



## PATIENT

Trinity Dickey

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

FS

## AGE

15yr

## WEIGHT

53lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman RVT

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Kristin Marciszewski  
DVM

## INVOICE

24492

## DATE

04/13/2026

## PRESENTING CLINICAL SIGNS

Presented for 1 week duration of PU/PD  
Receives Librela for chronic DJD and responds well  
Empirically treated with antibiotics (Cefpodoxime) for 10 days  
Abnormal PE/Chem/CBC/UA Results: Chronic, progressive DJD Periodontal disease CBC:  
Eosinophils 0.027 CHEM: SDMA 16 Chloride 103 TP: 7.6 Globulin 4.1 ALT 248 ALP 619 Cholesterol  
478 Lipase 326 USG 1.008 Trace protein TT4: 1.5 4DX: Anaplasma-chronic + FECAL: NEG

## 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. Mild to moderate bilateral pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was 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 0.86 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.66 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

The liver was subjectively normal in size with areas of mild asymmetry. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

## SPECIES

Canine

### *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.

## BREED

Pitbull Mix

### *Free Abdomen*

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

## SEX

FS

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-specific chronic hepatopathy
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with bilateral pyelectasia
- Overtly normal adrenal glands
- Sonographically unremarkable area of pancreas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia is non-specific and may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable) potential for pyelonephritis thought less likely yet not excluded. Correlation with urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The chronic hepatopathy suggests benign criteria with occult neoplasia thought less likely. Further assessment may include hepatic FNA cytology if normal clotting status and given PU/PD, a bile acid profile. No obvious adrenal pathology as a contributing factor although adrenal screening may be considered.

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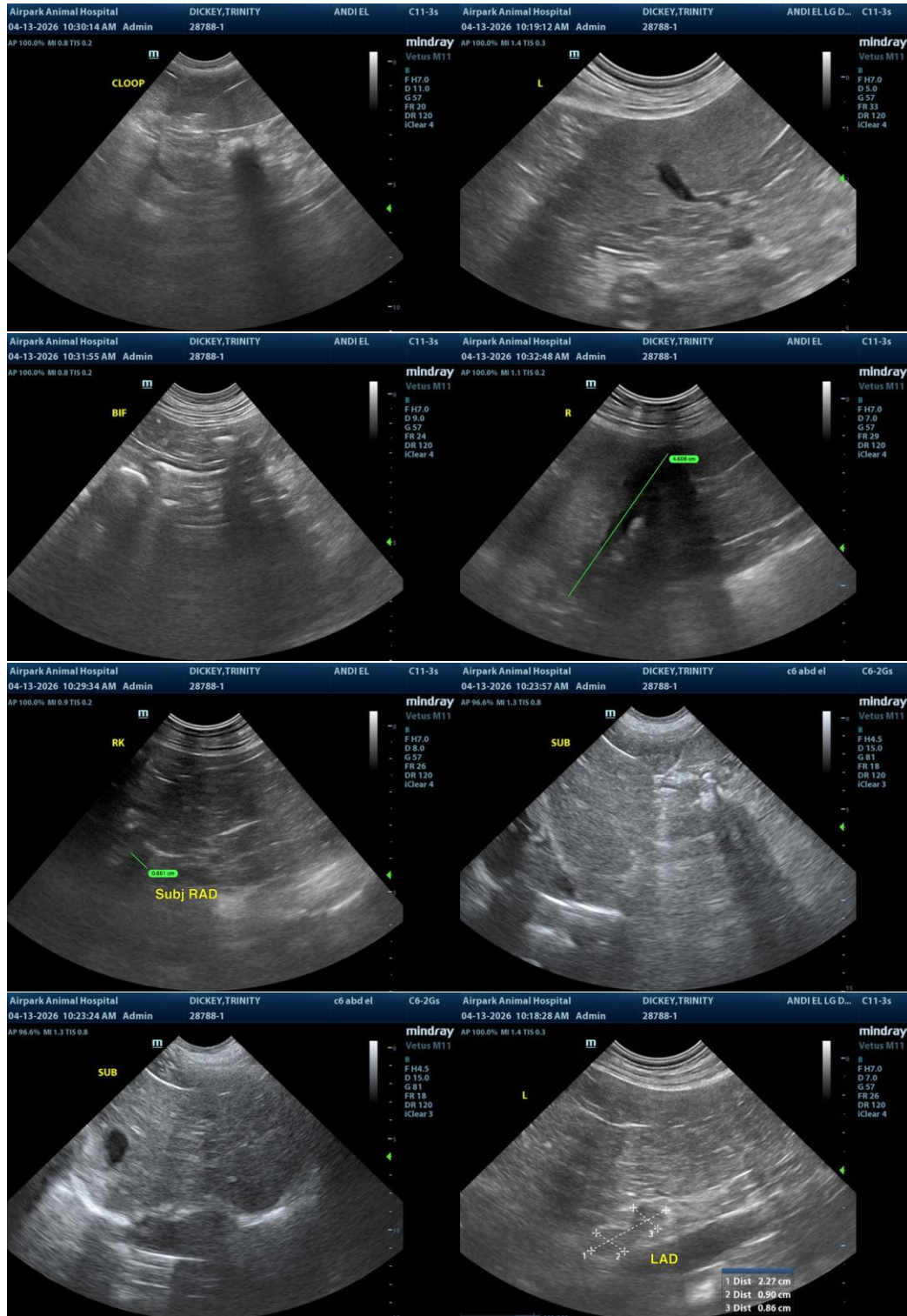
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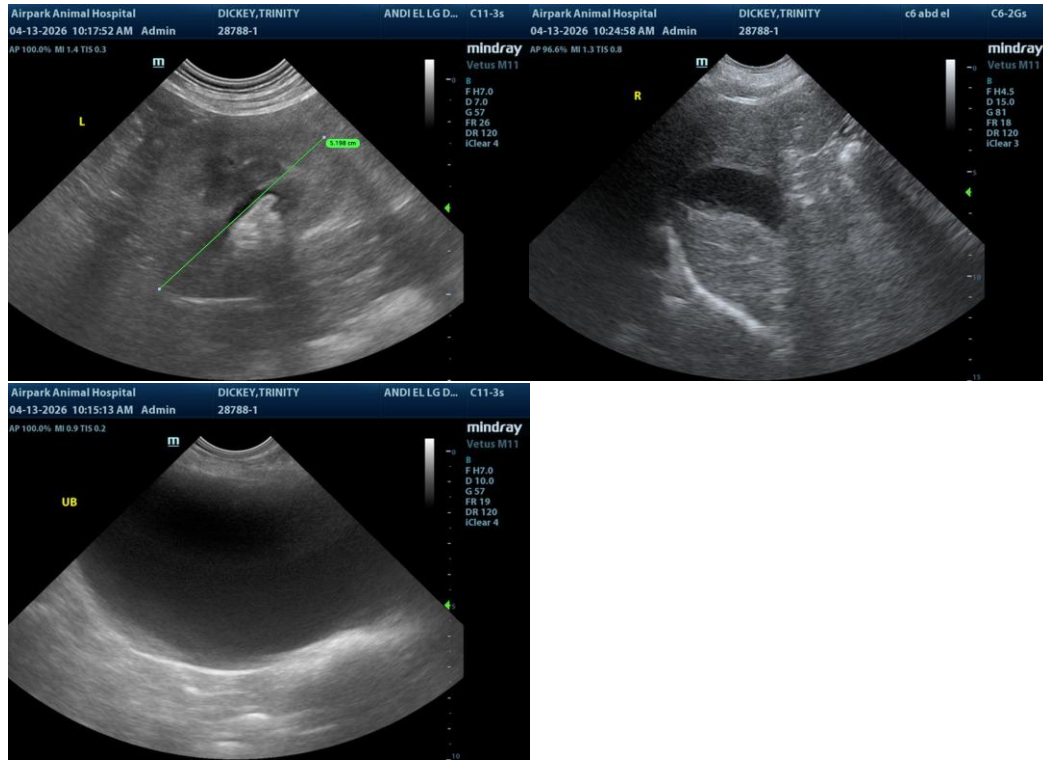
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)