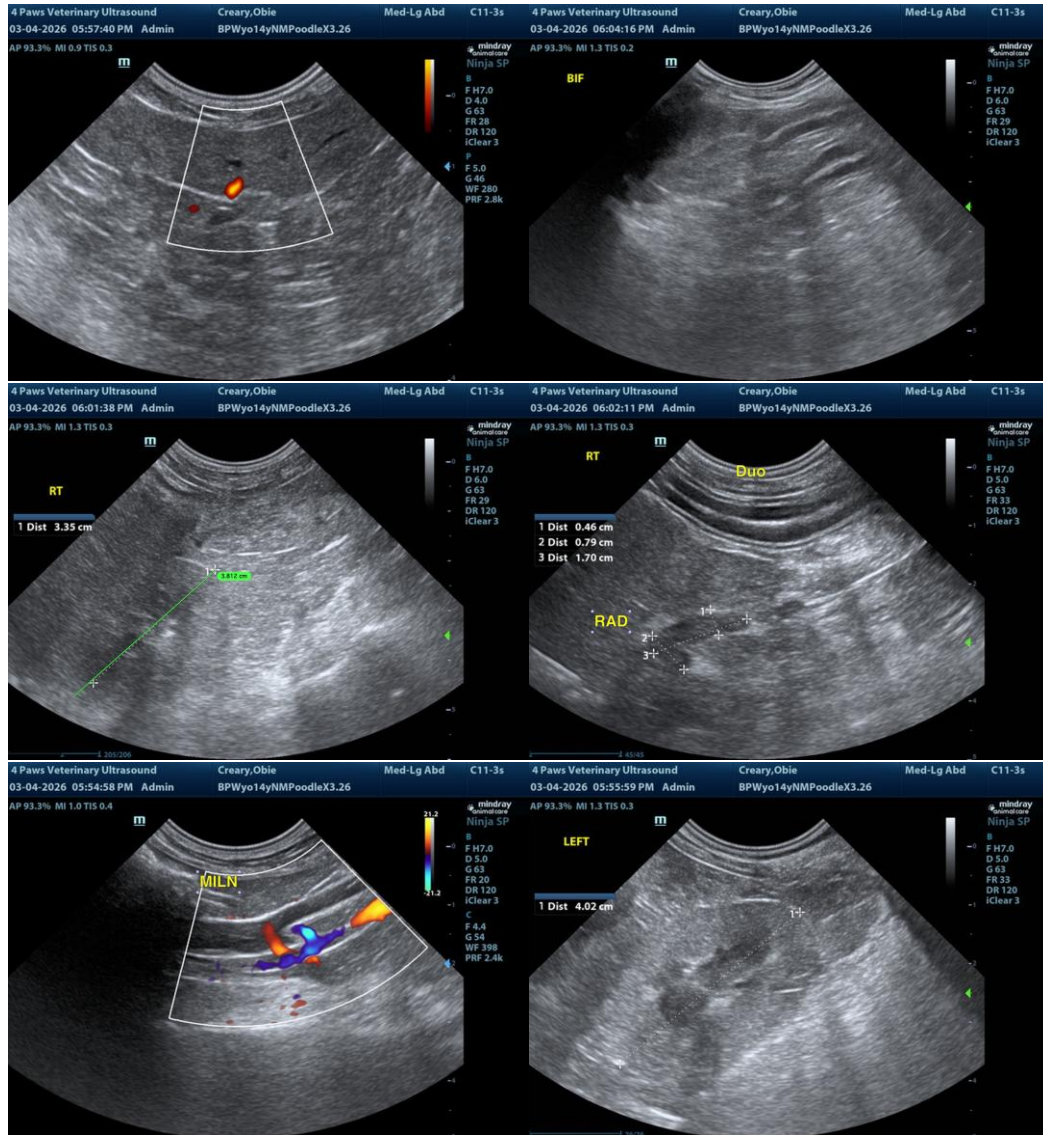
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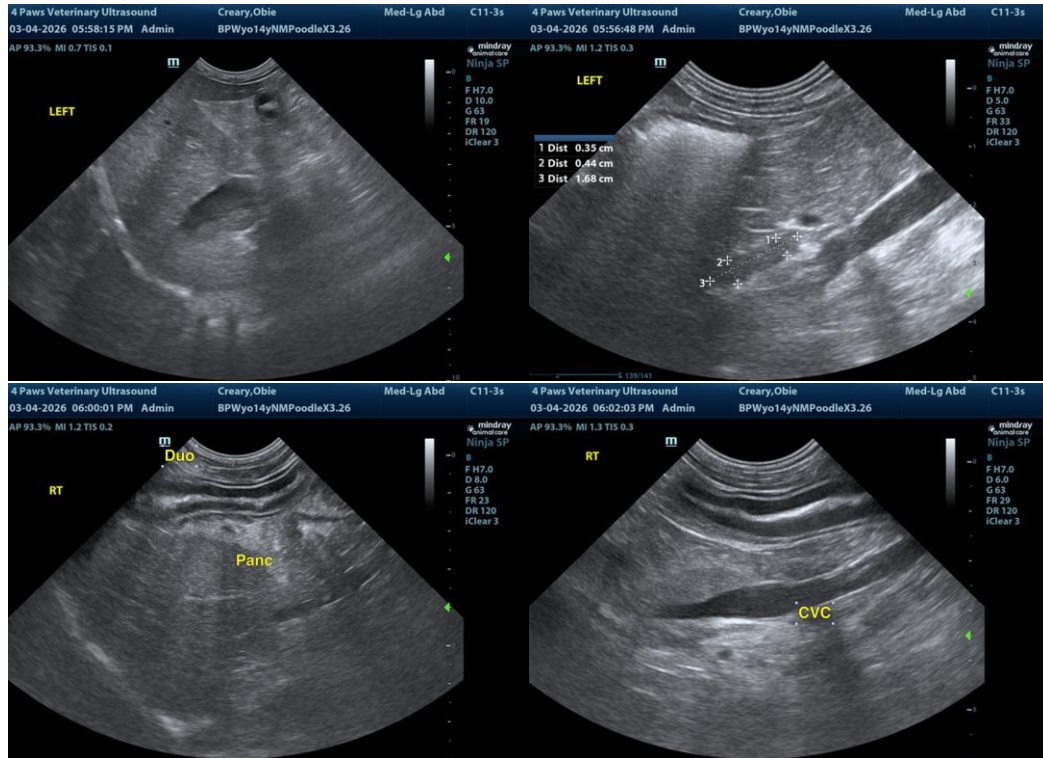
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com