



PATIENT

Callie Norton

SPECIES

Canine

BREED

Chow Chow Mix

SEX

Female Spayed

AGE

12y

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Allison Maxey

INVOICE

13404

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Intermittent diarrhea for 2 months. Previous diarrhea episode responded to low fat i/d and fortiflora. Current episode started 3 days ago. Good appetite, no vomiting. Not on any medications.

Abnormal PE/Chem/CBC/UA Results: Previous fecal negative for parasites, new sample submitted today Feb 2/26: cPL markedly elevated (1,091 U/L) Mild hyperproteinemia (7.6 g/dl) Otherwise unremarkable Repeat chemistry, CBC, and cPL pending

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 changes were noted.

The bilateral kidneys exhibited adequate size and margination with 1:3 renal cortex/ medulla ratio. A mild homogeneous hyperechoic renal cortex with mildly enhanced corticomedullary border demarcation. Areas of mild medullary mineral was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting overtly normal, size, position and shape subjectively measuring 0.54 cm width at the caudal pole. The right adrenal gland was 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

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. 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. Solitary, hyperechoic, non-capsule deforming ventrocaudal nodule was present measuring 1.3 cm in diameter. The gallbladder was non distended in size with moderate, non-dependent, non-organized, mildly hyperechoic, nonmineralized 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 contained mild, echogenic, non-shadowing ingesta / chyme.



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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.

Normal visible colon wall layers were present with apparent semi-formed to possible soft feces in lumen.

Pancreas

The pancreas was normal in size and contour with mild isoechoic heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

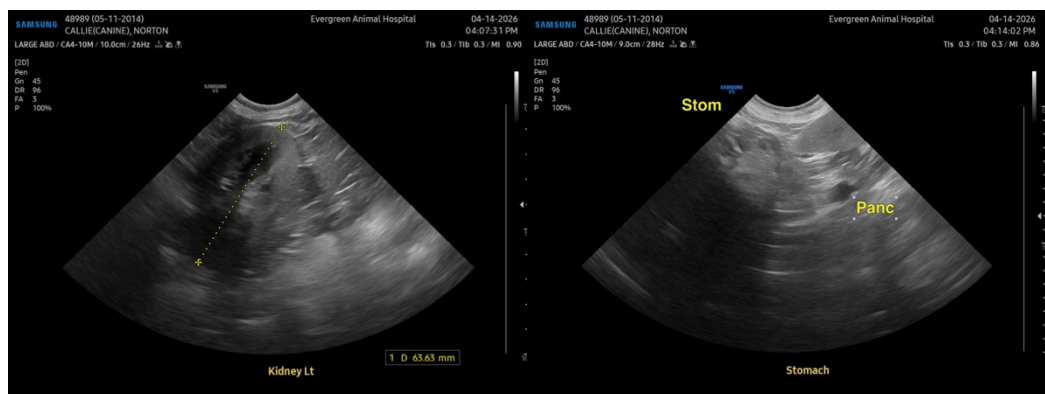
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon with mild, non-shadowing gastric ingesta/chyme and semi-formed to possible soft fecal matter in colon
- Mild heterogeneous remodeled pancreas – subjective age variant, benign remodeling owing to previous inflammation, possible persistent mild chronic pancreatitis
- Mild hepatomegaly with hyperechoic intraparenchymal nodule – subjective benign with suspect lipogranuloma or nodular hyperplasia
- Non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued empirical gastrointestinal support which may include current bland or consideration for hydrolyzed diet trial and high colony count probiotic such as Provable or Visibiome is recommended. Empirical deworming, despite fecal testing Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended. Correlation with pending diagnostics is recommended. Hepato-supportive medications are recommended including Denamarin and Ursodiol. If evidence of hepatopathy or cholestasis with sonographic monitoring of the gallbladder and liver nodule for evidence of progression is recommended.





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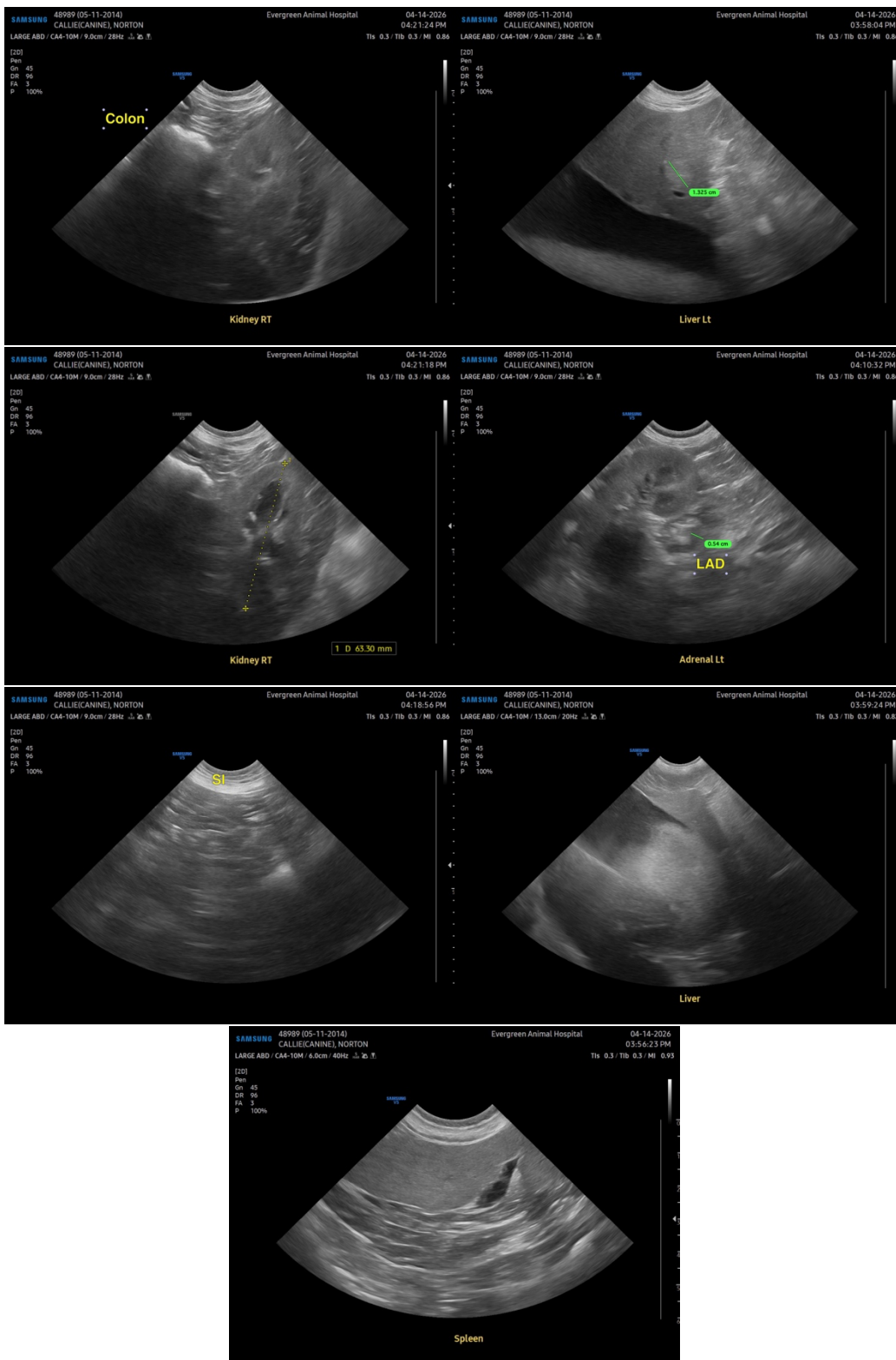
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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