



## PATIENT

Birdie Crosby

## SPECIES

Canine

## BREED

Cockapoo

## SEX

Spayed Female

## AGE

4.6 Years

## WEIGHT

28 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

Dr. Rodriguez

## INVOICE

36497

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: Hx of proteinuria.  
Abnormal PE/Chem/CBC/UA Results: Urine culture neg, UPC: 0.6. USG: 1.028.

## 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. Mild thickened cortex, exhibiting normal overall corticomedullary echogenicity and adequate corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 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 0.56 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 0.58 cm width at the caudal pole.

### *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 presented subjectively 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 was non distended in size with mild nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, 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.

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

### *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*

Non-specific mild hyperechoic mid to cranioventral omentum was noted. No evidence of omental masses or peritoneal fusion. No significant mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Non-specific mildly thickened renal cortices
- Normal adrenal glands
- Mild hepatomegaly-subjectively benign
- Mild non-organized gallbladder debris (non-mucocele)
- Non-specific mild hyperechoic, ventral mid to cranial abdominal omentum

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant nephropathy, although mild cortical changes in conjunction with proteinuria and negative urine culture may suggest mild non-clinical glomerulopathy.

Continued monitoring of UPC, given UPC < 2.0 is recommended. Empirical therapy for protein-losing nephropathy may be indicated if UPC > 2.0 without concurrent azotemia. Correlation with hepatic enzyme assessment is recommended.

The mild hyperechoic ventral to cranial omentum is non-specific yet may suggest mild unspecified steatitis. Correlation with clinical history or evidence of potential gastrointestinal signs or pancreatitis is suggested if clinically indicated.



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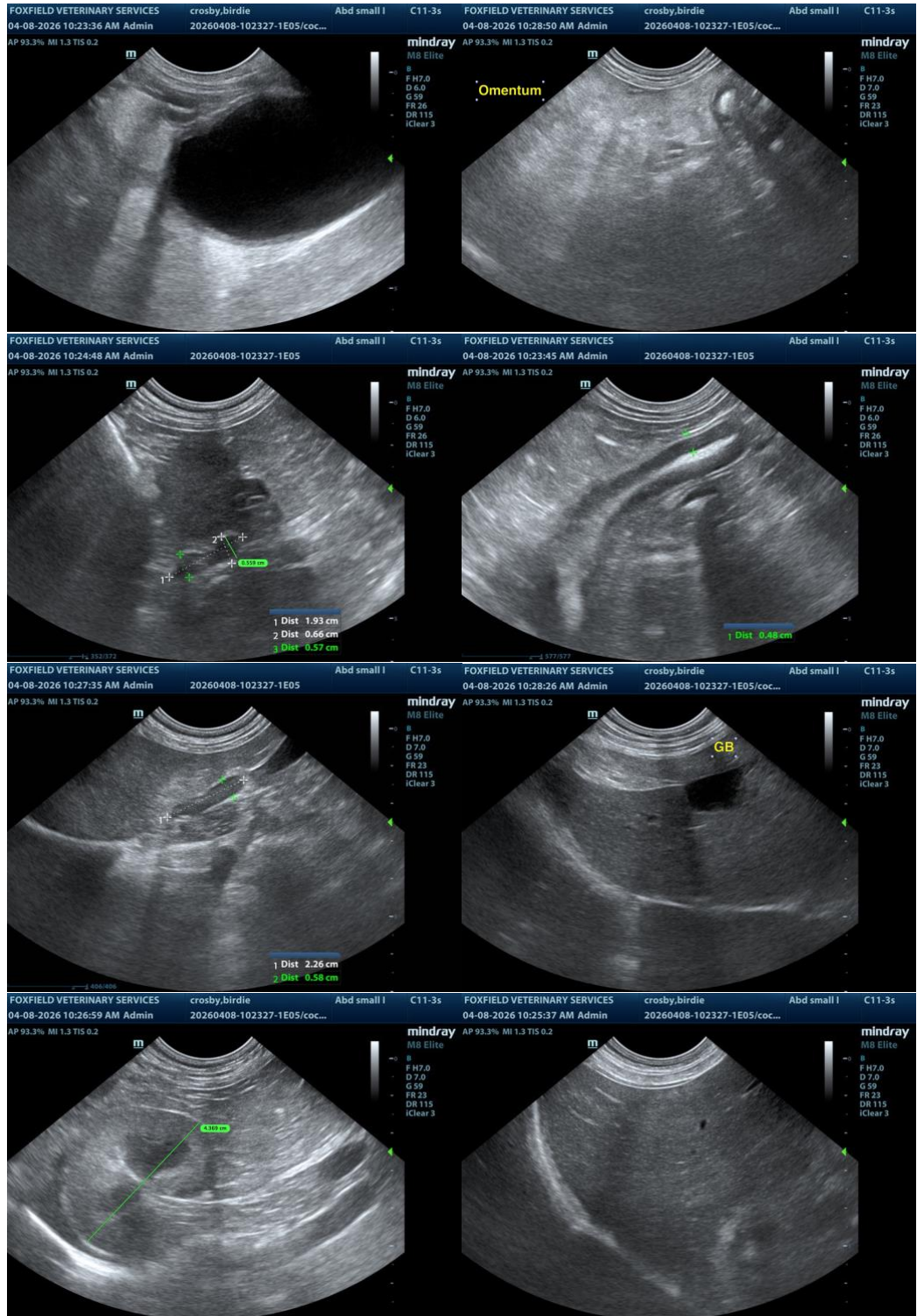
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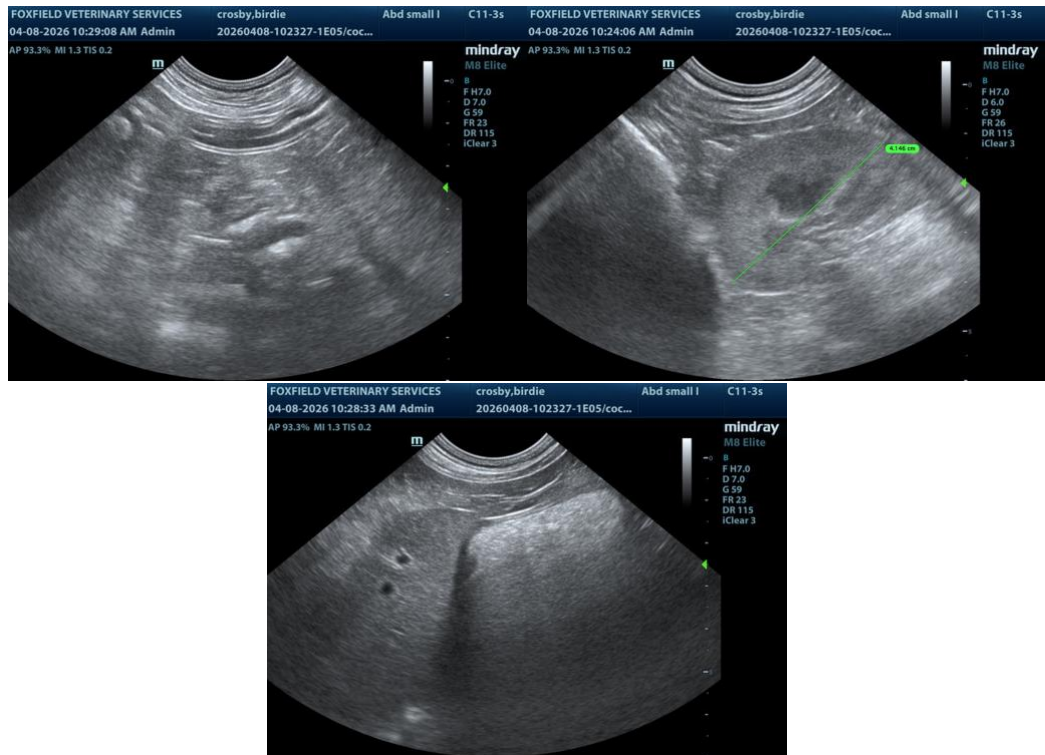
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)