



PATIENT

Ted Leger

SPECIES

Canine

BREED

Peekapoo

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.9 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDMS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Tami Ilovich DVM

INVOICE

15025

DATE

04/11/26

PRESENTING CLINICAL SIGNS

PU/PD x one month; eating stable. Seems agitated at night; often heavy breathing. Soft abdomen. Decreased ROM all limbs, slight crepitus on extension and flexion of L front elbow. Chem: crea 1.6, BUN 43, TP 7.8. UA: USG 1.015, pH 5.5. *Sedated with torb/alfaxalone

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 residual prostate appeared normal and free of pathology.

Normal size and 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 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 4.5 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.70 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in 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.

The gallbladder was non distended in size with mild to moderate nondependent variably congealed yet nonorganized 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 was empty with no signs of ileus, obstruction or foreign material.



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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. Mild hyperechoic duodenal mucosal speckling was present.

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

Pancreas

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Borderline/mild bilateral adrenomegaly.
- Mild chronic renal changes.
- Sonographically normal liver.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically unremarkable gastrointestinal tract with mild nonspecific duodenal mucosal speckling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Early mild renal insufficiency or chronic renal disease may be suspected given chronic renal changes, mild azotemia and decreased urine-specific gravity. Adrenal screening or workup is recommended if clinical suspicion of Cushing's syndrome despite lack of reported hepatic enzyme elevations. The duodenal mucosal speckling is nonspecific with potential patient or age-related variant yet may suggest mild duodenitis if gastrointestinal signs are non-reported or arise. Hepatosupportive medications including ursodiol are suggested if evidence of cholestasis. No evidence of neoplastic criteria.

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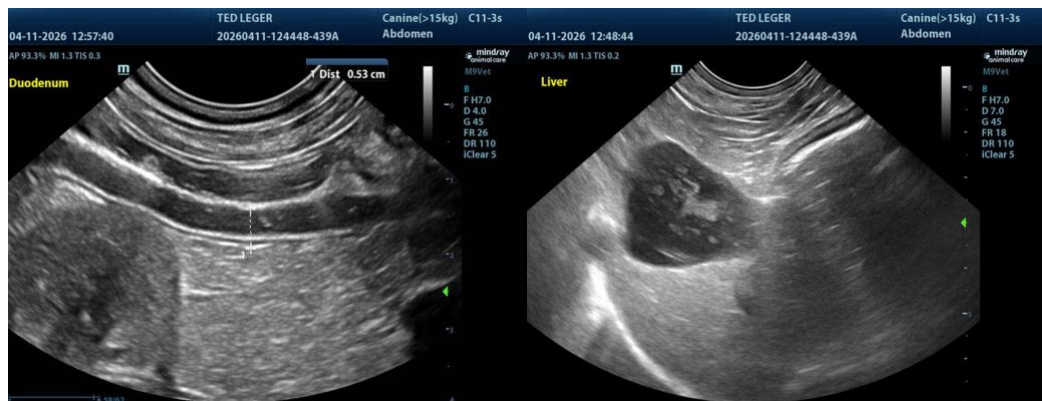
Dr. Tami Ilovich DVM

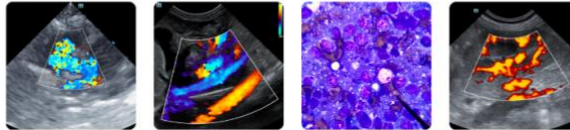
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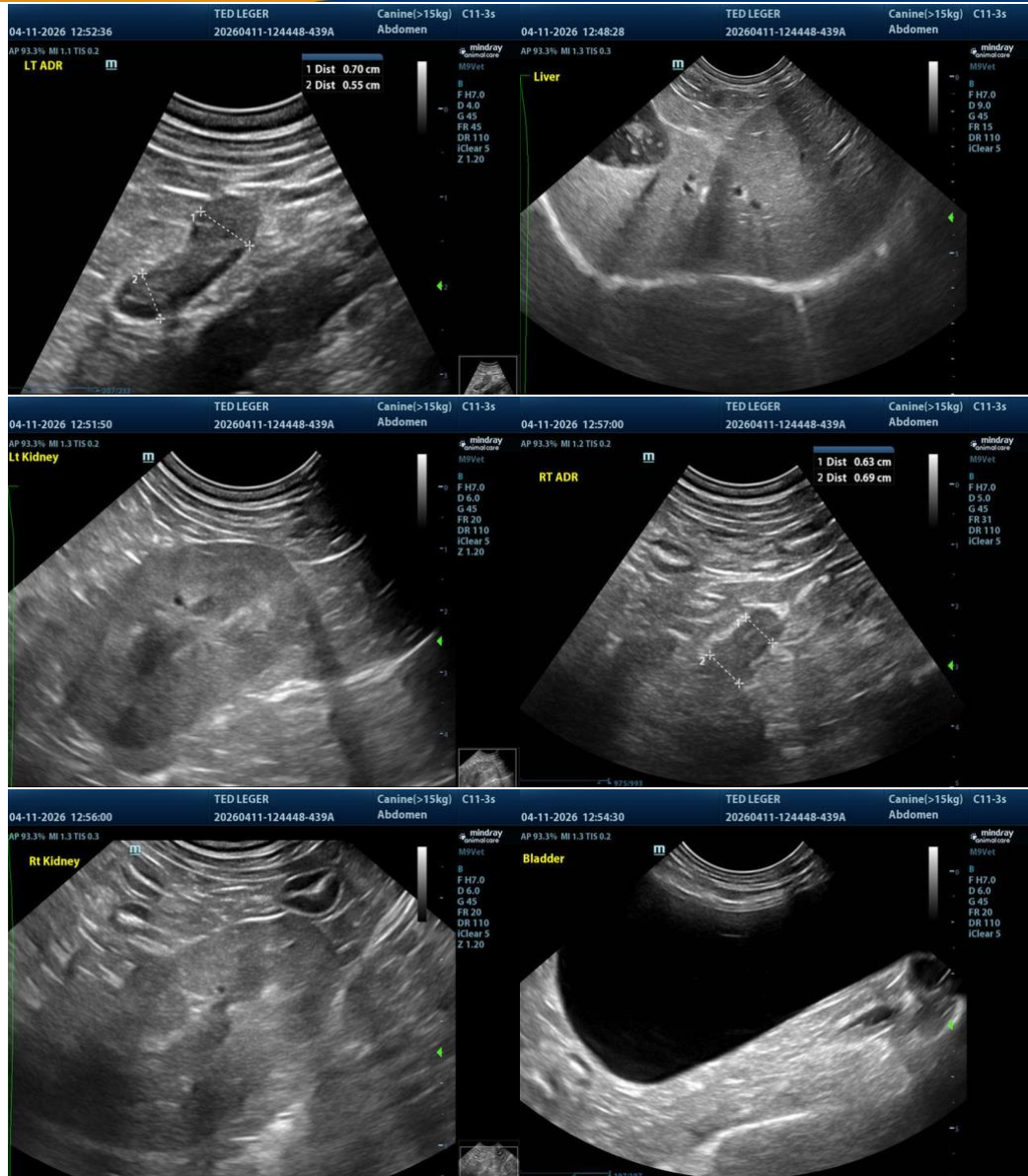
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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