



PATIENT

Lacy Miller

SPECIES

Canine

BREED

American Eskimo

SEX

FS

AGE

17 years

WEIGHT

7.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Logan Law

INVOICE

10804

DATE

4/15/26

PRESENTING CLINICAL SIGNS

O found her 4/15 in the morning stuck under a chair. O not sure how long she had been there. She had vomited and had soft stool. P seems weak and has continued to vomit. O feeds a variety of things to tempt to eat. P ate and vomited hot dogs yesterday 4/13. Prior history of heart disease, heart murmur. P is on pimobendan, maropitant, and Hycodan/Homet. P admitted for supportive care. iv fluids, omeprazole, unasyn, enrofloxacin, and ondansetron. P had regurgitation at 6 am.
*concern for gastroenteritis, azotemia, other reason for gastrointestinal signs

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4; heart murmur 2/6; non-reactive to abdominal palpation, Tense, large bladder palpated; muscle atrophy; Abnormal OU, Pupils slow to constrict, possible iris atrophy, dazzle and menace responses present, Nuclear sclerosis BUN 86.8 H, creatinine 1.9 H, total protein 4.9 L, TCO2 12.4 L, ica ++ 1.06 L; CPL 237 (suspect) rads: The abdominal serosal detail is mildly decreased most commonly in the cranial abdomen. The stomach contains a mild volume of gas. The small intestines contain mild volumes of gas intermittently but irregular with no segmental distention observed. The colon is gas-filled. The gastrointestinal tract remains within normal limits for size. The liver, spleen, kidneys, bladder are of normal appearance.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. Mild bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length. Small cortical cysts were noted in both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

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The liver exhibited subjective mild hepatomegaly with normal contour. Mildly heterogeneous remodeled hepatic parenchyma was present, exhibiting a variable coarse echotexture and subjective parenchymal remodeling. Intermittent, non-capsule deforming, variably sized, hypoechoic hepatic nodules were present. An example of a liver nodule measured 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-organized gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented a mild to moderately thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate retained anechoic fluid. There was no obvious obstruction to pyloric outflow.

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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.

17 years

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

WEIGHT

Pancreas

7.44 kg

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

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Free Abdomen

R. McKenzie Daniel,
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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

- Bilateral chronic renal changes exhibiting pyelectasia and cortical cysts
- Age-related spleen
- Mild hepatomegaly exhibiting nonhomogeneous remodeled parenchyma and variably sized hypoechoic nodules
- Nonorganized gallbladder debris (non mucocele)
- Hypomotile gastritis pattern, sonographically normal empty small intestine
- Pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

The liver nodules may indicate hyperplasia, hematopoiesis, inflammation, granulomas, or neoplasia. Assuming normal clotting status, using a 25-gauge needle, and if accessible, hepatic parenchyma and nodule FNA cytology are warranted for further clarification. There is no evidence of mechanical gastrointestinal obstruction. Chronic pancreatitis may be suspected if cranial abdomen / subxiphoid discomfort on palpation in correlation with spec cPL. Gastrointestinal support and empirical therapy for gastritis, with clinical and as-needed sonographic monitoring, is recommended. Three-view chest and urinalysis are recommended if not done.

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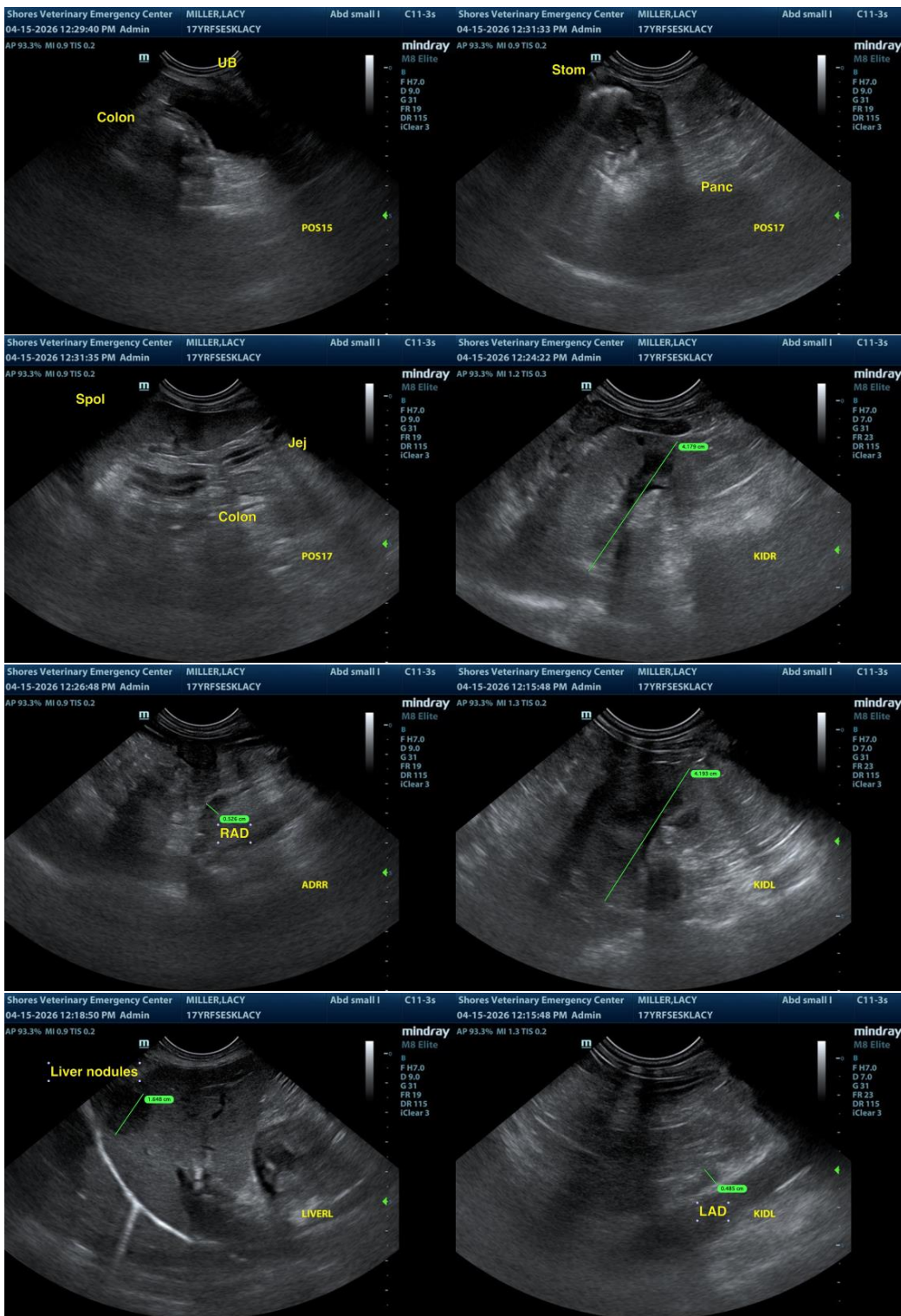
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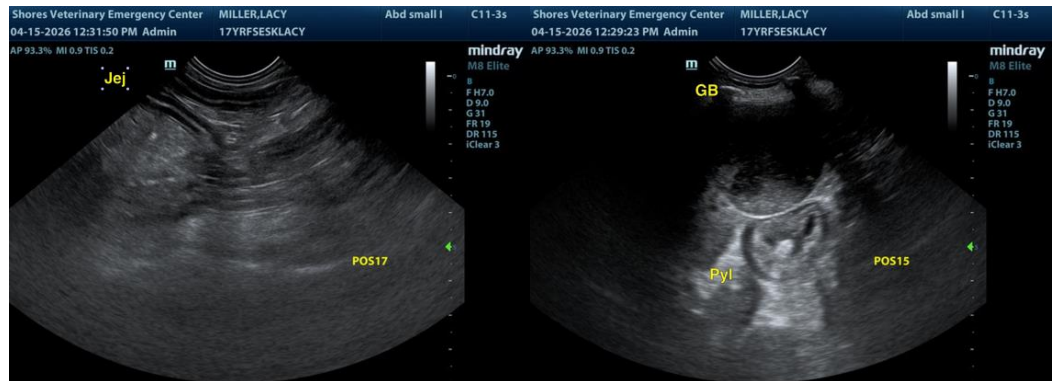
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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