



PATIENT

BELLA GIARDINA

SPECIES

Canine

BREED

Red Heeler

SEX

FS

AGE

5yr

WEIGHT

45.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr Rivera

INVOICE 24408

DATE

04/06/2026

PRESENTING CLINICAL SIGNS

- LETHARGY

Abnormal PE/Chem/CBC/UA Results: Findings: 1) CBC: WNL 2) CHEM: WNL 3) UA (void): >1.050, PRTO trace, UBG 4mg/dL, BIL 3mg/dL, WBC < 1/hpf, RBC 2/hpf, no bacteria or crystals detected. 4) TT4: WNL

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 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.

Normal size and margination were 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 5.4 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

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 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 contained mild non-shadowing ingesta and lumen gas with no 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 mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Pancreas

Canine

The area of the pancreas was sonographically normal.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

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- Mild non-specific splenomegaly
- Normal gastrointestinal tract
- Normal bilateral kidneys and urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of definitive pathology as an obvious cause of the patient's clinical signs. The mild splenomegaly is non-specific with considerations including incidental hyperplasia, hematopoiesis, splenitis, sedation if clinically indicated without overt evidence of splenic neoplastic criteria which is thought less likely.

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If patient is non-sedated, assuming normal clotting status and using 25ga needle, splenic FNA cytology is warranted to assess for occult disease. Three view chest radiographs, correlation with neurological/musculoskeletal exam, and screening urine C/S or UPC level if continued inflammatory sediment or non-inflammatory proteinuria is recommended.

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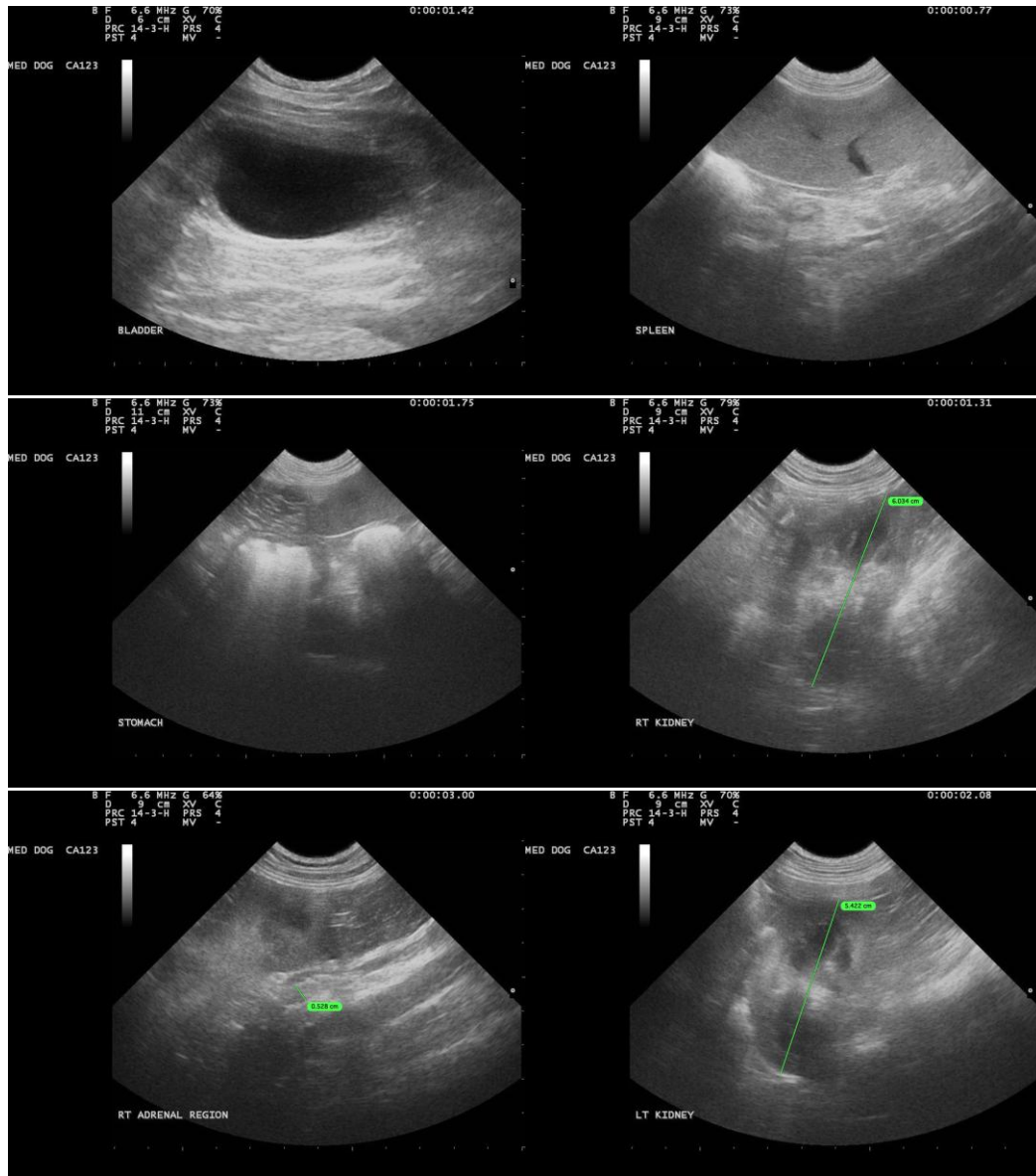
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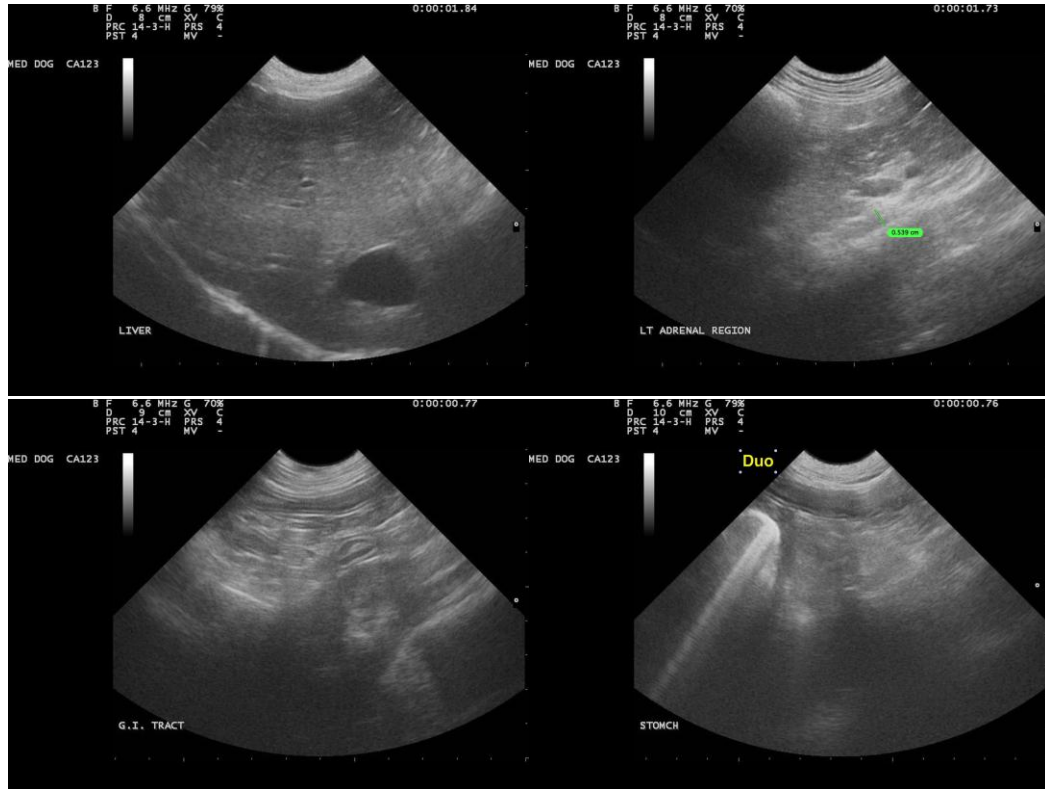
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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