



PATIENT

Julia Donnelly

SPECIES

Canine

BREED

Mini Poodle Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.72 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner LVT

HOSPITAL NAME

Waterville Veterinary
Clinic

REFERRING VET

Dr. Heather Culbertson
DVM

INVOICE

14898

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Presented for pre-anesthetic blood work in preparation for a scheduled dental and mass removal surgery

Current Medications: Clomicalm and Gabapentin

Abnormal PE/Chem/CBC/UA Results: ALP: 226 Urinalysis: SG - 1.025, pH 8, Occasional Ammonium Phosphate noticed Lab work last year in June was normal

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.

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 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting normal to possible borderline subnormal size. The left adrenal gland measured 0.44 cm width at the caudal pole.

The right adrenal gland was mildly enlarged with symmetrical contour and maintained homogenous parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole.

Spleen

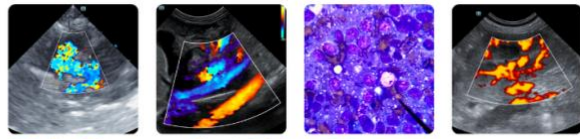
The spleen presented normal in size with primarily symmetrical contour and homogenous parenchyma. Two visualized nonexpansive to mildly expansive hypoechoic splenic nodules were present. An example of nonexpansive splenic nodule measured 0.44 cm in diameter adjacent to the hilus. Mildly expansive splenic nodule in the subjective cranial spleen measured 1.0 cm in diameter.

Liver & Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder and common bile duct were not definitively visualized.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate shadowing ingesta primarily in the area of the antrum and pylorus with mild retained gastric fluid.

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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related renal changes.
- Mild right adrenomegaly- subjective benign.
- Hepatopathy- subjective benign.
- Nonvisualized gallbladder- nonspecific, possible gallbladder contraction owing to presence of gastric ingesta.
- Shadowing gastric pyloric ingesta with mild retained gastric fluid, sonographically normal small intestine.
- Nonexpansive to mildly expansive hypoechoic splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

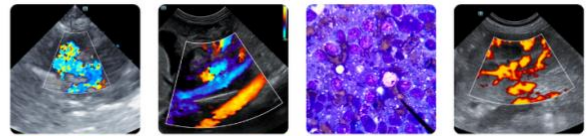
The liver is most consistent with benign criteria and suggestive of benign or idiopathic, vacuolar or possible non-obstructive cholestatic hepatopathy given mildly elevated ALP. Potential for hepatic inflammation or less likely occult hepatic neoplasia considered less likely.

Splenic nodular or lymphoid hyperplasia, areas of hematopoiesis, granulomas, inflammation or emerging splenic nodular neoplasia are possible. Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and accessible splenic nodule FNA cytology is warranted for further clarification. Serial sonographic monitoring of the splenic nodules for evidence of progression +/- diagnostic and prophylactic splenectomy is recommended.

The mild right adrenomegaly is of unclear clinical significance given no reported clinical signs which may suggest adrenal disease. Adrenal screening or workup is warranted if clinical signs are non-reported or arise.

Dense retained gastric ingesta +/- metabolic gastric ileus or potential unknown gastric foreign material is possible. Correlation with current clinical history and most recent meal ingestion is recommended. If gastrointestinal signs are present, sonographic monitoring or reassessment of the gastric content for evidence of passage or persistence is indicated.

No anesthetic contraindications.



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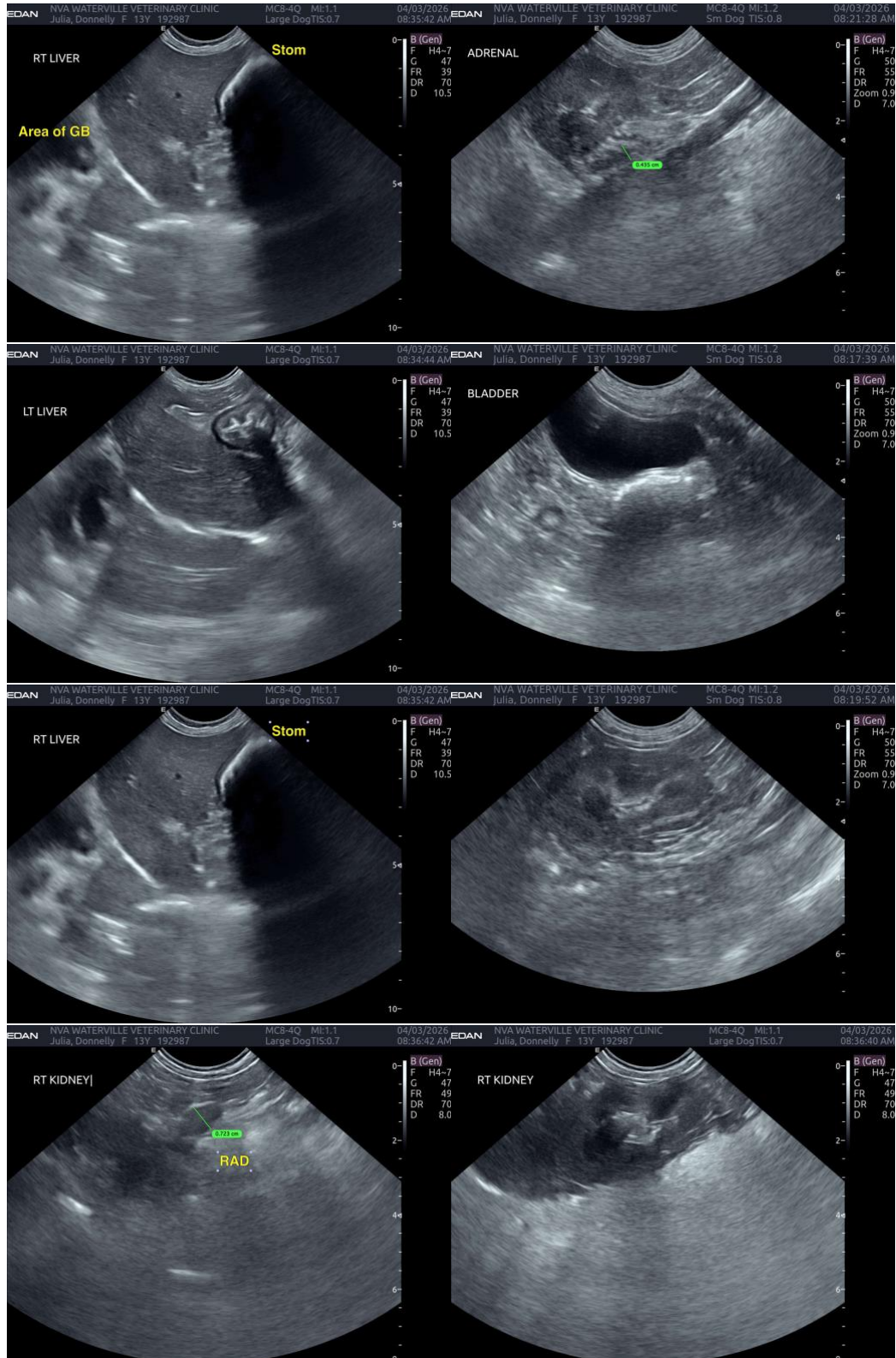
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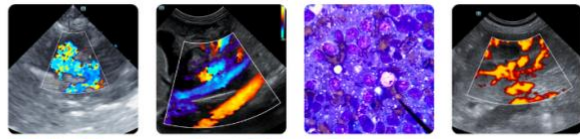
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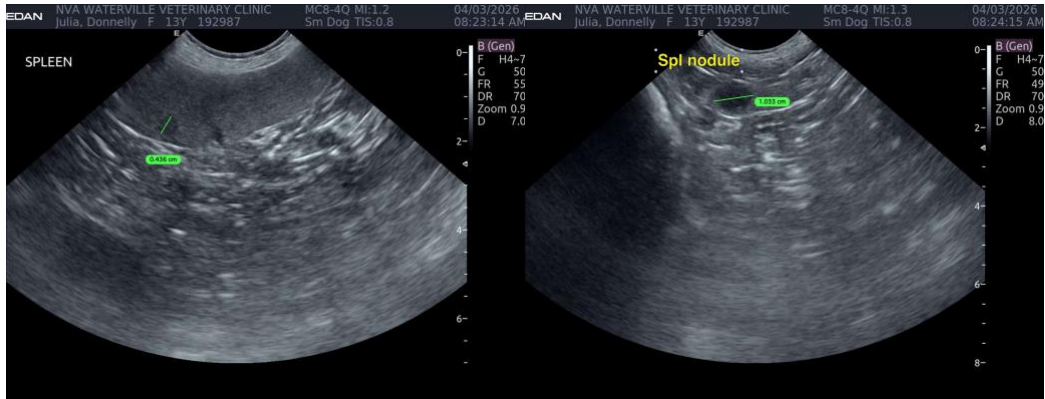
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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