

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Honeybuns Haynes	Vomiting, diarrhea, abnormal CPL, painful abd. Meds: Cerenia, Methadone, Panoquell Abnormal PE/Chem/CBC/UA Results: GGT 83, TBili 1.7, K 3.5, Abnormal Cpli
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Whippet Mix	
<b>SEX</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 cm in length.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
5yr	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland measured 0.60 cm width at the caudal pole.
34.8lb	<b>Spleen</b>
<b>INTERPRETED BY</b>	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver/Gallbladder</b>
<b>IMAGING PERFORMED BY</b>	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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the dorsal wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The dorsal gallbladder wall measured 0.45 cm in width. The common bile duct was not visualized.
Rebecca Hamilton	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.
Newton Veterinary Hospital	
<b>REFERRING VET</b>	
Dr Hipkin	
<b>INVOICE</b>	
24940	
<b>DATE</b>	
05/26/2026	



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild lumen gas and no signs of mechanical/metabolic ileus, obstruction or foreign material.
Honeybuns Haynes	
<b>SPECIES</b>	Normal visible colon wall layers were present with semi formed feces and gas in lumen.
	<b>Pancreas</b>
Canine	The area of the pancreas was sonographically normal.
<b>BREED</b>	<b>Free Abdomen</b>
Whippet Mix	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>SEX</b>	<b>Primary</b>
FS	<ul style="list-style-type: none"> <li>Overall, sonographically normal empty gastrointestinal tract with semi formed fecal matter in colon</li> <li>Normal area of pancreas</li> <li>Sonographically normal liver</li> <li>Mild gallbladder wall edema</li> </ul>
<b>AGE</b>	
5yr	
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
34.8lb	The mild gallbladder wall edema may indicate edema /inflammation with anaphylaxis considered less likely, this may correlate with some degree of biliary or hepatobiliary inflammation and non-obstructive cholestasis given elevated GGT and TBil. Mild pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. No evidence of mechanical gastrointestinal obstruction, gastrointestinal mural pathology or sonographically active or significant pancreatitis.
<b>INTERPRETED BY</b>	Empirical therapy for non-specific gastroenteritis with supportive care for potential mild pancreatitis or emerging hepatobiliary inflammation with clinical monitoring is recommended. Sonographic reassessment indicated if continued to progressive gastrointestinal signs, progressive hepatopathy or progressive cholestasis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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**PATIENT**  
 Honeybuns Haynes

**SPECIES**  
 Canine

**BREED**  
 Whippet Mix

**SEX**  
 FS

**AGE**  
 5yr

**WEIGHT**  
 34.8lb

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

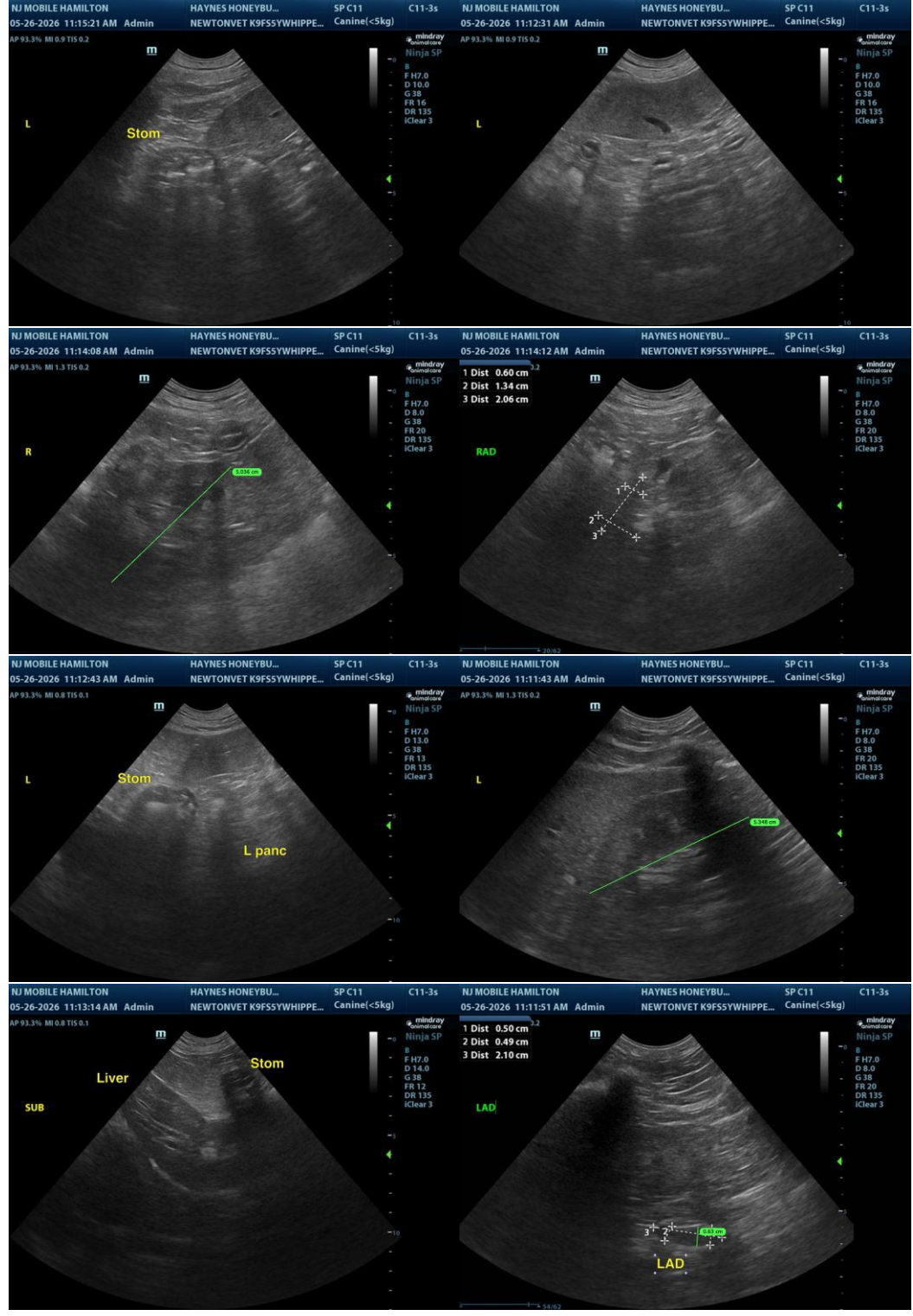
**IMAGING PERFORMED BY**  
 Rebecca Hamilton

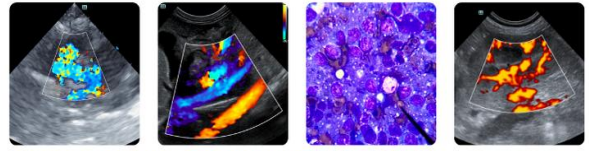
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**PATIENT**

Honeybuns Haynes

**SPECIES**

Canine

**BREED**

Whippet Mix

**SEX**

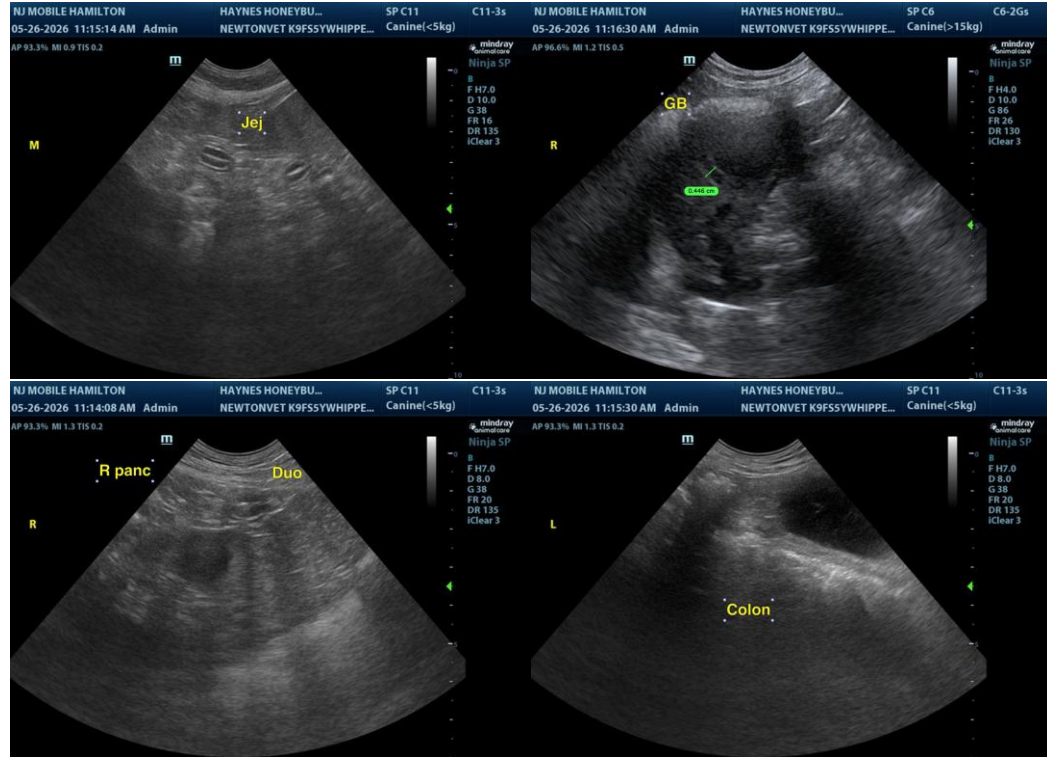
FS

**AGE**

5yr

**WEIGHT**

34.8lb



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

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