



PATIENT

Josie Anglestein

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

12 Years

WEIGHT

24.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

16576

DATE

05/28/26

PRESENTING CLINICAL SIGNS

Patient recently presented for wellness exam. Has history of PDA (failed sx correction 5 years ago), early left sided heart failure, anemia due to duodenal/gastric ulcers (resolved with Tylosin and probiotics, diagnosed via u/s and management with internist), allergies, and mobility issues. Recently started to have CP deficits in L hind and urinary incontinence. Recent labwork showed recurrence of anemia. Not currently showing any GI symptoms. Currently on Pimobendan, Cetirizine, Fluticasone inhaler, cobalequin, and cranberry supplement. Eats an rx GI diet. Confirmed fasted for u/s since 11:15 pm the evening prior.

Abnormal PE/Chem/CBC/UA Results: Anemia Elevated SDMA with inappropriate USG (first morning sample 1.020) Heart murmur

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. Discrete areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 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 0.58 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland subjectively measured 0.46 cm width.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta/chyme without signs of obstruction or foreign material. The ventral gastric body wall measured 0.34 cm wall width. The ventral pylorus wall measured 0.43 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. The duodenum wall measured 0.48 cm wall width. The jejunum wall measured 0.46 cm wall width.

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

- Sonographically unremarkable visualized gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.
- Normal volume liver.
- Mild gallbladder debris (non-mucocele).
- Age-related renal changes with discrete medullary mineral.
- Overtly normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a definitive or significant visceral pathology as an obvious cause of the anemia. CBC pathology review and screening cortisol level may be considered. Given patient history, gastrointestinal micro-ulceration may not be sonographically evident. Monitoring for evidence of melanoma or elevated BUN which may indicate non-obvious gastrointestinal bleeding is suggested with as needed gastrointestinal support including broad-spectrum gastroprotectants.

Baseline renal staging to include screening culture/sensitivity or UPC level if clinically indicated, given inappropriate urine specific gravity may be considered.



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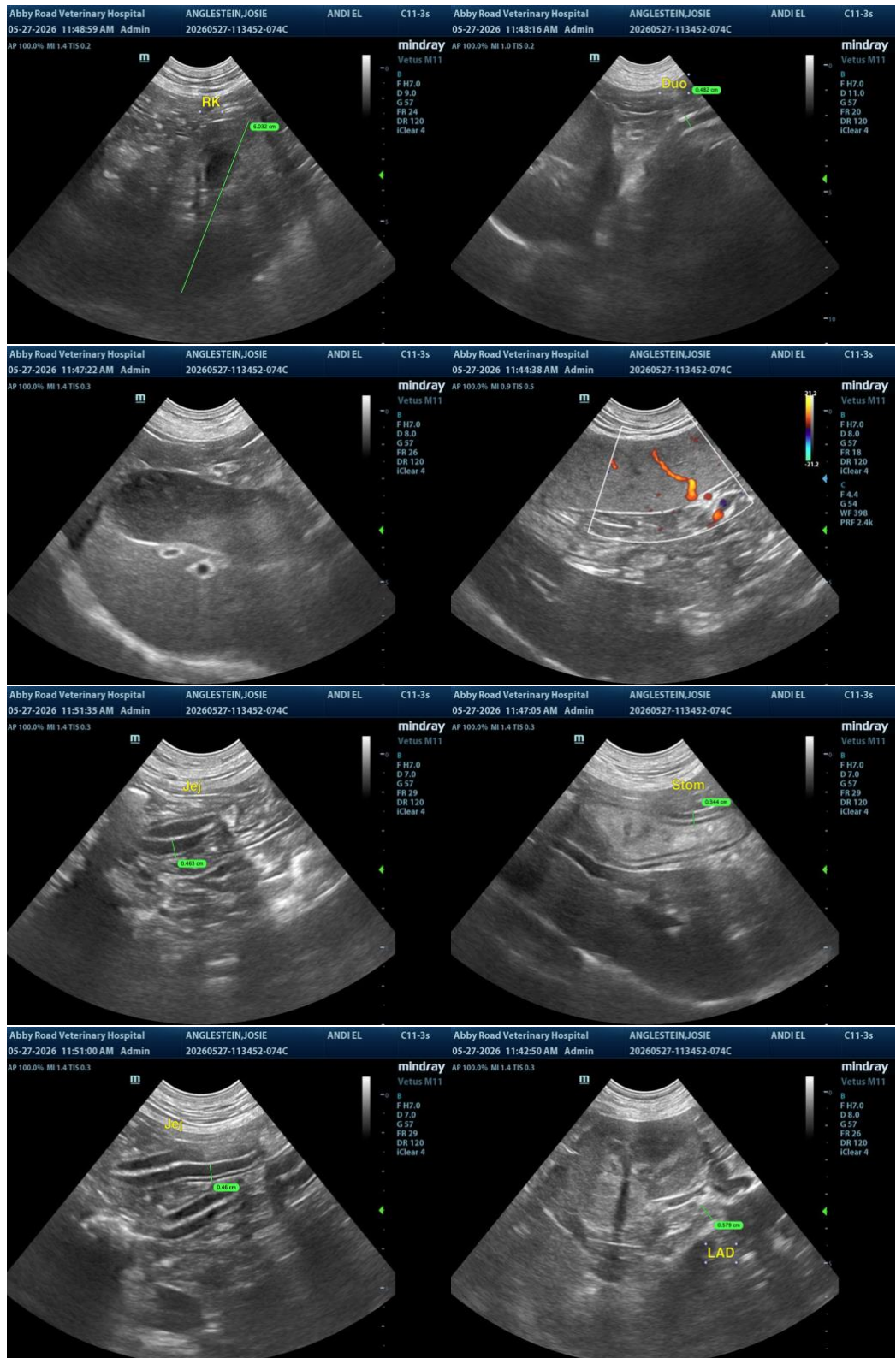
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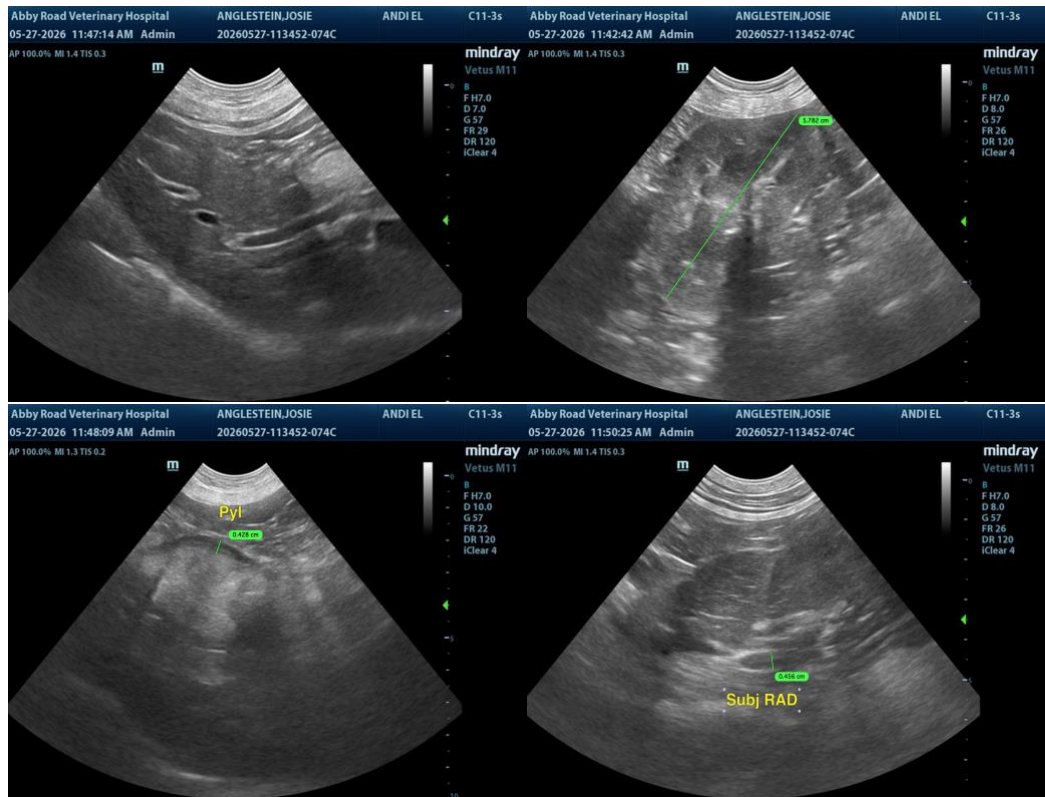
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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