

**PATIENT**

Ruppert McGee

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

12

WEIGHT

60

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAMEWyckoff Veterinary
Hospital**REFERRING VET**

Dr. Scott

INVOICE

75549

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Lethargic and decreased app for the last three days- diarrhea today, no vomiting, no imp with outpatient therapy. Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 6.8 cm. Right kidney measured 6.0 cm.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape, measuring 0.50 cm at the cauda pole.

The right adrenal gland was not definitively visualized.

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

The liver was borderline to mildly subjectively enlarged in size with normal 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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 soft fecal matter in lumen.



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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

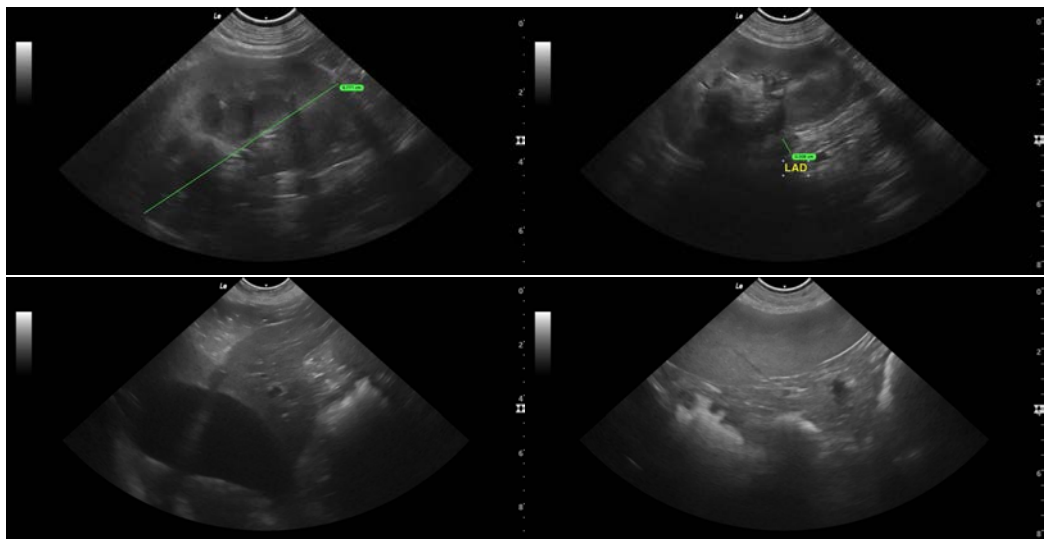
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with gastrointestinal ingesta
- Soft fecal matter in colon
- Borderline / mild hepatomegaly
- Mild age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt pathology as an obvious cause of the patient's clinical signs. The gastrointestinal ingesta most consistent with food echogenicity which, assuming NPO, may suggest nonobstructive ileus or inefficient peristalsis. Nonspecific acute gastroenteropathy or mild pancreatitis may present sonographically normal. Supportive care indicated with clinical monitoring and monitoring of liver enzymes for evidence of emerging hepatopathy. Screening cortisol level and GI panel are warranted. Recheck sonogram if clinically indicated.





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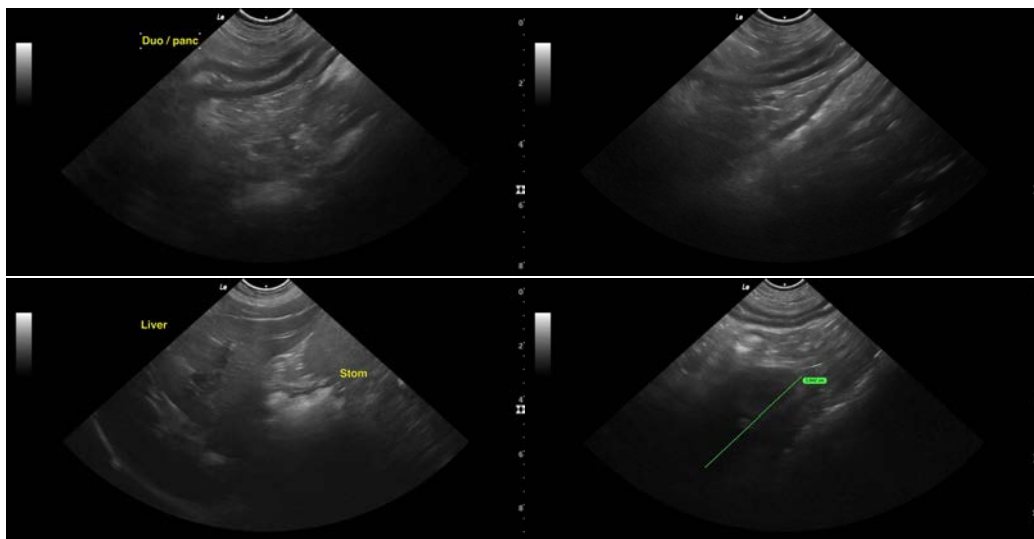
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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