



PATIENT

Abigail Rose Thomas

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

37.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg

INVOICE

14122

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- CKD. Monitoring.
- Having GI upsets - gurgly stomach, loose stools on and off, improves with symptomatic tx (Sulcrate and famotidine).
- She has skin allergies that may be extending to having a bowel component to.
- On Telmisartan for proteinuria (well controlled), unsure if medication is contributing to GI upsets.
- On a renal diet which we are unsure if she is not tolerating it well, leading to GI upset. Or is this a uremic gastropathy? Primary GI disease? Pancreatitis related to fat content of diet?
- **Difficult scan - Owner would not permit sedation for scan, dog not tolerant of probe pressure therefore adrenals not imaged**

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 aortic trifurcation was free of pathology.

Normal size and asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A right kidney cortical infarct was present with no obvious evidence of pyelectasia. The left kidney measured 5.9 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

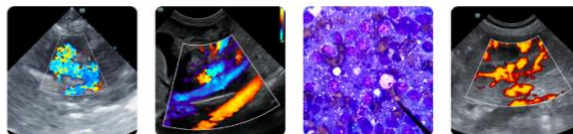
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

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

Gastrointestinal



PATIENT

Abigail Rose Thomas

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to focally shadowing moderate ingesta. No obvious visualized obstruction to pyloric outflow.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme to the level of the colon.

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

BREED

Labrador Retriever

Pancreas

The area of the pancreas was sonographically normal.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes with right kidney cortical infarct.
- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta.
- Normal area of the pancreas.

WEIGHT

37.9 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No sonographic evidence of gastroenterocolic mural pathology or pancreatitis as an obvious contributing factor to the gastrointestinal signs. Non-structural gastrointestinal disease or mild pancreatitis may present sonographically normal.

A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of metabolic or non-obstructive gastrointestinal ileus or inefficient peristalsis may be considered. Continued CKD therapy with concurrent gastrointestinal support with clinical monitoring is recommended. Sonographic reassessment if evidence of progressive azotemia or gastrointestinal signs.

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

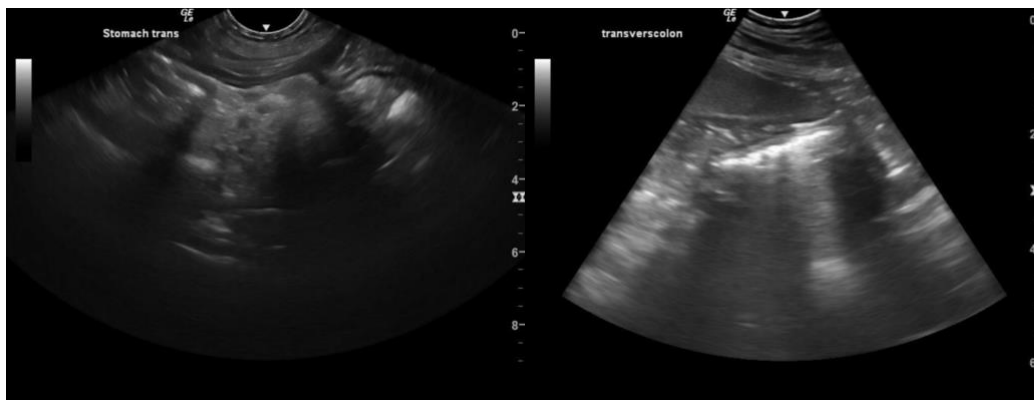
Dr. Lameg

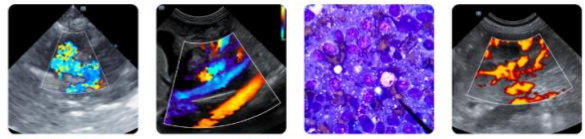
INVOICE

14122

DATE

03/06/26





PATIENT

Abigail Rose Thomas

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

37.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

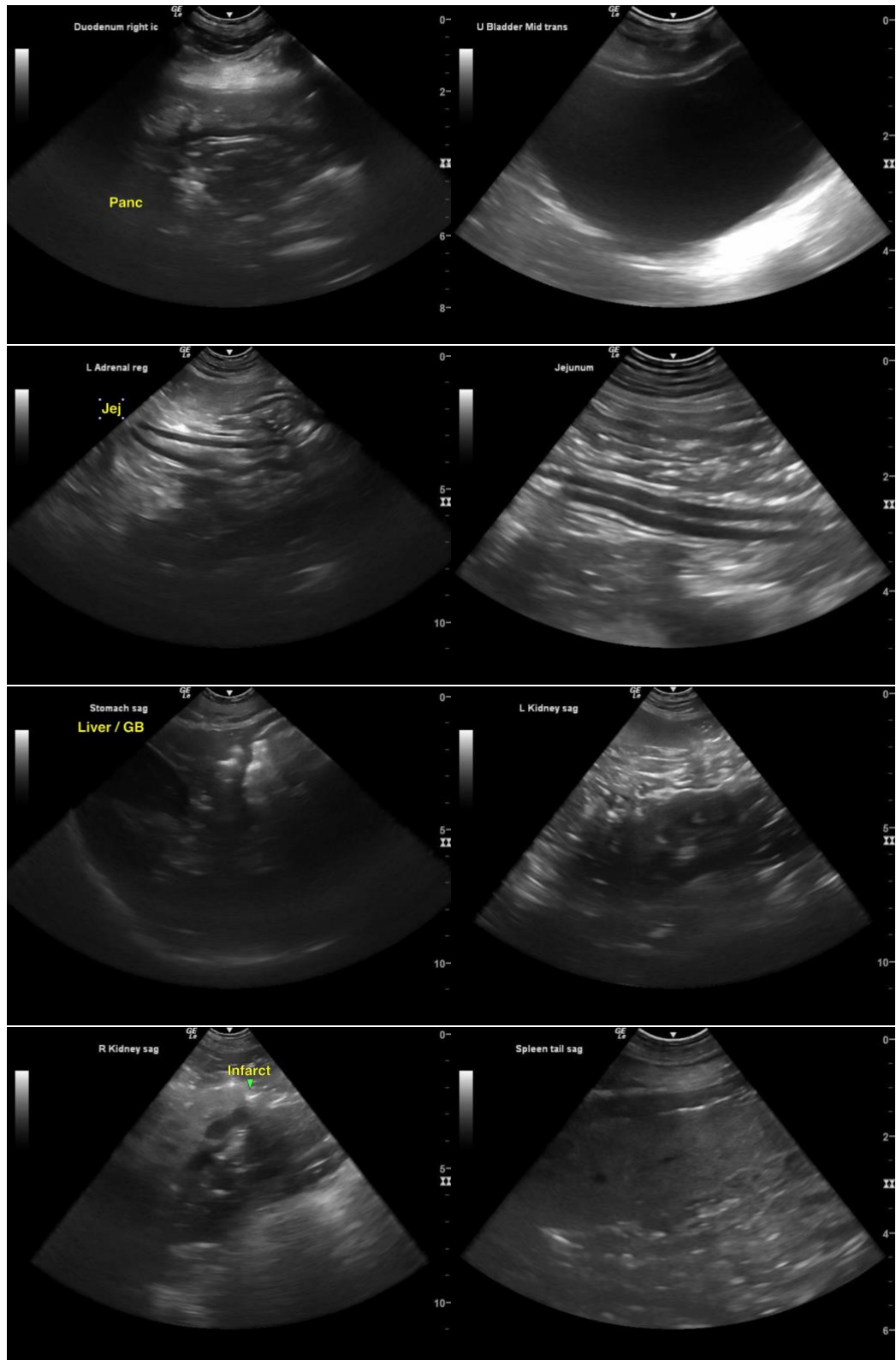
Dr. Lameg

INVOICE

14122

DATE

03/06/26





PATIENT

Abigail Rose Thomas

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

37.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg

INVOICE

14122

DATE

03/06/26

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