



## PATIENT

Skye Beatis

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

31.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Juli Sorenson

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho  
LLC

## REFERRING VET

Jules Veterinary Clinic

## INVOICE

15519

## DATE

04/28/26

## PRESENTING CLINICAL SIGNS

Transfer for pancreatitis with possible bile blockage. Very high CPL with tbili increase and ALP increase at rDVM

Abnormal PE/Chem/CBC/UA Results: resolution of liver values in hospital with treatment prior to ultrasound this morning.

## 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.

No visualized 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.57 cm width at the caudal pole.

### Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. At least one nondisruptive or capsule expanding nonhomogenous to mildly cystic splenic nodule was present in the caudal spleen measuring 0.80 cm in diameter.

### 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate congealed hyperechoic yet nonorganized nonmineralized biliary sludge. No evidence of inflammation. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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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.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**BREED**

**Free Abdomen**

Labrador Retriever

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal gastrointestinal tract with mild gastric ingesta - ingesta consistent with food echogenicity.
- Normal area of the pancreas.
- Sonographically normal liver.
- Congealed nonorganized gallbladder debris (non-mucocele).
- Nondisruptive nonhomogenous mildly cystic splenic nodule - hematoma, hyperplasia, hematopoiesis, cystic granuloma, emerging tumor is thought less likely yet not excluded.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of active pancreatitis or bowel obstruction. Recheck cPL is recommended with as needed supportive care for possible persistent low-grade to mild pancreatitis if concurrent persistent gastrointestinal signs is recommended. Hepatosupportive medications with sonographic monitoring of the gallbladder if recurrent or progressive cholestasis would be appropriate. Assuming normal clotting status, FNA cytology of the splenic nodule using a 25-gauge needle is warranted for further clarification. Sonographic monitoring of the splenic nodule with initial recheck in four weeks would be more conservative.

**INTERPRETED BY**

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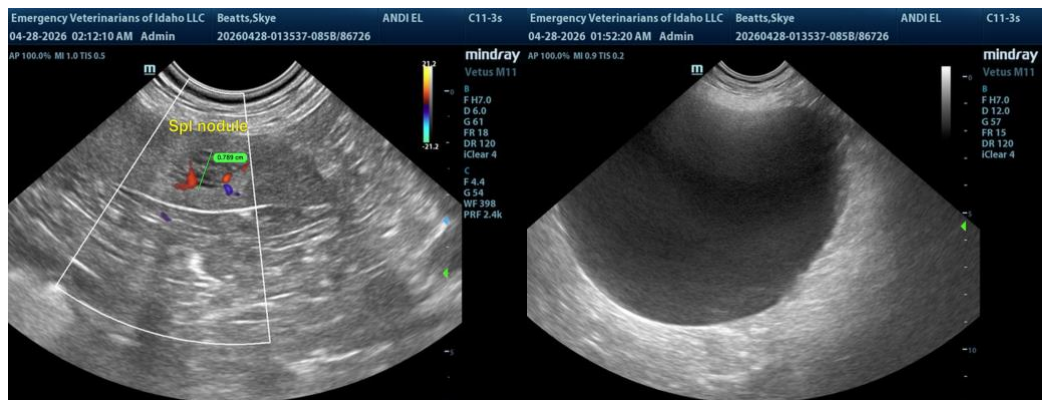
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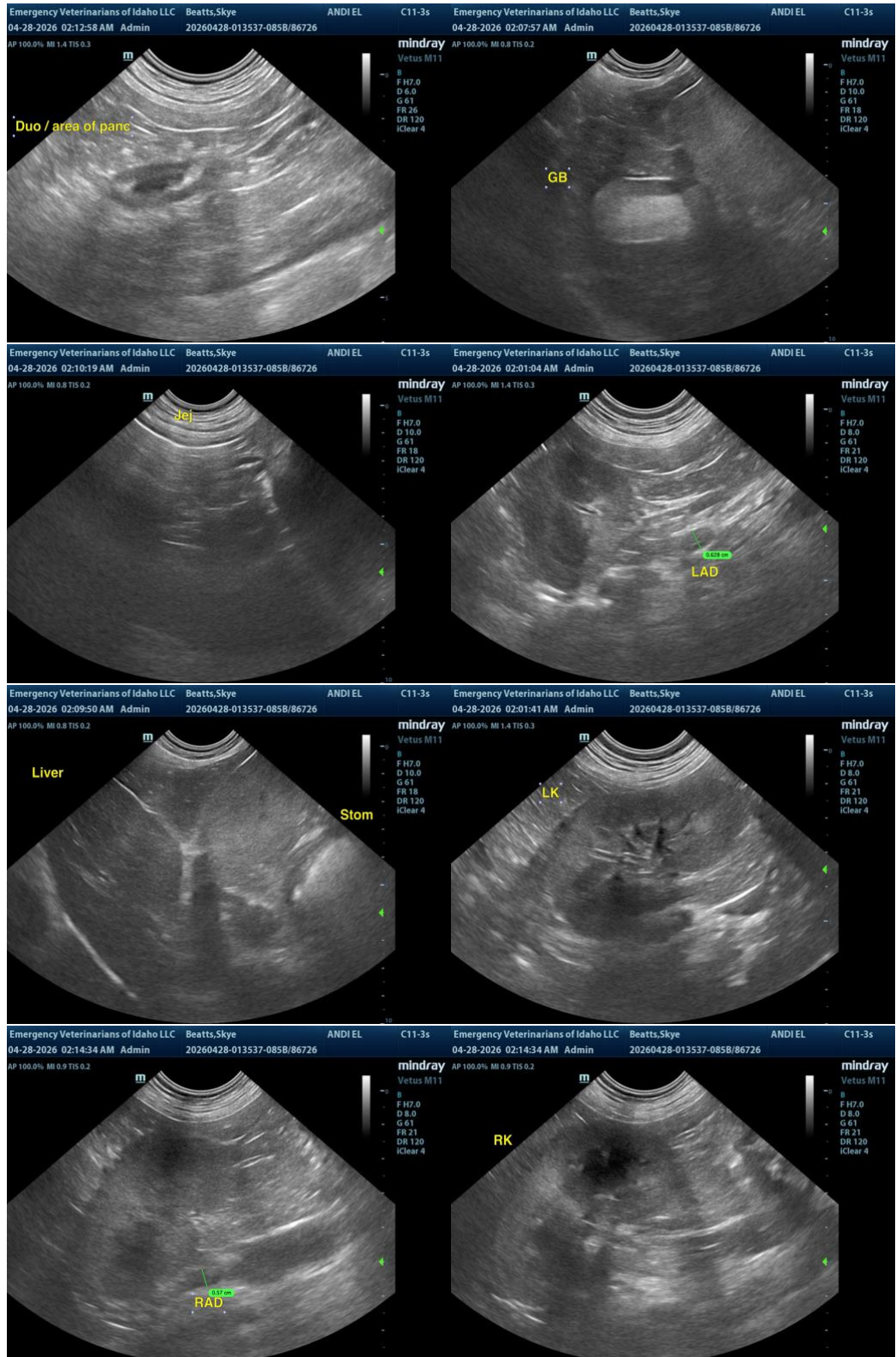
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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