



PATIENT

Lucas Smolar

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS, Certified Vet
Sonographer

HOSPITAL NAME

Rhose Island Animal
Medical Center

REFERRING VET

Jennifer Hart, DVM

INVOICE

74596

DATE

4/18/26

PRESENTING CLINICAL SIGNS

Intermittent vomiting, diarrhea. rx: I/D low fat, Omeperazole/Cerenia PRN. ALT 132, TP 8.2, Glob 4.8, cPL 257.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. Suspect probable minor non-obstructive prostatic urethral mineral.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in the left kidney. A small cortical cyst was noted in the right kidney. Left kidney measured 3.7 cm. Right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands are mildly enlarged, exhibiting mild cranial left adrenomegaly and mild caudal right adrenomegaly. Left measured 0.66 cm at the cranial pole and 0.48 cm at the caudal pole. Right measured 0.42 cm at the cranial pole and 0.64 cm 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

Subjectively mild hepatomegaly with mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with normal wall. Echogenic, nonmineralized, non dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

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 overall maintained wall layer ratio. Non-specific hyperechoic duodenojejunal mucosal speckling to mucosal striations noted. Jejunum wall measures 0.39 cm. Duodenum wall measured 0.34 cm. 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 semi-formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic, mildly heterogeneous remodeled parenchyma. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Mild benign hepatopathy pattern with mild parenchymal remodeling.
- Non-inflamed partial/emerging gallbladder mucocele.
- Bilateral mildly enlarged non-homogeneous adrenal glands.
- Mild pancreatic remodeling/chronic pancreatitis pattern.
- Non-specific enteropathy exhibiting duodenojejunal mucosal speckling/striations, semi-formed fecal matter in colon.

SECONDARY FINDINGS

- Bilateral chronic renal changes.
- Suspect probable minor non-obstructive prostatic urethral mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended.

Hydrolyzed diet trial with potential long-term dietary therapy and high colony count probiotic such as Provable or similar, empirical deworming, and continued as-needed gastroprotectants may prove beneficial.

The intestinal mucosal speckling is non-specific, yet monitoring of albumin levels going forward is suggested.

Adrenal screening or workup could be considered if clinical signs consistent with adrenal disease.

Hepatosupportive medications including Ursodiol suggested with sonographic monitoring of the gallbladder if progressive hepatopathy or cholestasis.



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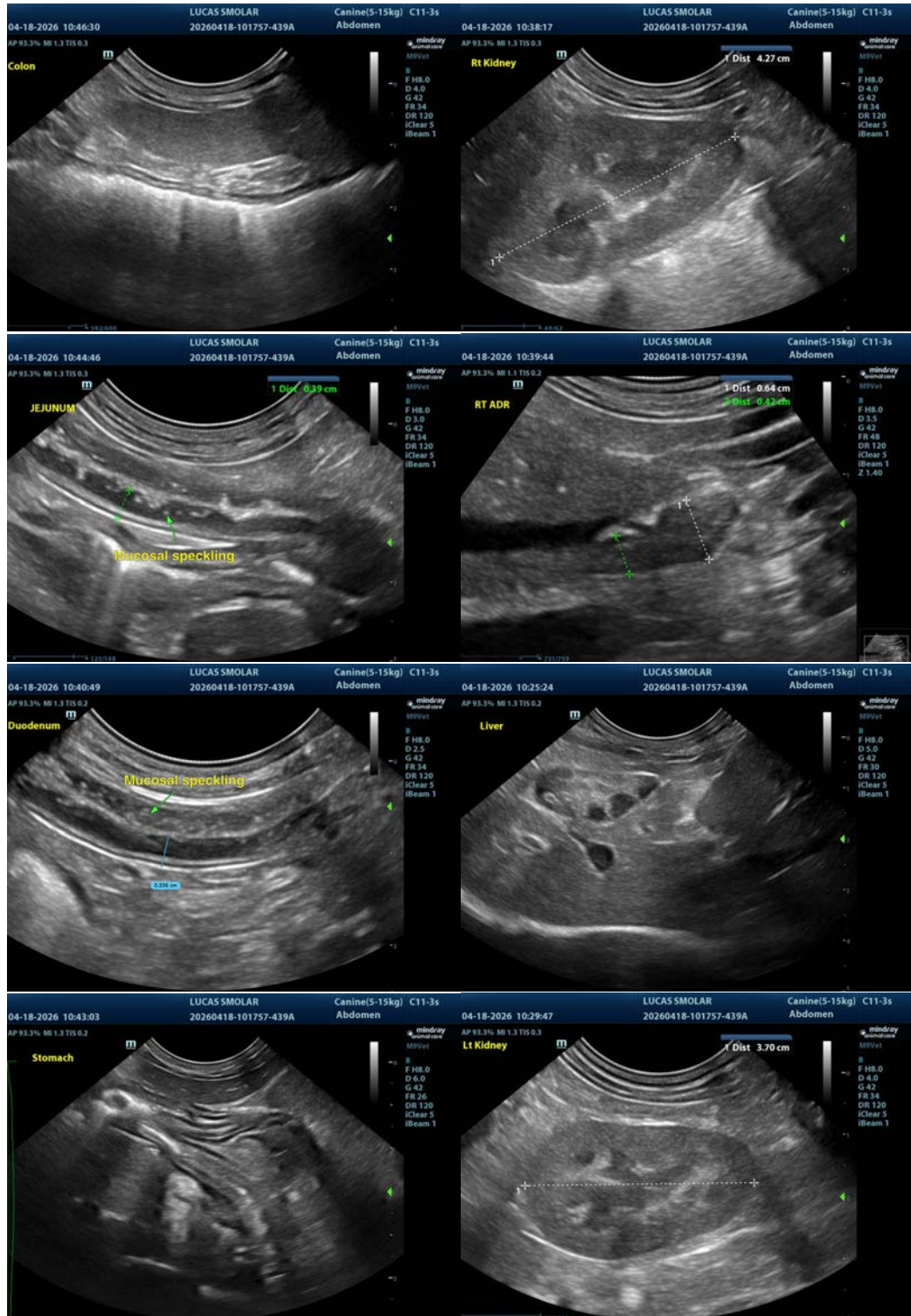
Jennifer Hart, DVM

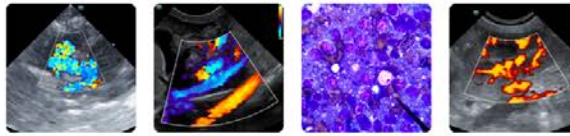
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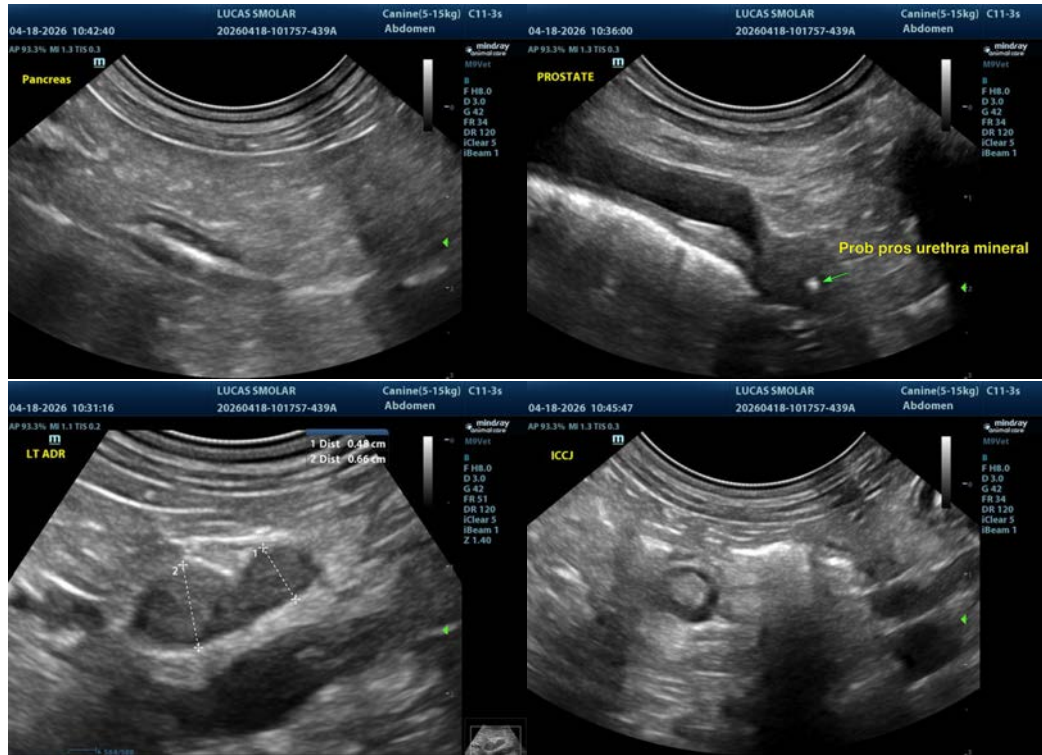
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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