



## PATIENT

Linus Barker

## SPECIES

Canine

## BREED

Standard Poodle

## SEX

Male Neutered

## AGE

10y

## WEIGHT

28 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patti Mayfield, DVM

## HOSPITAL NAME

Broekn Top VC

## REFERRING VET

Terra McSwain, DVM

## INVOICE

13451

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

History: P has history of IBD (diagnosed by biopsy on 10/3/24 at referral center). Presenting complaint: hyporexia and long hx of intermittent inappetence with lethargy. Vomits occasionally, but now more frequently. Recommended diet is RC Select protein; however, patient doesn't eat this well, per owner. Patient is currently receiving freeze dried beef or fish recipe by Gary Richter

Current Meds: Phycox and Budesonide 3 mg PO q 24 hours

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable - Labs (4/22/27) CBC: - Retic: 170 (H) - PMN: 11,562 (H) - MONO: 860 (H) CHEM: - K: 3.9 (L) - Na:K ratio 38 (H) - Lipase: 953 (H) - spec cPL: 1239 (H) UA: N/A T4/freeT4 : WNL 4DX: NEG x 4 Fecal: NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented uniformly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized in the urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Ventral apical wall measured 0.77 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 6.3 cm in length. The right kidney measured 6.6 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 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, well-demarcated, symmetrical, hyperechoic nodules were present. Example of nodule measurement 0.37 cm in diameter. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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## Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was mild, non-shadowing ingesta/chyme. Gastric body wall measured 0.48 cm.

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. Duodenum wall measured 0.41 cm and jejunum wall measured 0.36 cm.

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

## Pancreas

The area of the pancreas presented sonographically normal.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern
- Structurally unremarkable gastrointestinal tract/colon with mild, non-shadowing gastric ingesta/chyme and semi-formed fecal matter
- Normal area of pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastroenterocolic or pancreatic pathology. Mild chronic pancreatitis as well as microscopic gastrointestinal disease given patient history and elevated spec cPL may present sonographically normal. Assessment for cranial abdomen/subxiphoid discomfort on palpation which may correlate with mild to chronic pancreatitis is recommended. Full GI panel to include PLI/TLI/Cobalamin/Folate could be considered. In addition to current therapy, gastro protectant protocol Omeprazole 1.0 mg/kg PO SID over the next 7-10 days with assessment of clinical response may prove beneficial. Screening 3-view chest radiographs suggested to rule out thoracic or esophageal pathology as a contributing factor.



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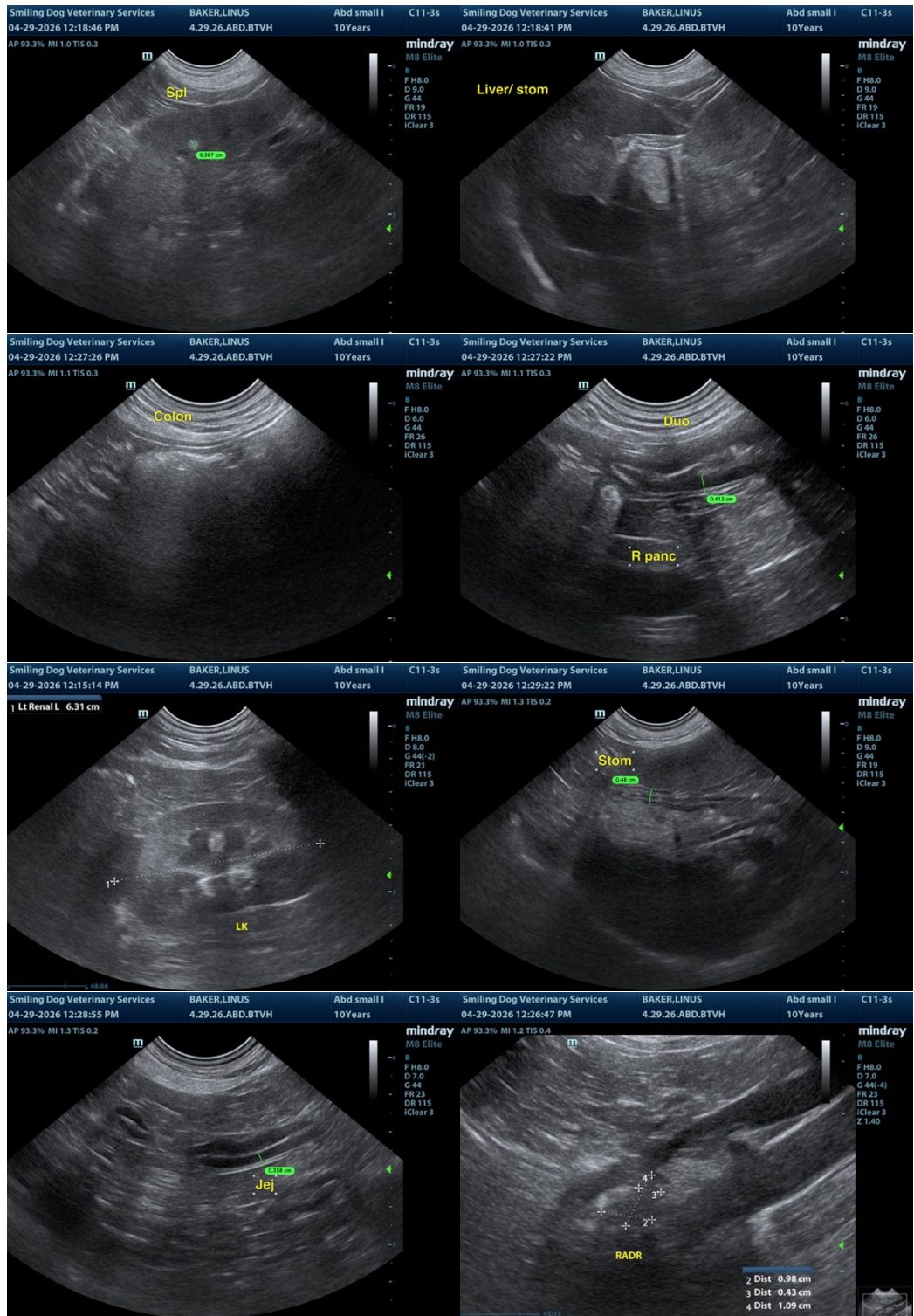
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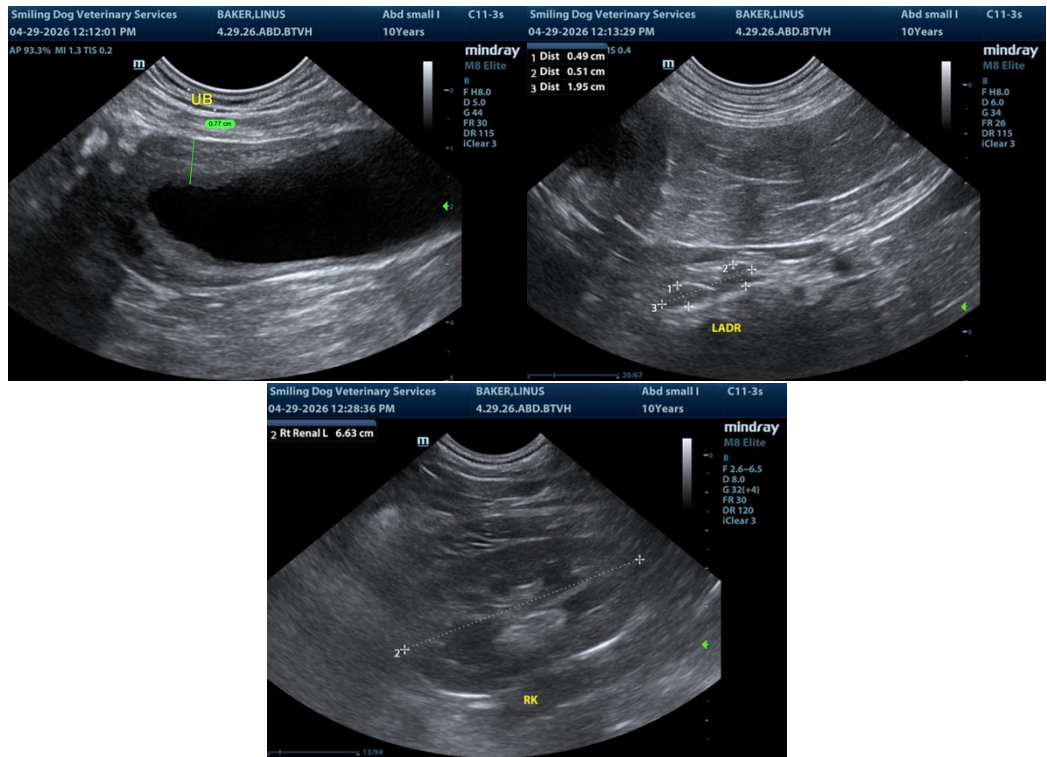
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)