



## PATIENT

Winston Connelly

## SPECIES

Canine

## BREED

Airedale

## SEX

Neutered Male

## AGE

12 Years 8 Months

## WEIGHT

54.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mary Kermendy CVT

## HOSPITAL NAME

Wauwatosa Veterinary  
Clinic

## REFERRING VET

Dr. Kevin Kicker

## INVOICE

16221

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

Dog has approximately a week of decreased appetite. Owner is giving metronidazole and ketoconazole and owner reports that pet won't eat after meds are given--and shakes in corner. Pet will off and on eat some treats or bland diet. Energy is decreased per owner but still greet owner when home. No vomiting. On exam pet is painful in abdomen on palpation. Pet is experiencing some diarrhea. Concern for pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Pancreatic lipase= high side of normal

## 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 6.3 cm in length. The right kidney measured 6.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were 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 & 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. 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.

### Gastrointestinal



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The stomach presented intact wall layering with subjective mildly prominent to thickened pylorus wall without obstruction to pyloric outflow. The stomach contained a mild to moderate amount of retained echogenic fluid. The pylorus wall measured 0.65 cm wall width.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

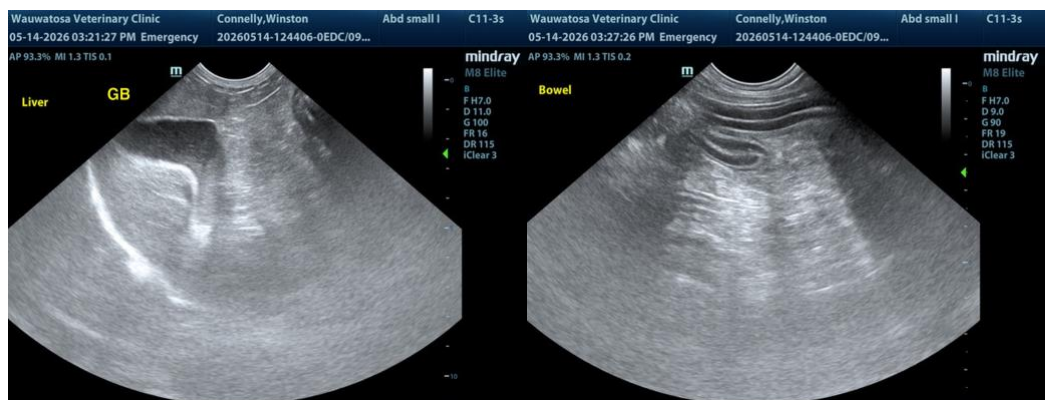
## ULTRASONOGRAPHIC FINDINGS

- Nonobstructive hypomotile stomach/mild hypomotile gastritis pattern.
- Normal empty small intestine.
- Mild heterogeneous pancreas.
- Mild gallbladder debris (non-mucocele).
- Mild age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or active pancreatitis as well as no evidence of mechanical gastrointestinal obstruction with metabolic gastric stasis. Mild to chronic pancreatitis may present sonographically normal and may be suspected if cranial abdomen or subxiphoid discomfort on palpation.

A full GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for non-structural intestinal or occult disease and further correlation with the pancreas may be considered. Three view chest radiographs are suggested if not done. Gastrointestinal support and clinical monitoring with sonographic reassessment if persistent or progressive gastrointestinal sign is recommended.





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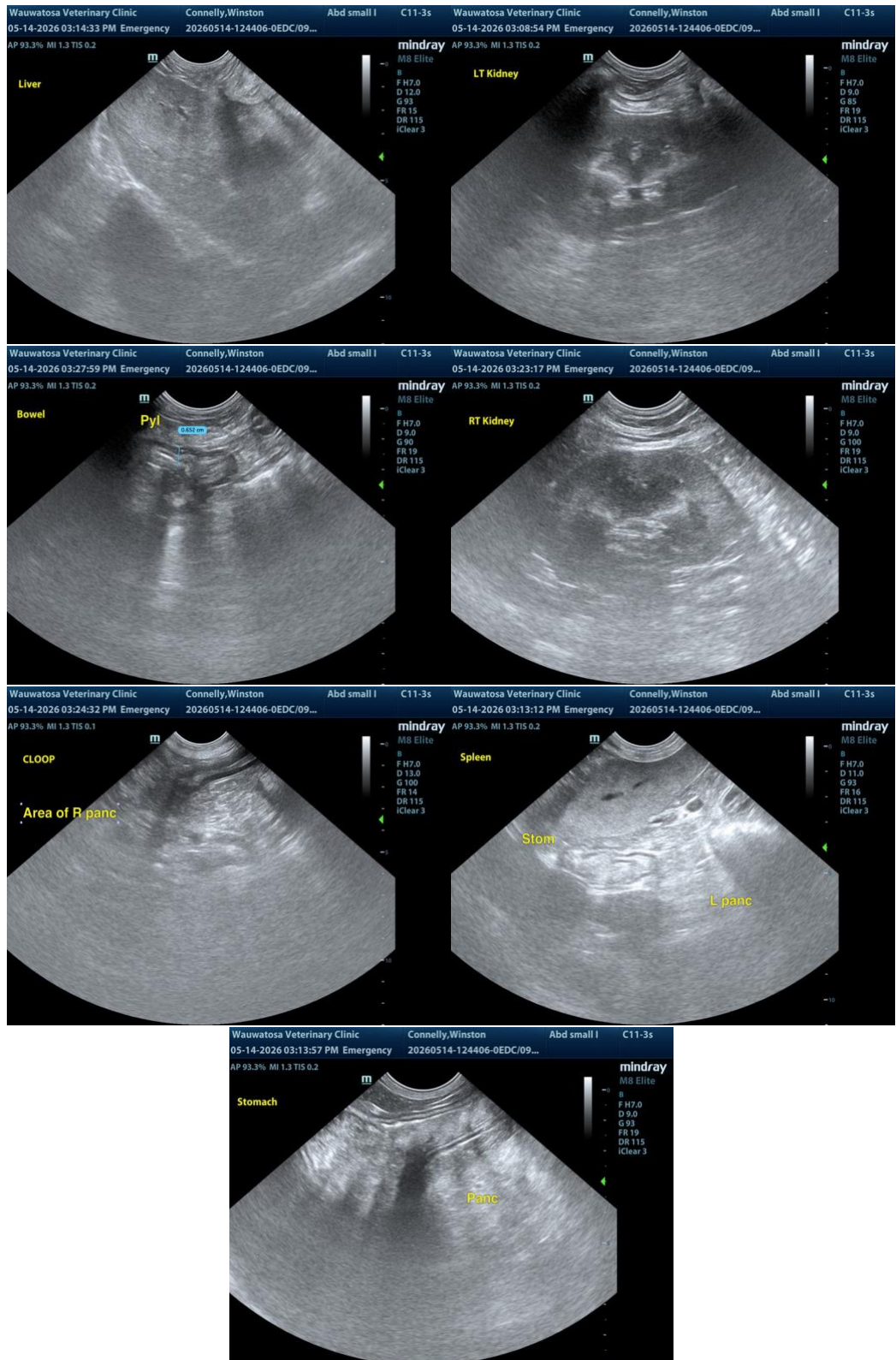
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)