



PATIENT

Maisy Dashley

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

12

WEIGHT

90

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt Heinlein

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Vicki Dashley

INVOICE

24379

DATE

04/02/2026

PRESENTING CLINICAL SIGNS

- Hx of hypertension, hypothyroidism, spay incontinence, laryngeal paralysis, suspected cervical disease despite normal radiographs.
- Intermittent lameness R forelimb. On Gabapentin chronically. Began Previcox 10 days ago.
- BW in January unremarkable.
- General ADR 3-4 days
- Last night reduced appetite and vomiting began.
- Current medications in addition to gaba and previcox are thyro-tabs, proin, amlodipine, and telemisartan

Abnormal PE/Chem/CBC/UA Results: BW today shows renal azotemia and mild anemia. USG 1025, otherwise unremarkable. Urine culture and Lepto panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The proximal urethra was not definitively visualized owing to increased periurethral omental artifact. 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.

No obvious pathology in the area of the uterine remnant.

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. No evidence of pelvic dilation was present. Bilateral lateral cortical infarcts were present. The left kidney measured 7.3 cm in length. The right kidney measured 7.9 cm in length.

The visualized medial iliac lymph nodes were sonographically normal. No evidence of sublumbar mass.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small perihilar to medial parenchymal nodules were present with mild medial capsule asymmetrical contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized exhibiting potential for thickened wall. The stomach was overall non-distended in size with lumen gas. The stomach wall potentially measured 1.4 cm in width.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Primarily empty intestine lumen with mild segmental gas and mild non-obstructive duodenal ileus.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant or swollen mid-abdomen metastatic lymphadenopathy.

Caudal abdomen to pericycstic hyperechoic omentum and scant pockets of effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal non-distended urinary bladder.
- Indistinctly visualized yet potential thickened stomach with lumen gas.
- Overall sonographically normal gastrointestinal tract with mild non-obstructive duodenal ileus.
- Chronic renal changes with cortical infarcts.
- Small hyperechoic splenic nodules- suggestive of benign criteria, i.e. myelolipomas.
- Non-specific caudal abdomen to pericycstic omental inflammation and scant effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective thickened stomach may indicate gastritis or uremic gastritis in conjunction with azotemia. Emerging gastric neoplastic criteria not definitively excluded. No evidence of mechanical gastrointestinal obstruction. A spec CPL or GI panel to include PLI/TLI/cobalamin/folate and concurrent screening cortisol level to assess for occult disease may be considered. Correlation with pending urinary workup and leptospirosis testing is recommended.

Definitive cause of the caudal abdomen inflamed omentum and scant effusion was not definitively evident without overt urinary bladder or uterine remnant pathology.

Renal support with concurrent empirical therapy for gastritis with clinical and sonographic monitoring is recommended.



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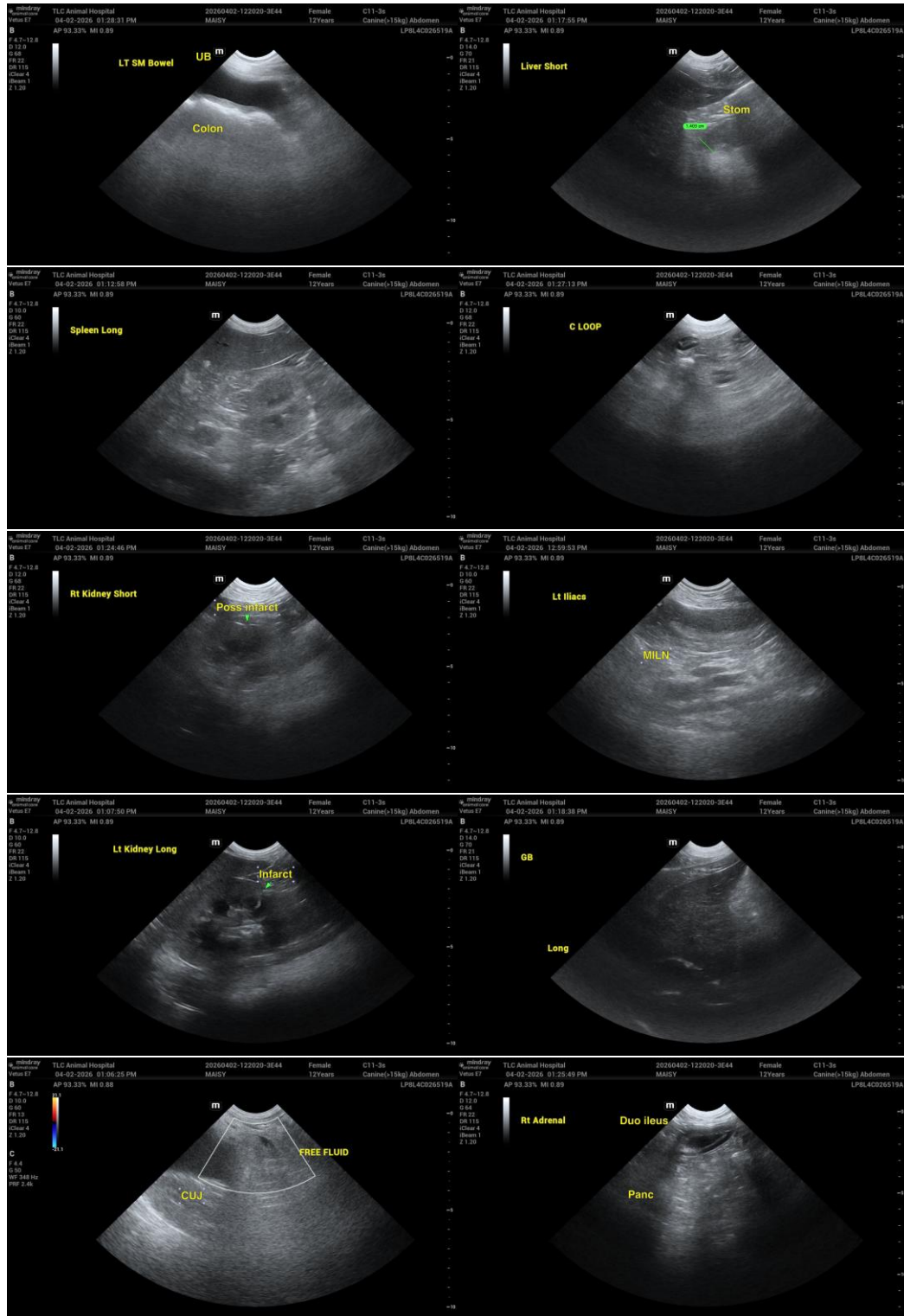
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The information and recommendations provided are based on the images presented by the referring



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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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info@sonopath.com