

PATIENT

Cubby Hodgins

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

11 Years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

16215

DATE

05/14/26

PRESENTING CLINICAL SIGNS

History of having seizures that started last month, 3 in total. Also at times appears wobbly and no seizure, Similar before the seizures. About 1 year ago dog had ruptured Right Adrenal gland mass that required emergency Sx to stabilize. Recovered after Sx and was doing well till seizures which started last month. Rescan Abdomen

Abnormal PE/Chem/CBC/UA Results: U/A Free catch,pale yellow, sl cloudy, USG 1.035, pH 8.0. All Values WNL or negative Sedivue WBC <1/HPF,RBC 1/HPF, Bac,casts, crystals NONE DETECTED Epi Squamuos ,;<1/HPF Non squamous: ,<1/HPF CBC: Retic 12.8 (N 21-1400 Chem: K 5.5 (N 4.0-5.4) Na:k 27 (N 28-37) SDMA 12 (N 0-14) BNP 343 (N 0-900) TT4 11.7 (N 13-53)

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 6.5 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.6 cm width in the caudal pole.

The right adrenal gland was not definitively visualized consistent with the patient's history.

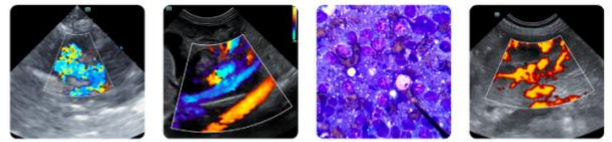
Spleen

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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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

No overt lymphadenopathy or peritoneal effusion was present.

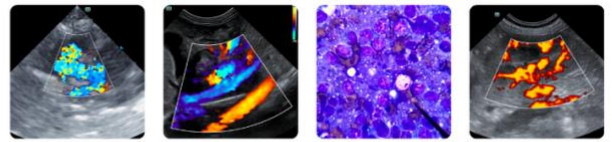
ULTRASONOGRAPHIC FINDINGS

- Normal volume mildly remodeled liver.
- Mild gallbladder debris (non-mucocele).
- Normal spleen.
- Age-related renal changes.
- Sonographically normal left adrenal gland, non-visualized right adrenal gland consistent with patient's history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, including no evidence of recurrent neoplastic criteria or metastasis as a definitive cause of the patient's seizure episodes. Screening cortisol level could be considered given electrolyte abnormalities. Correlation with neurological exam is recommended.





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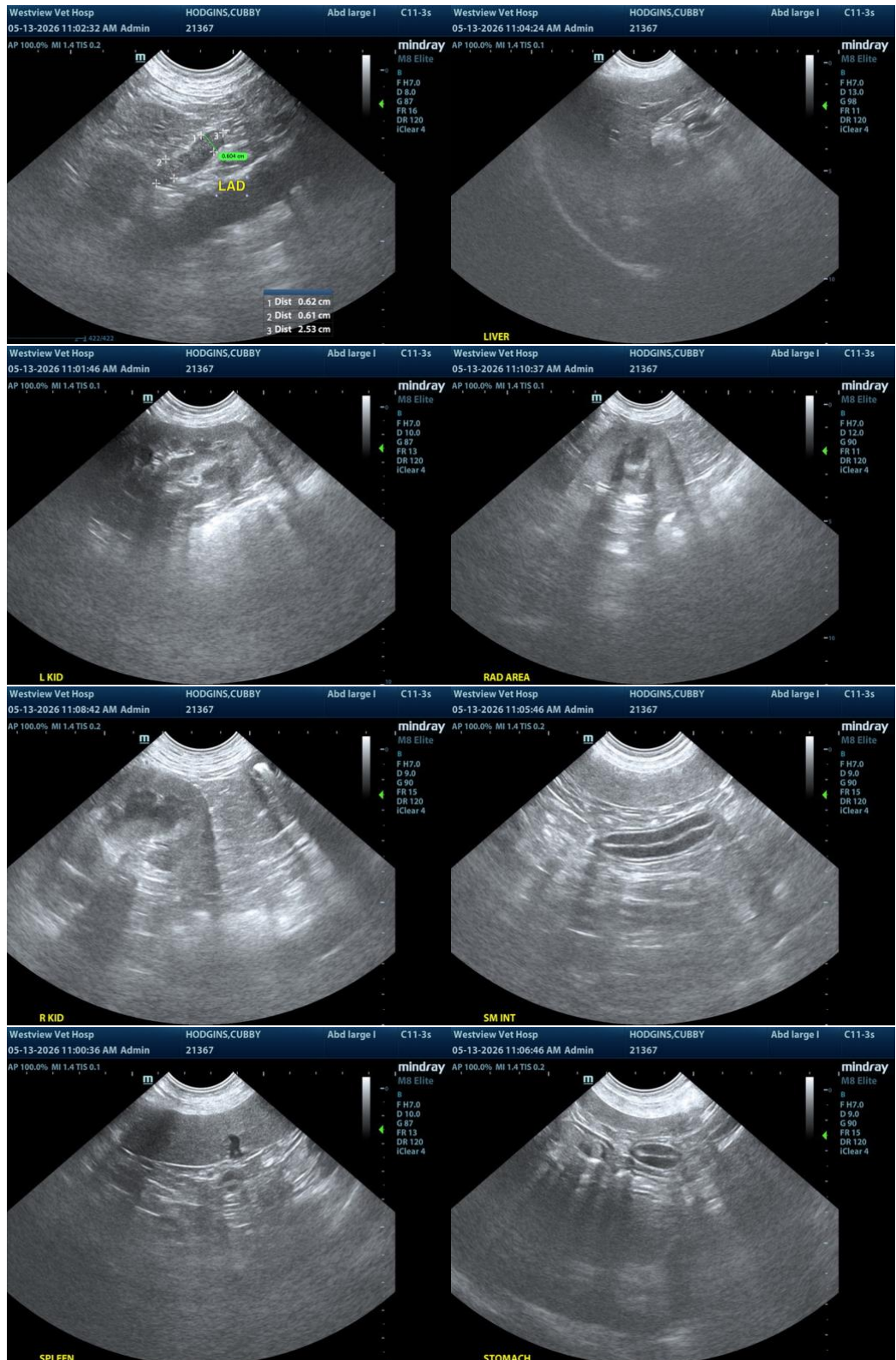
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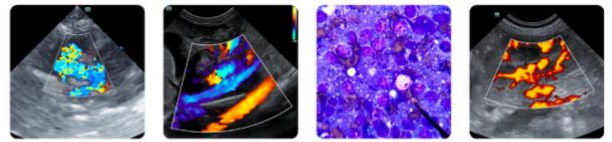
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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