



PATIENT

River Burkholder

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

61.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandon Holmes

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Brandon Holmes

INVOICE

16426

DATE

05/21/26

PRESENTING CLINICAL SIGNS

4/15/2026: River presented for a one-month history of progressive clinical signs characterized by lethargy, weight gain, and decreased activity. The patient pants excessively even with minimal exertion and often appears stiff and clumsy for a few steps when rising from a resting position. Appetite has significantly decreased, and she may refuse her food (Science Diet k/d) or eat only a few bites, often requiring bone broth to coax consumption. Urination and defecation patterns are reportedly normal, and water intake is also unchanged. River has a history of hypothyroidism, and her Thyrotabs dose was decreased from 0.3mg to 0.2mg in December following a recheck of her thyroid levels.

Abnormal PE/Chem/CBC/UA Results: Idexx wellness panel attached. Patient was started on enalapril after elevated UPC was seen. Low-dose dexamethasone suppression test was negative for Cushing's. Lethargy has not subsided.

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.

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 6.2 cm in length. The right kidney measured 6.2 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 0.82 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 0.76 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 & 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 nonroganized 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 contained mild nonshadowing gastric ingesta/chyme 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

- Mild nonspecific chronic renal changes.
- Normal adrenal glands.
- Sonographically normal liver/spleen.
- Mild gallbladder debris (non-mucocele).
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. Specifically, renal or adrenal pathology. Microscopic or glomerular disease, i.e., nonspecific glomerular nephritis or other glomerulopathy are probable given proteinuria.

Continued empirical therapy for nonspecific protein losing nephropathy is indicated with clinical monitoring. Correlation with three view chest radiographs and thorough musculoskeletal/neurological exam is recommended.

A GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or mild pancreatitis, which may present sonographically normal, may be considered. Gastrointestinal support is indicated. No evidence of neoplastic criteria.



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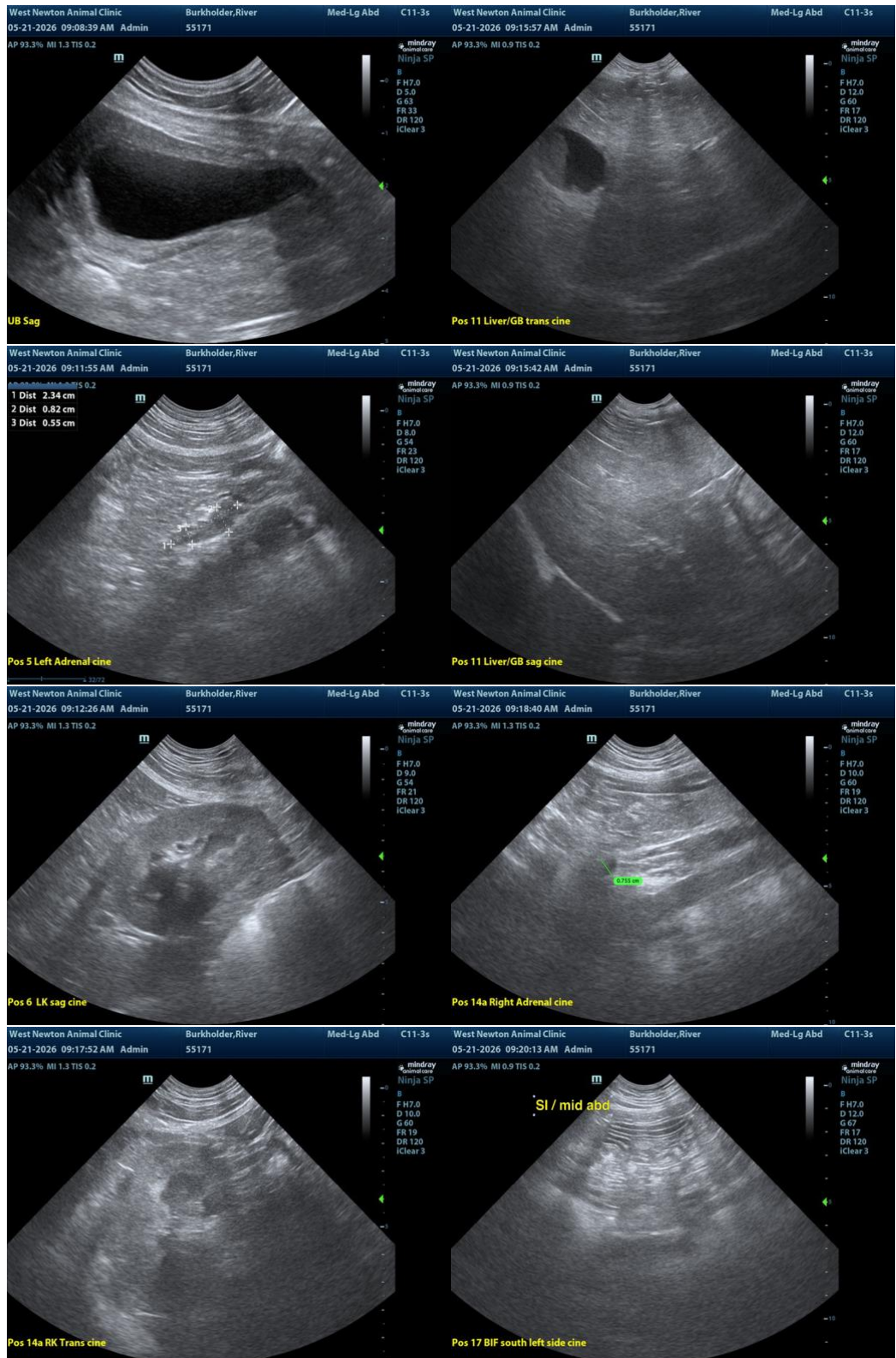
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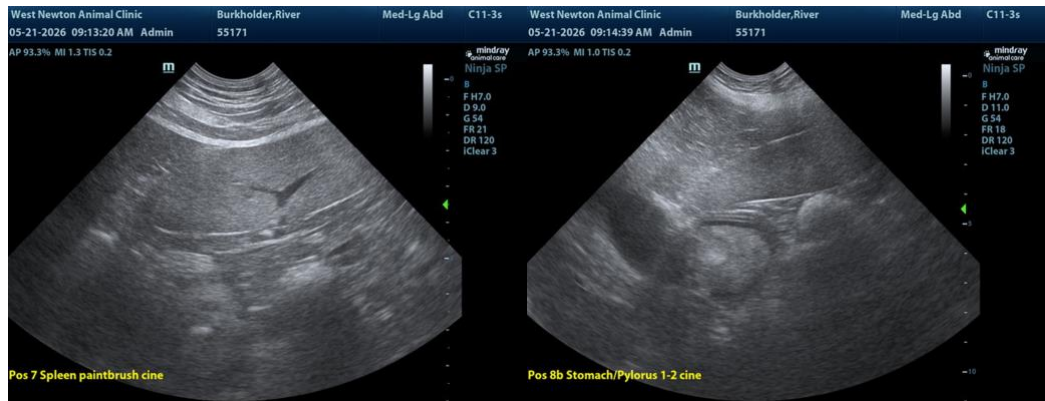
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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