

PATIENT

Jackson Bluto

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

12 y

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

Michelle Haroules,
DVM

INVOICE

11027

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Weight loss x one year. No vomiting or diarrhea. Off and on appetite. TP 7.5, ALT 167, ALP 324

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A left kidney caudal cortical cyst was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.0 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 0.50 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 0.47 cm width at the caudal pole.

Spleen

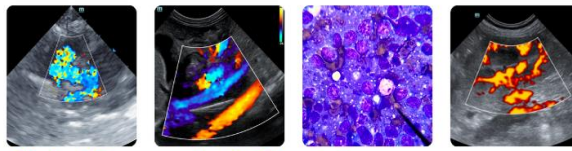
The spleen exhibited subjective borderline to mild splenomegaly with symmetrical contour and mild nonhomogeneous parenchyma. Areas of discrete, hyperechoic parenchyma to emerging hyperechoic nodules were noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver was subjectively normal in size and contour with mild nonhomogeneous, increased parenchyma echogenicity exhibiting variable coarse echotexture and parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with moderate, dependent to nondependent, nonorganized, variably hyperechoic gallbladder debris. 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 nonshadowing ingesta, consistent with food / chyme with mild lumen gas without signs of obstruction or foreign material.



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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. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.30 cm 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

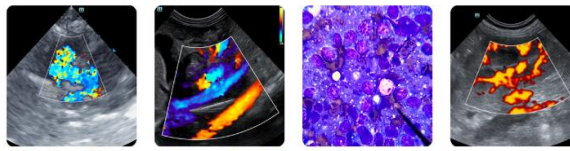
ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy
- Nonorganized gallbladder debris (non mucocele)
- Subjective borderline to mild splenomegaly exhibiting nonhomogeneous, discrete hyperechoic parenchyma
- Sonographically normal gastrointestinal tract with nonshadowing gastric ingesta – consistent with food / chyme
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy and spleen, although nonspecific, suggest likely benign criteria. Assuming normal clotting status and using a 25-gauge needle, screening hepato-splenic FNA cytology could be considered for further clarification and assessment for nonobvious occult disease as a contributing factor to the weight loss.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination, and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.



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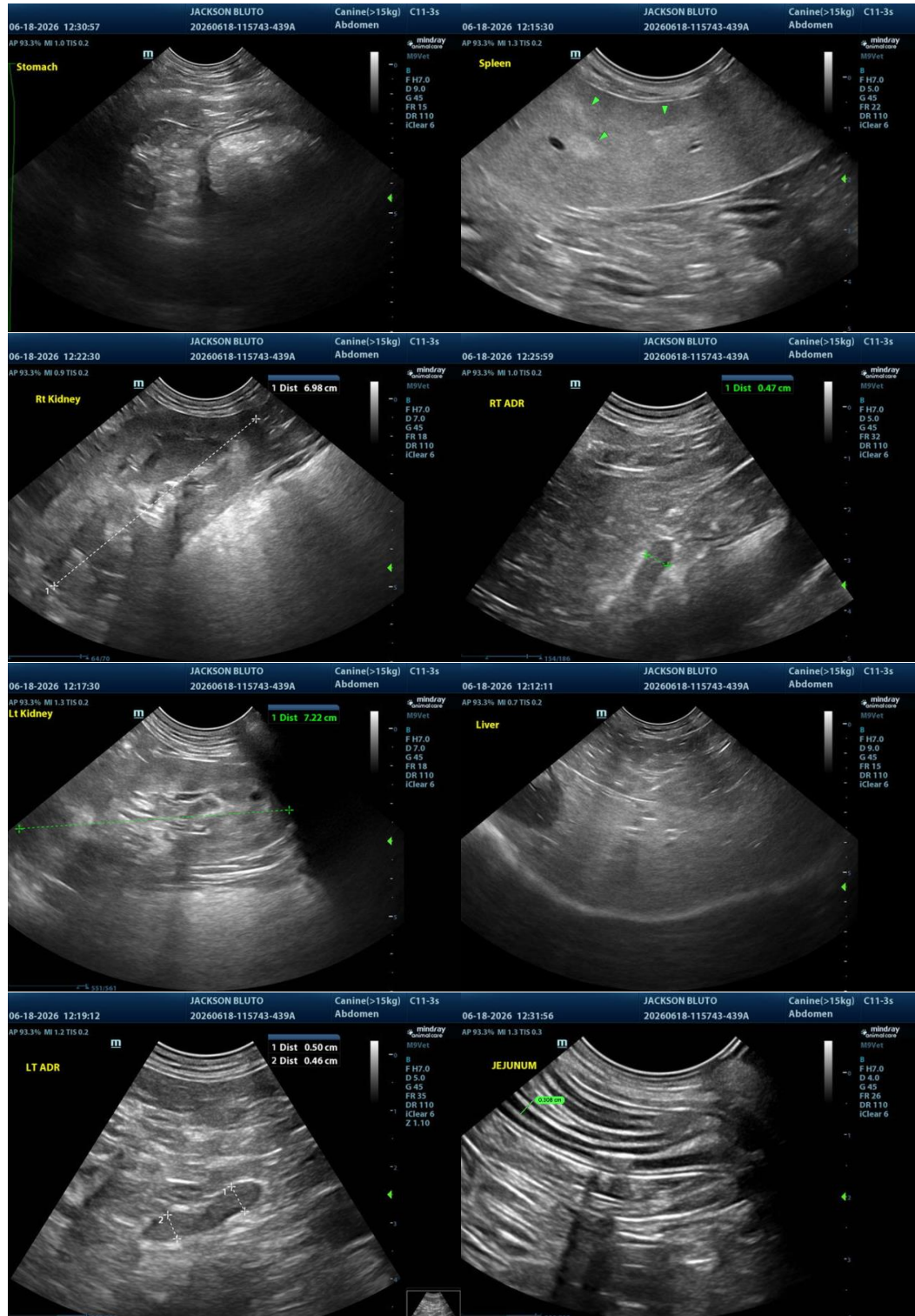
Michelle Haroules,
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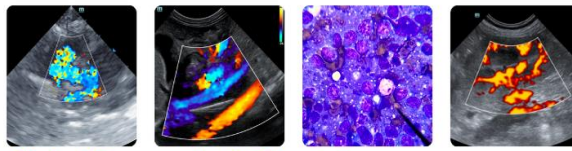
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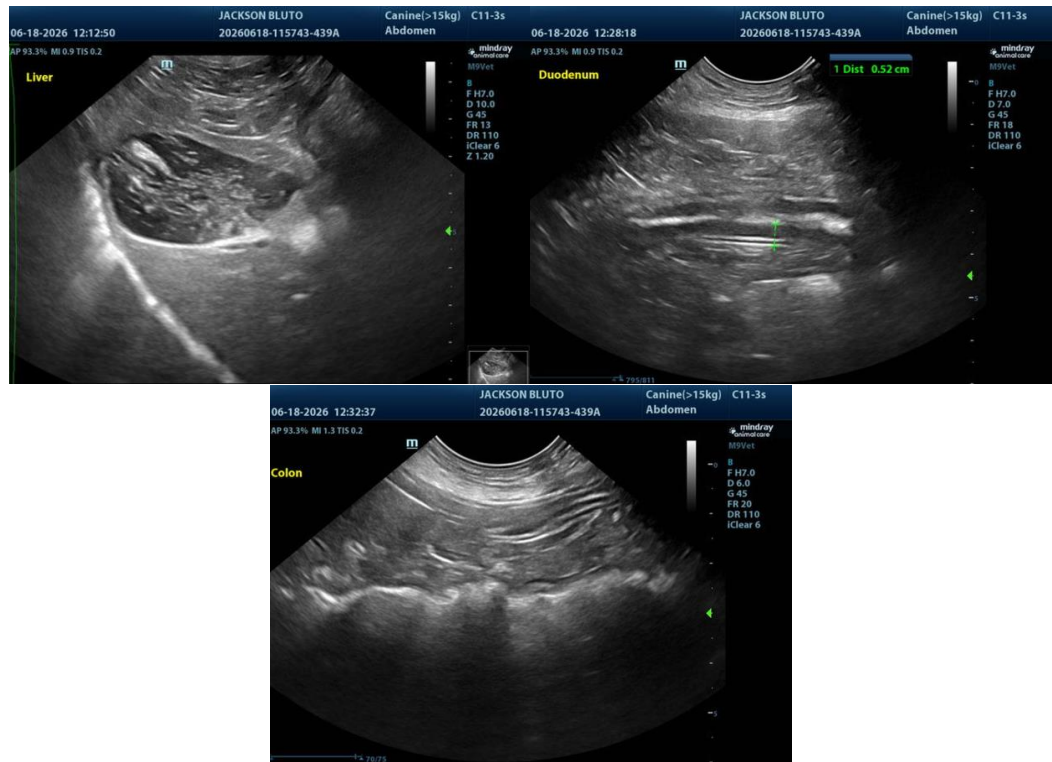
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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