



PATIENT

Salvador Murray

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9

WEIGHT

27

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Priscilla Garcia
DVM

INVOICE

14114

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Acute onset of vomiting; bloodwork is included and ACTH stimulation was consistent with Addison's disease however no electrolyte abnormalities so treatment was focused on atypical Addison's (dexamethasone injection, Cerenia, IV fluids and Prednisone at 0.1mg/kg/day) We are also concerned about possible liver disease due to decreased Glucose, albumin and CHOL values

Abnormal PE/Chem/CBC/UA Results: Bloodwork collected 3/5/2026, pending results

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 minor dependent lumen mineral. 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.

Normal size and margination was present in both 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 5.1 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary mildly expansive yet noncapsule deforming hypoechoic splenic nodule was present measuring 0.78 cm in diameter.

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 nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact mildly thickened wall measuring 0.52 cm gastric wall width. Empty gastric lumen with mild lumen gas.



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The intestinal walls demonstrated intact nonthickened wall layers exhibiting altered 1:3 muscularis / mucosa ratio owing to propensity for thickened muscularis layer. Mild segmental jejunal corrugation. The duodenum wall measured 0.45 cm wall width. The jejunum wall measured 0.36 cm wall width.

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.

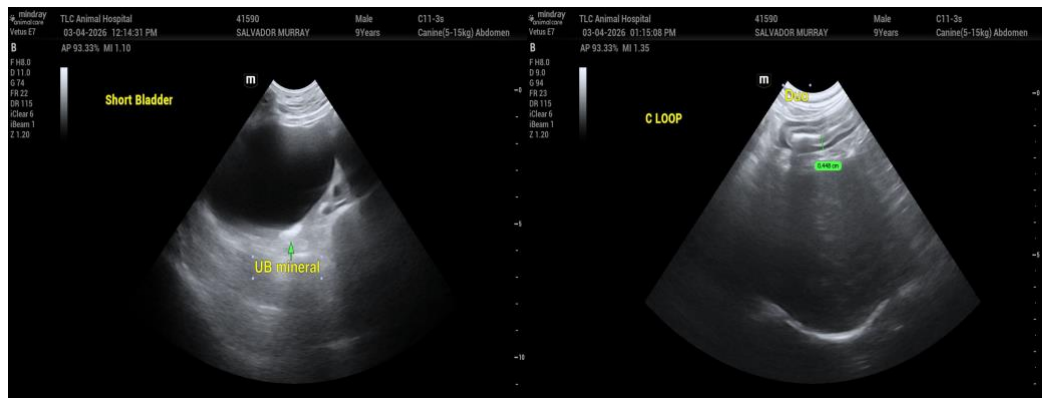
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder lumen mineral.
- Mildly expansive splenic nodule.
- Nonorganized gallbladder debris (non-mucocele).
- Nonspecific gastroenteropathy exhibiting altered intact small intestine wall layering and segmental jejunal corrugation.
- Nonvisualized adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work is recommended. The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, metabolic associated gastroenteropathy, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support with clinical and sonographic monitoring of the gastrointestinal tract is recommended in conjunction with empirical therapy for atypical Addison's disease. Gastrointestinal biopsies may be required for a definitive diagnosis.





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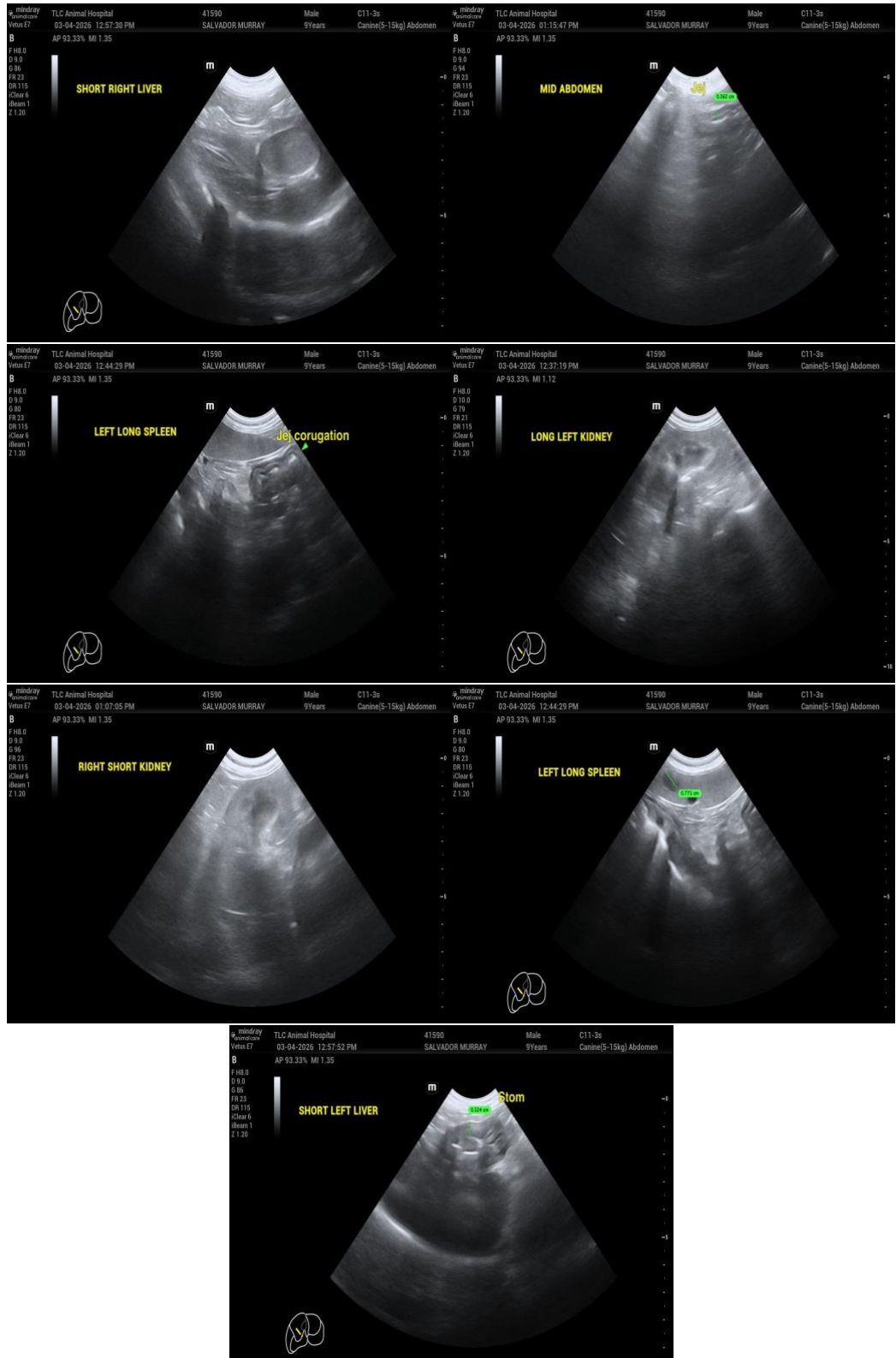
Dr. Priscilla Garcia
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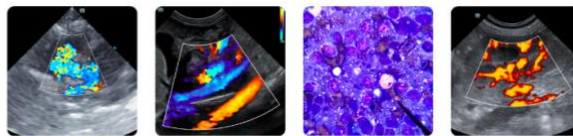
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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