



**PATIENT**

Buck Kenneke

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

90 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street Animal  
Hospital

**REFERRING VET**

Dr. Hoerauf

**INVOICE**

15399

**DATE**

04/23/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Patient presented for polyuria, polydipsia, panting and weight gain despite no change in eating habits. Lower energy level than normal. Physical exam was overall unremarkable, but patient is at body condition score of 7/9. He gained 6lbs between November 2025 and April 2026. ABNORMAL Labwork Values CBC/Chem/T4/UA normal with the following exceptions: Glucose 133 (fructosamine normal at 301), phosphorus 6.7, ALP 175, Cholesterol 538, RBC 5.57, HGB 14.3, USG 1.005 Current Medications Proin PRN Radiographic Findings None taken Notes to Specialist (if any) Screening for evidence of Cushing's disease or other reason for polydipsia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. The left kidney measured 7.6 cm in length. The right kidney measured 8.4 cm in length.

*Adrenal Glands*

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole.

The right adrenal gland was not definitively visualized owing to patient's size and conformation.

*Spleen*

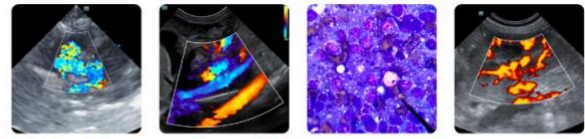
The spleen was not visualized.

*Liver & Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

*Gastrointestinal*



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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.

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 formed feces in lumen.

**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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

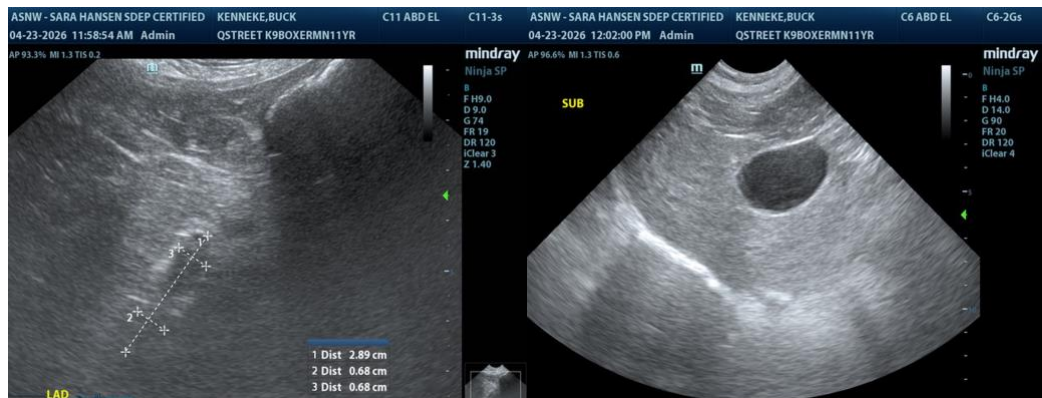
**ULTRASONOGRAPHIC FINDINGS**

- Normal liver with mild parenchymal remodeling- consistent with low-grade benign hepatopathy.
- Normal gallbladder.
- Non-visualized spleen- displacement, volume contraction, previous splenectomy. Correlation with clinical history is recommended.
- Mild chronic renal changes.
- Normal visible left adrenal gland.
- Sonographically normal gastrointestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive cause of the patient's clinical signs was not overtly evident without overall evidence of significant visceral pathology. Adrenal screening or workup is warranted if clinical suspicion of Cushing's syndrome. If Cushing's syndrome is confirmed, sonographic reassessment specifically of the right adrenal gland under heavy sedation or anesthesia is recommended.

Further assessment regarding PU/PD and clinical signs may include if clinically indicated, bile acid profile, leptospirosis titers/PCR, and renal staging such as urine culture/sensitivity +/- UPC may be considered.





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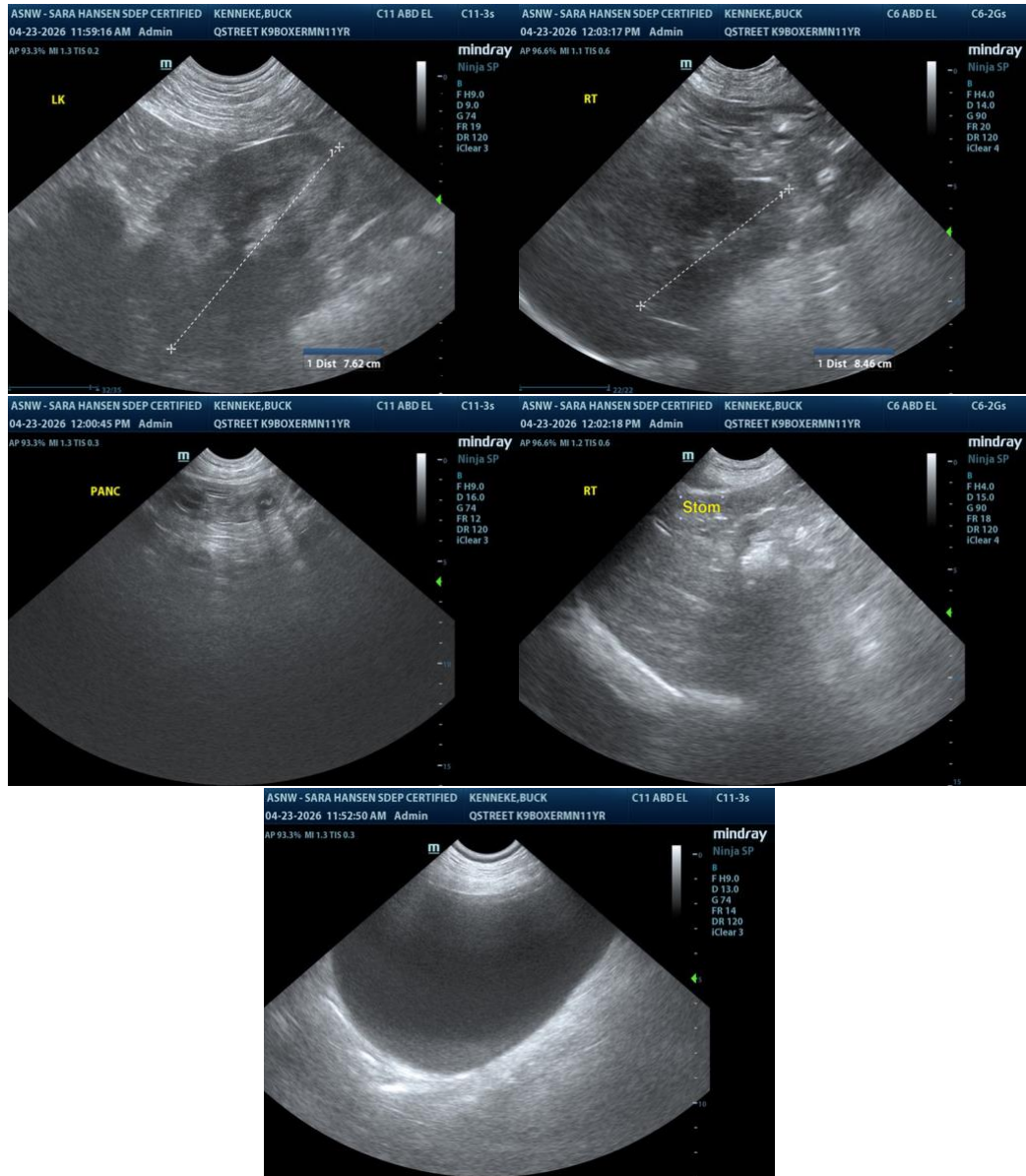
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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