



PATIENT

Chip Johnson

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

39.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

16520

DATE

05/26/26

PRESENTING CLINICAL SIGNS

P had foreign body surgery (fabric) and splenectomy 13 days ago. P licking spot on arm so owners put ace bandage on area- p ate the ace bandage. Rads- appears to be in stomach. rDVM likely referring for Endoscope. P is Cushingoid- previously on treatment- owners stopped tx, p PU/PD, recently restarted meds

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 minor focal dependent lumen mineral and nondependent particulate urine 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Small cortical cysts were present bilaterally. The left kidney measured 5.8 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size, more prominent in the left adrenal gland. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm length x 1.2 cm width in the caudal pole. The right adrenal gland measured 3.9 cm length x 0.78 cm width in the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver & Gallbladder

The liver presented 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 minor nonorganized particulate debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressive to strongly shadowing content/echo possibly extending into the area of the pyloric outflow without evidence of obstruction to pyloric outflow.



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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. Nonspecific hyperechoic duodenojejunal mucosal speckling.

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

Pancreas

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

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Non-obstructive shadowing gastric content/echo.
- Empty small intestine with non-specific duodenojejunal mucosal speckling.
- Mildly prominent remodeled pancreas.
- Hepatomegaly.
- Minor non-organized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting cortical cysts.
- Enlarged non-homogenous adrenal glands.
- Absent spleen- previous splenectomy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing non-obstructive gastric content is most consistent with foreign material in conjunction with patient's history, referral for endoscopy is recommended. The liver and bilateral adrenal glands are consistent with patient's history and hyperadrenocorticism. Chronic pancreatitis with remodeling, and possible concurrent non-specific enteritis may be suspected if non-reported gastrointestinal signs. Correlation with urinalysis +/- renal staging to include culture/sensitivity if inflammatory sediment or UPC level if non-inflammatory proteinuria is recommended.

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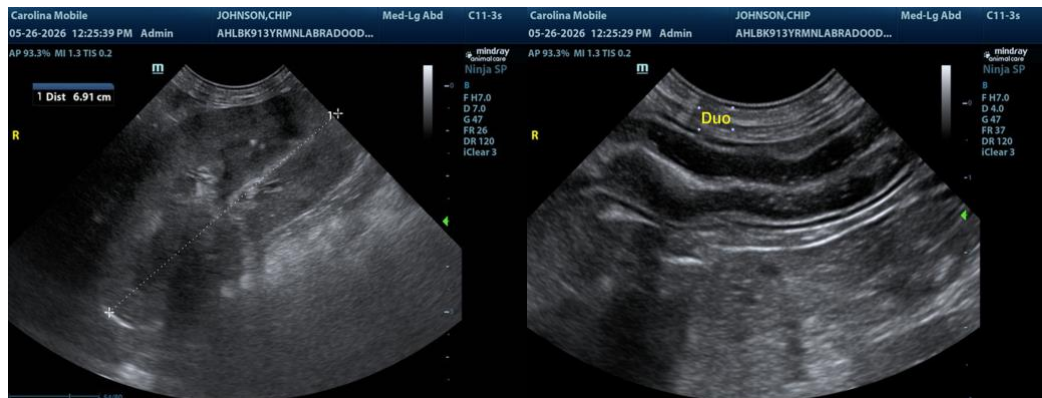
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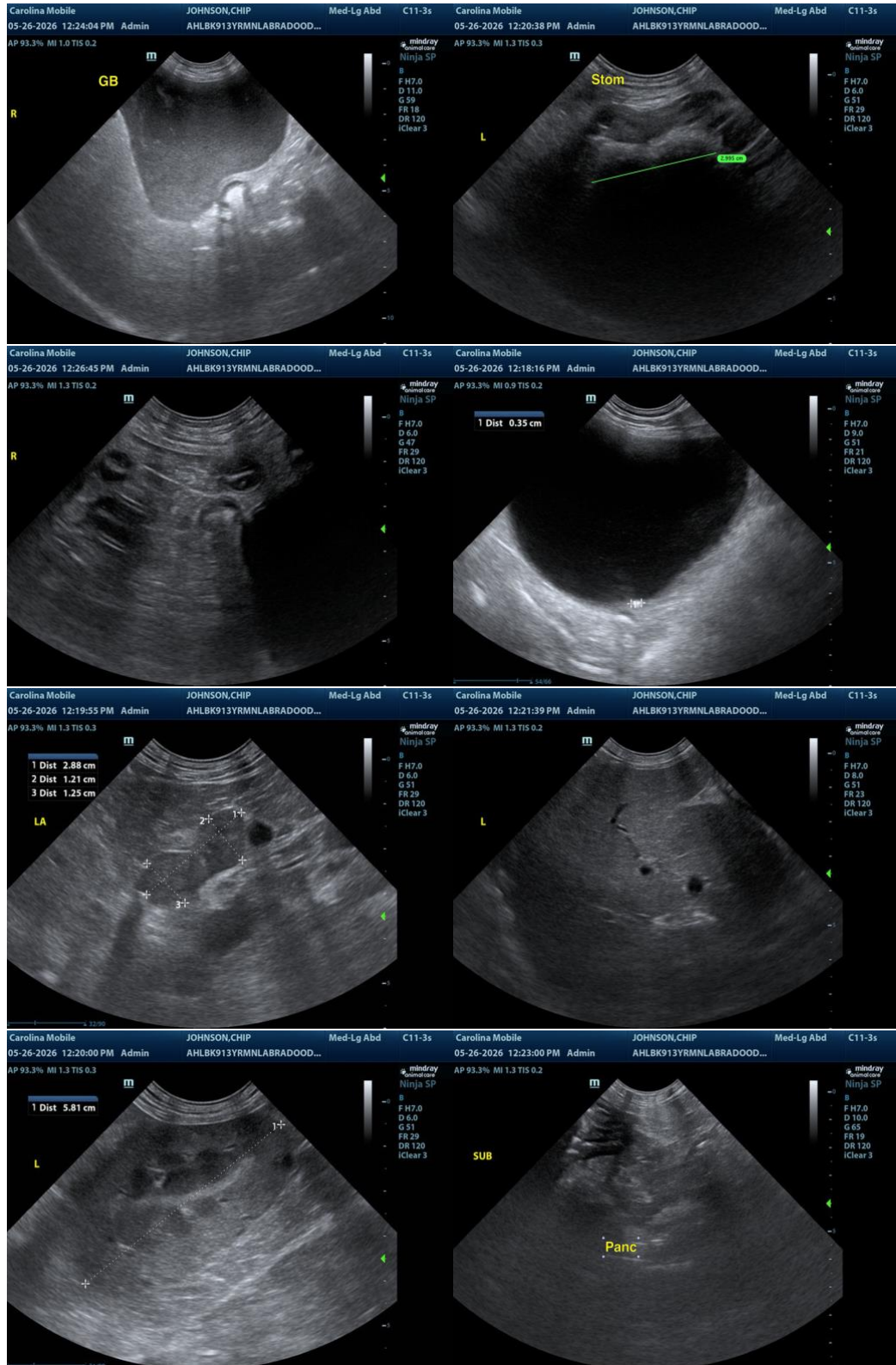
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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