



PATIENT

Crackle Mullaney

SPECIES

Canine

BREED

Bichon x

SEX

Neutered Male

AGE

12 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

John Ammeraal, DVM

INVOICE

75230

DATE

5/18/26

PRESENTING CLINICAL SIGNS

HAS been PU/PD at home ,also vomiting bile for past 4 days, Appetite significantly decreased , Lethargic , drinking large amt of water and vomiting. On ondansetron and not doing better over weekend.

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 murmur, Sebaceous cysts. CHem : Crea 1.3 mg/dL, 24 mg/dL , SDMA increased Mild stress leukogram USG 1.013

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 4.3 cm. Right kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Right measured 0.54 cm at the caudal pole. Left measured 0.56 cm at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. The capsule was smooth and regular without apparent expansion. A solitary discrete, non-homogeneous, hypoechoic perihilar nodule was noted measuring 0.78 cm in diameter. The nodule did not distort the capsule. 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 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 to moderate non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented borderline prominent yet intact wall layering. The stomach contained a mild amount of retained anechoic fluid without obstruction to pyloric outflow.



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The duodenum present intact, non-thickened wall, exhibiting mildly decreased mucosal echogenicity and generalized mild non-obstructive duodenal ileus. The jejunum was sonographically normal, exhibiting empty lumen to the level of the colon.

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

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes.
- Normal adrenal glands.
- Discrete splenic nodule.
- Mild hepatomegaly.
- Non-organized gallbladder debris (non-mucocele).
- Subjectively mild pancreatitis with concurrent hypomotile non-obstructive gastroduodenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with assessment for cranial abdominal or subxiphoid discomfort on palpation and spec cPL recommended. The mild hepatomegaly and discrete splenic nodule suggest likely benign criteria without overt suspicion of neoplasia. No evidence of mechanical gastrointestinal obstruction. A definitive cause of the PU/PD was not obvious, given no evidence of adrenal pathology. Further assessment may include adrenal screening +/- Leptospirosis titers/PCR and correlation with urinalysis. Empirical therapy for pancreatitis with gastrointestinal support and clinical monitoring would be appropriate. Sonographic reassessment indicated if non-responsive or progressive clinical signs.

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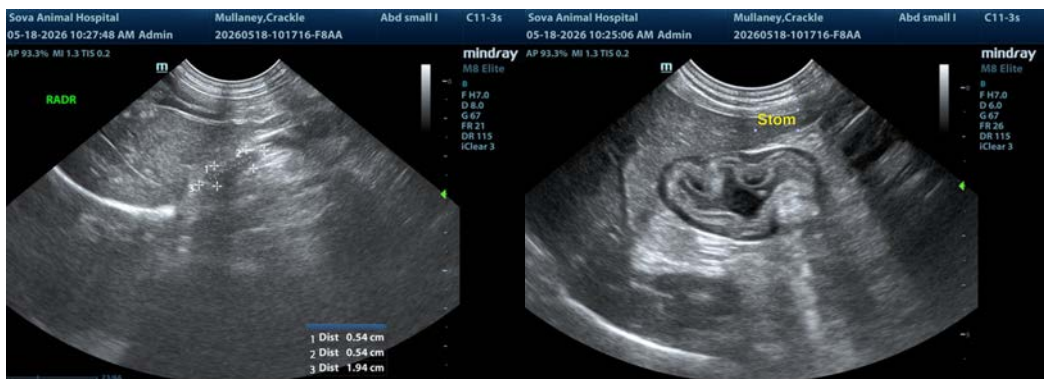
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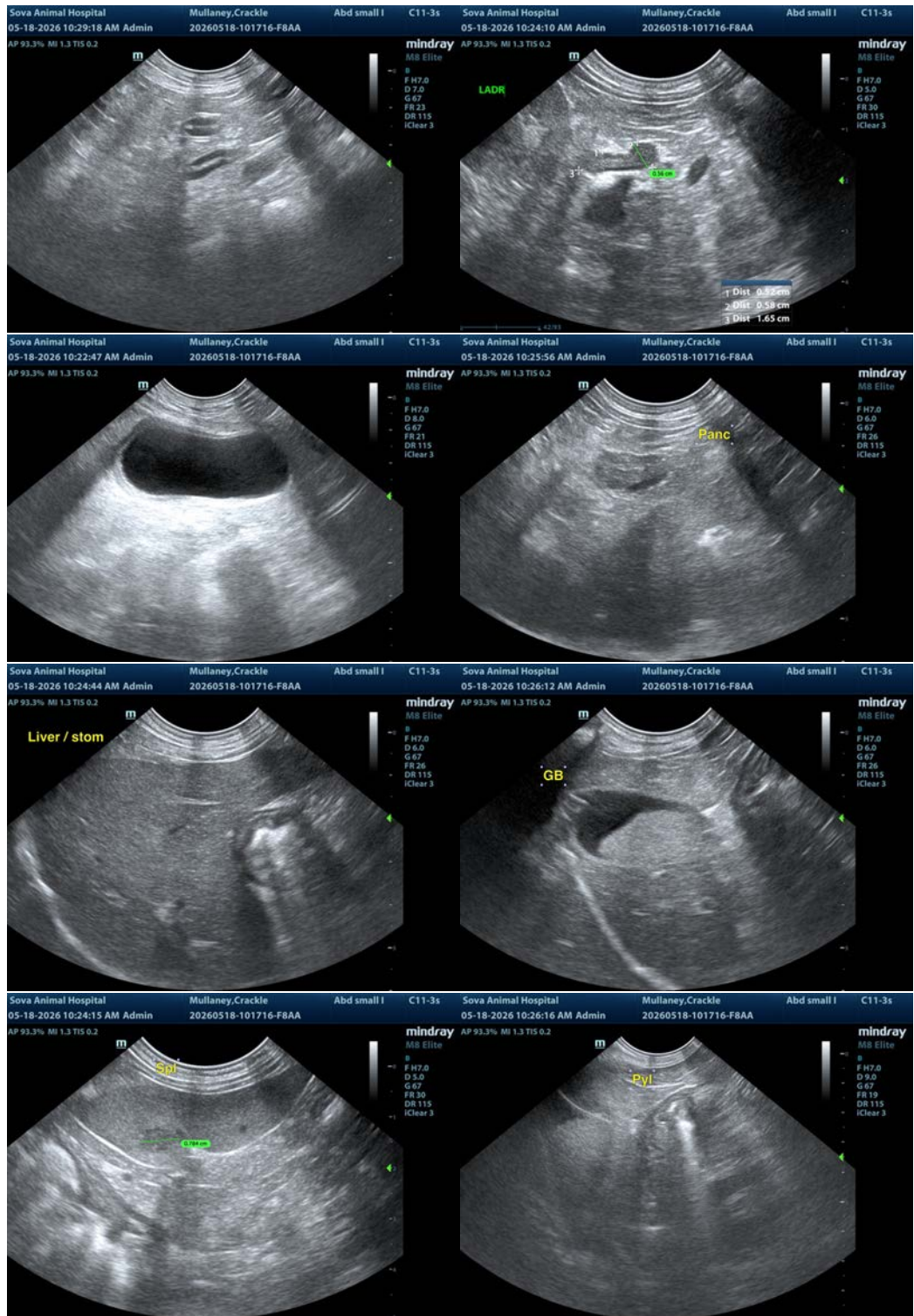
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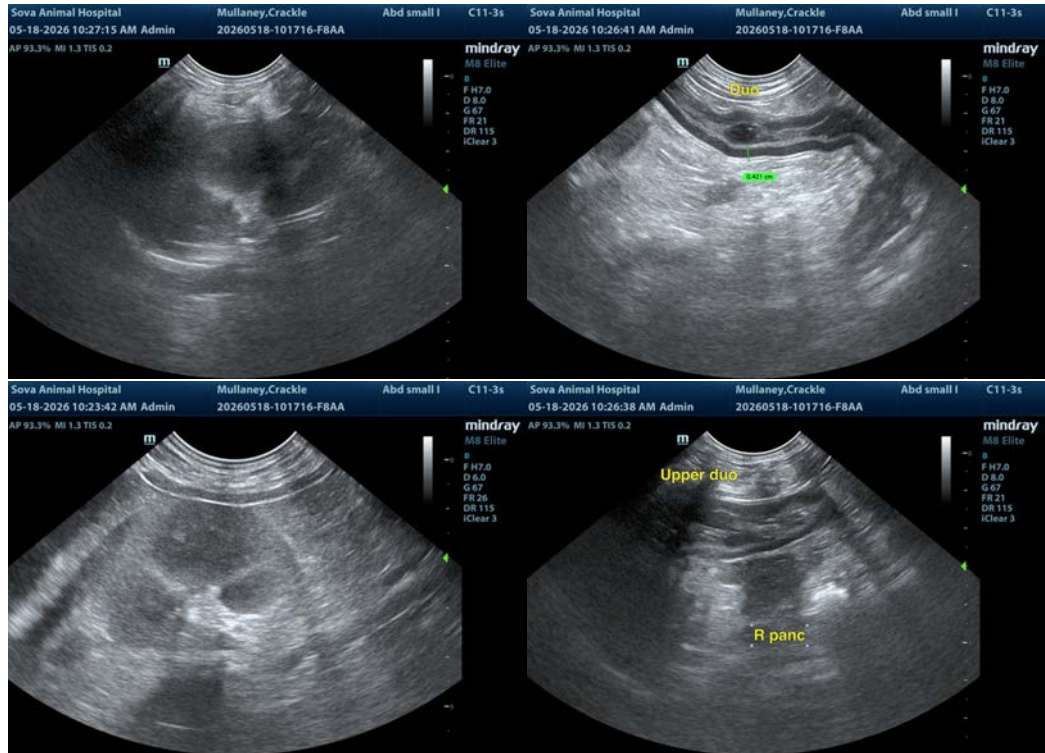
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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