



PATIENT

Blondie Sullivan

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

51 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland
Animal Hospital

REFERRING VET

Dr. Sullivan

INVOICE

15539

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: symptoms started 4 days ago, pet walked outside and tried to shake head but fell over. mild horizontal nystagmus. no head tilt and normal CP and neuro exam on all 4 limbs. falling to the right. stopped eating normal meal (G.I. low fat wet/dry) but would take chkn. then stopped eating chkn, in last 3 days have been trying to find anything to feed pet without causing upset stomach. seems to be having hard time holding food in mouth and chewing. seems to do better with some foods over others. started taper dose of pred 4/23/26. Cerenia for motion sickness. zeniquin for possible otitis media (not confirmed) ABNORMAL Labwork Values labs emailed Current Medications pred 20mg, cerenia 60-90mg, zeniquin 100mg

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 change were noted.

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 5.8 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Discrete hyperechoic perihilar nodules were present. 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 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 mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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.

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.

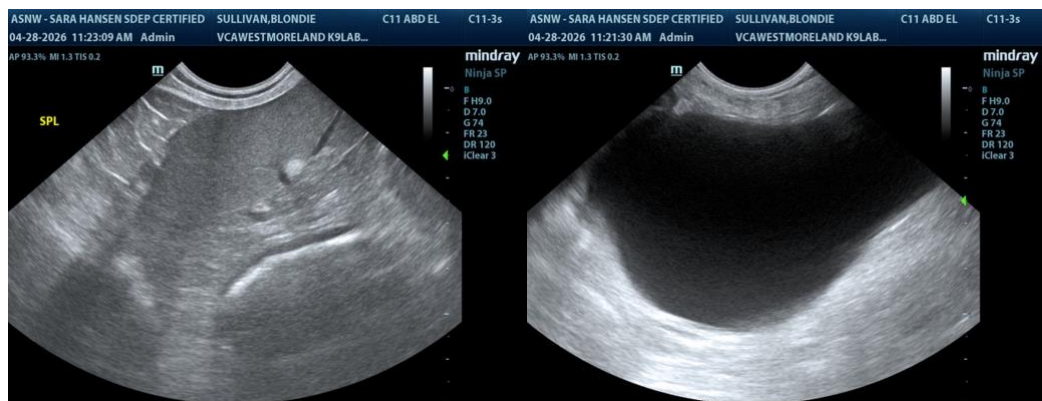
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mild nonorganized gallbladder debris (non-mucocele).
- Age-related spleen with discrete perihilar hyperechoic nodules- consistent with benign criteria such as myelolipomas.
- Age-related renal/adrenal changes.
- Normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. Although non-specific, the liver is most consistent with chronic benign hepatopathy with prednisone suspected as a contributing factor to the ALP elevation.

Hepatosupportive medications may prove beneficial. No evidence of abdominal neoplastic criteria. Continued gastrointestinal support is recommended.





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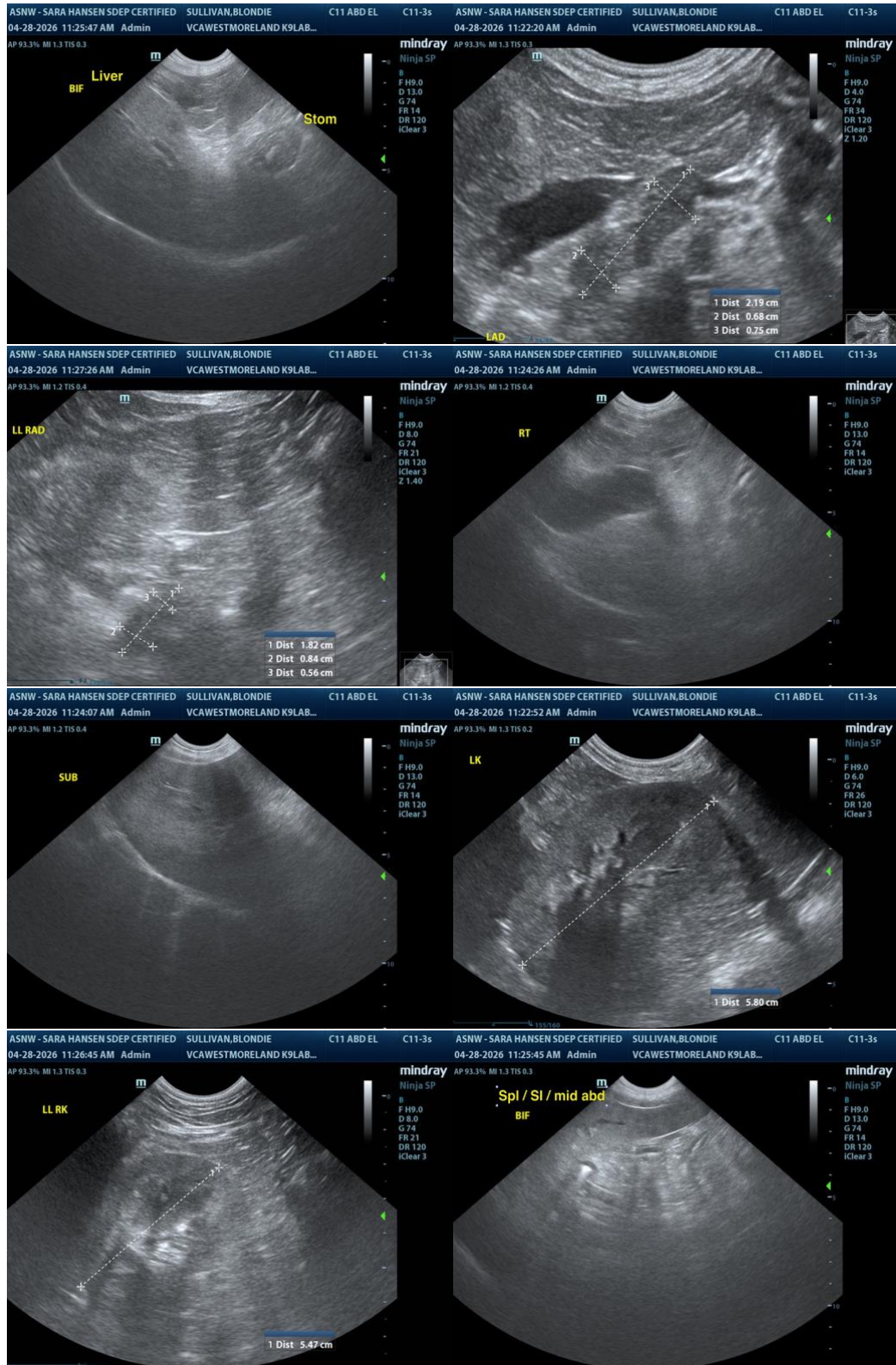
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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