

PATIENT

Rudy McMurtrey

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

13 Years

WEIGHT

51.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Dr. Rawn Gabbard

INVOICE

74221

DATE

4/5/26

PRESENTING CLINICAL SIGNS

Hospitalized on Friday for anorexia and liver issues. Has been on Trazadone and Fluoxetine for a long time for anxiety. Being treated with Cerenia, Ondansatran, Baytril and Clyndamycin.

Abnormal PE/Chem/CBC/UA Results: Nausea, vomiting, diarrhea. CBC neutrophilia and monocytosis. T4 normal. UA dilute urine, lots of protein, some blood, bacterial cocci. HW and IPE negative GHP high globulin level, SGOT, SGTT, SAP, GGT, T Bili, cholesterol. Plain view xrays chest normal, abdomen big liver, ileus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine, prohibiting full evaluation of the urinary bladder wall. No evidence of urinary bladder tumors or lumen mineral/calculi.

No obvious visualized pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney measured 8.1 cm.

The left kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with symmetrical contour and mild heterogeneous non-mineralized parenchyma, measuring 0.94 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited 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

The liver was enlarged in size, exhibiting areas of asymmetrical capsule contour and potential areas of lobar parenchymal expansion. Mildly hypoechoic parenchyma exhibiting mild coarse echotexture, and mildly increased prominence of portal vascular borders. The gallbladder was indistinctly visualized, exhibiting subjective non-distended size with mildly prominent hyperechoic wall. Mild non-organized gallbladder debris noted. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained moderate primarily anechoic fluid exhibiting mild echogenic to accumulated mucus/chyme. No overt obstruction to pyloric outflow. Pylorus wall measured 0.60 cm.

The intestinal walls demonstrated intact wall layering with overall maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental duodenojejunal ileus pattern was noted to the level of the colon.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended, containing soft fecal matter consistent with patient history, and lumen gas.

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

Focal to intermittent mildly enlarged mid abdominal mesenteric lymph nodes were present. Example measures 1.8 cm in diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

No evidence of peritoneal effusion

ULTRASONOGRAPHIC FINDINGS

- Symmetrical hepatomegaly exhibiting mild hypoechoic parenchyma.
- Mildly thickened non-distended gallbladder with non-organized mild debris (non-mucocele).
- Non-specific gastroenterocolonopathy accentuated by moderate gastric stasis.
- Intermittent mildly swollen mesenteric lymphadenopathy.
- Mild age related right kidney, non-visualized left kidney.
- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic, reactive, vacuolar, inflammatory, or neoplastic hepatopathy are all potentials. No overt evidence of post-hepatic or mechanical gastrointestinal obstruction, which may suggest metabolic or functional gastric and segmental intestinal ileus. Potential for non-visualized upper duodenal obstruction not definitively excluded given degree of retained gastric fluid and chyme. Assuming normal clotting status, hepatic FNA cytology is recommended for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The left adrenomegaly is of unclear clinical significance given the current clinical signs. Adrenal screening could be considered if clinically indicated and pending hepatic cytology. If available, upper gastrointestinal endoscopy would be ideal for further evaluation of the upper gastrointestinal outflow and potential for biopsies.



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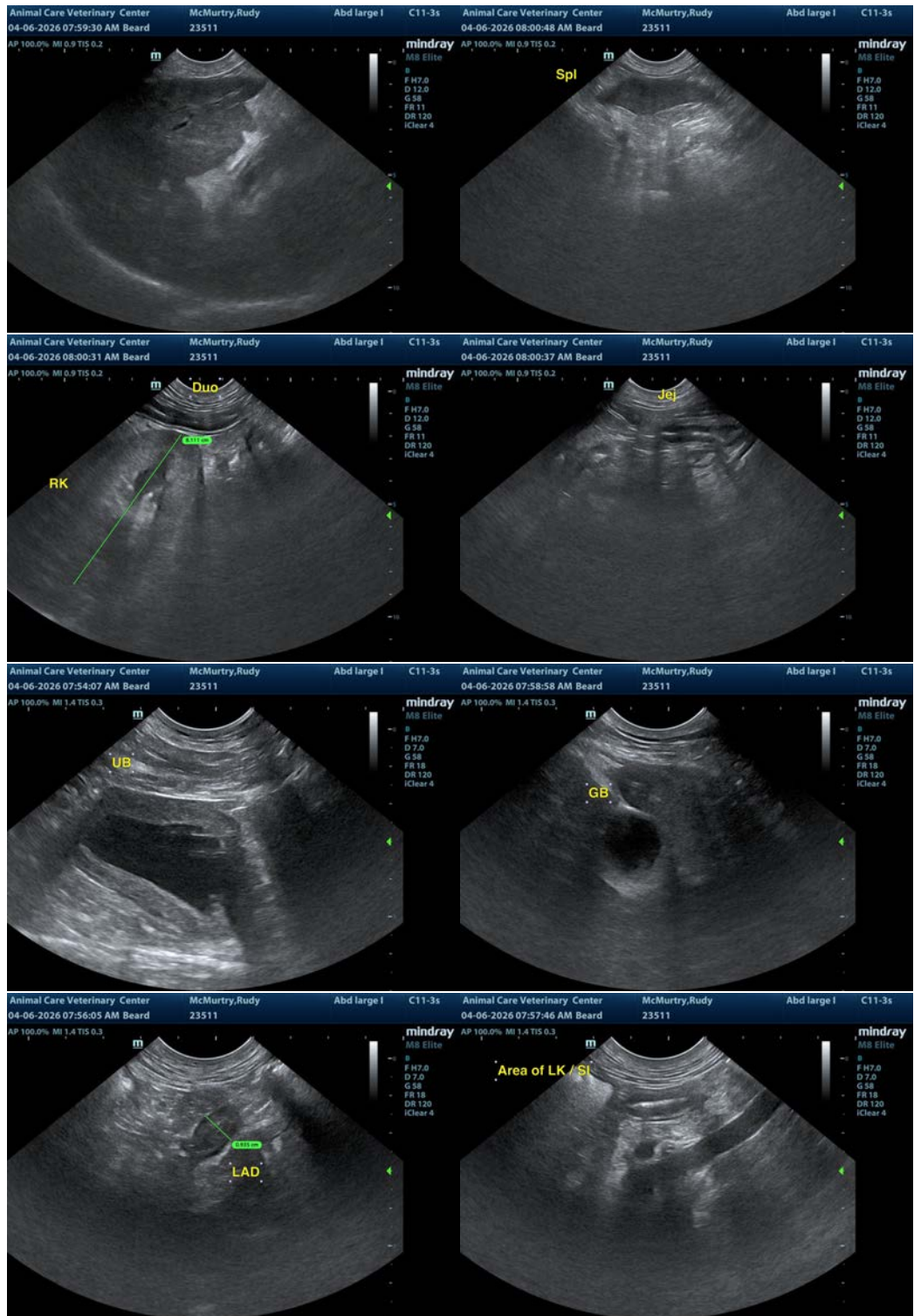
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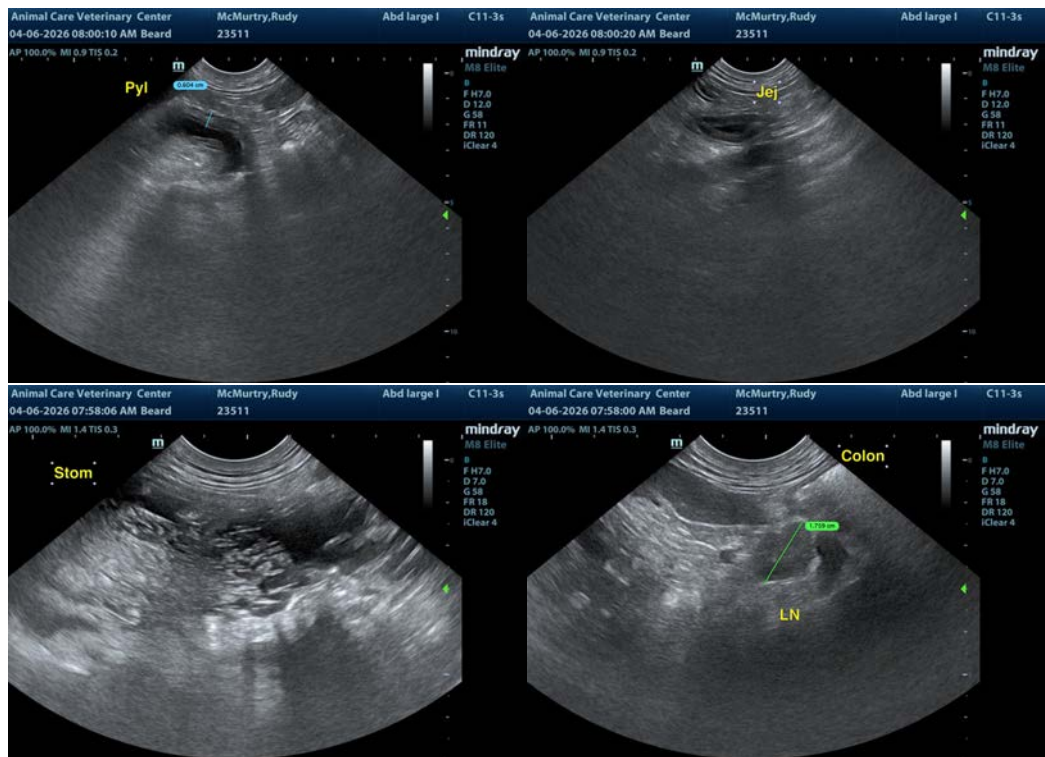
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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