



## PATIENT

Gunny Efird

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Female Spayed

## AGE

11Y

## WEIGHT

51lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal  
Clinic

## REFERRING VET

Ashley Whitesell

## INVOICE

75269

## DATE

6-2-26

## PRESENTING CLINICAL SIGNS

Losing weight, Bloodwork and x-rays normal, Eating and drinking normally.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The proximal urethra presented normal structure with subjective mildly decreased tone to a depth of 4.0 cm. 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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.6 cm in length.

### *Adrenal Glands*

The left adrenal gland presented mildly enlarged at the caudal pole measuring 0.92 cm with at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

The right adrenal gland was indistinctly visualized subjectively measuring 0.76 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. Normal hepatic vascular volume was present. 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 mild nonorganized 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 to moderate nonshadowing to focally shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing intestinal ingesta/chyme was present without signs of obstruction or foreign material.



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

### *Pancreas*

The area of the pancreas presented normal.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with gastrointestinal ingesta.
- Mild gallbladder debris (nonmucocele).
- Mild age related renal changes.
- Mildly enlarged nonhomogeneous left adrenal gland.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology with largely mild geriatric abdomen. A definitive cause of the patient's weight loss was not obvious.

The presence of gastrointestinal ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastrointestinal ingesta may indicate some degree of gastrointestinal hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without overt evidence of foreign material.

Mild left adrenal benign hyperplasia or potential adenomatous change suspected. Minor potential for emerging left adrenal tumor thought less likely yet not technically excluded. Functional adrenal disease considered unlikely given no evidence of clinical signs suggestive of adrenal disease i.e. PU/PD, polyphagia, etc. Sonographic monitoring of the left adrenal gland indicated with recheck suggested in 4-6 weeks.

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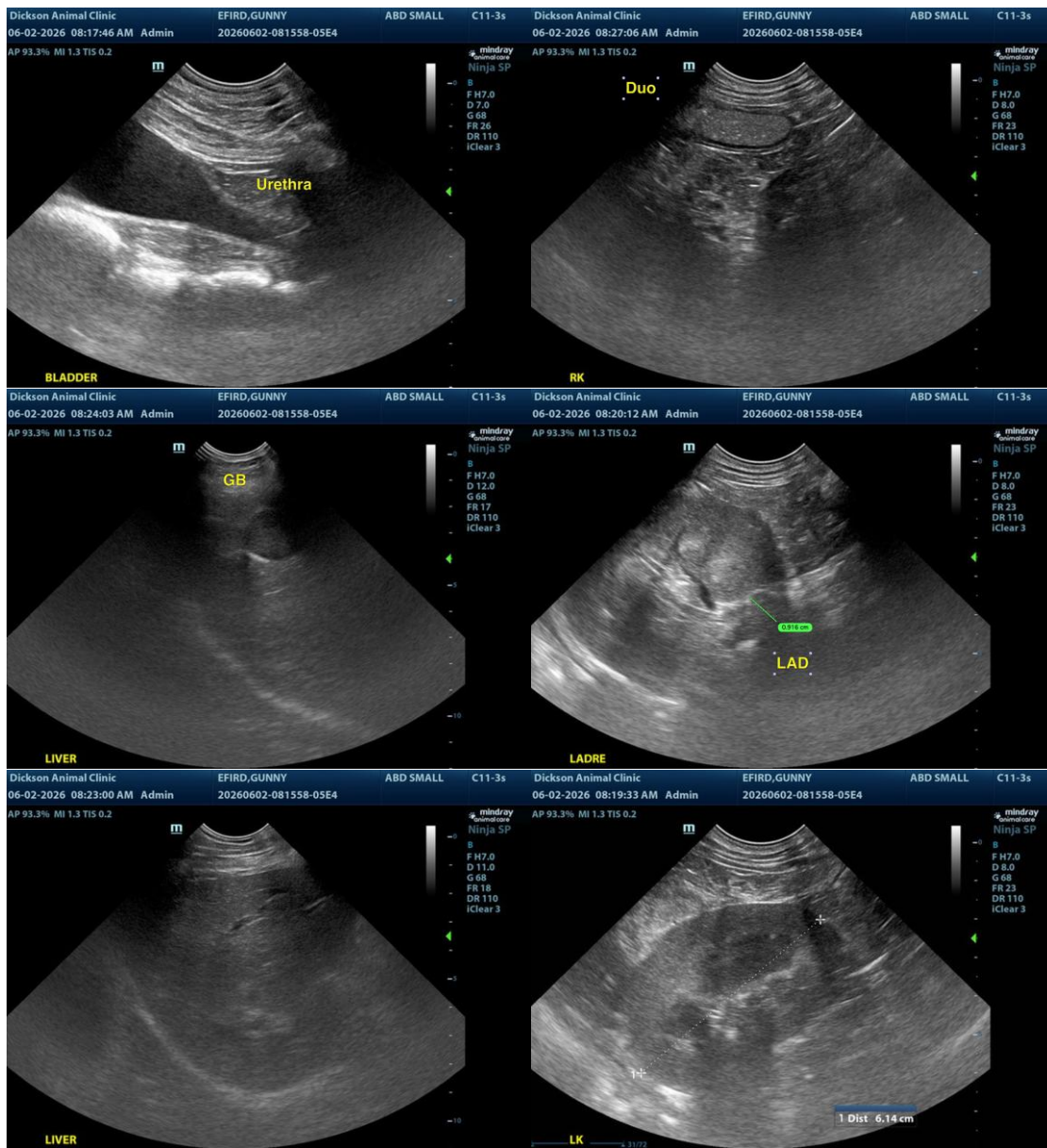
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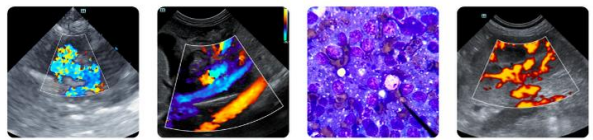
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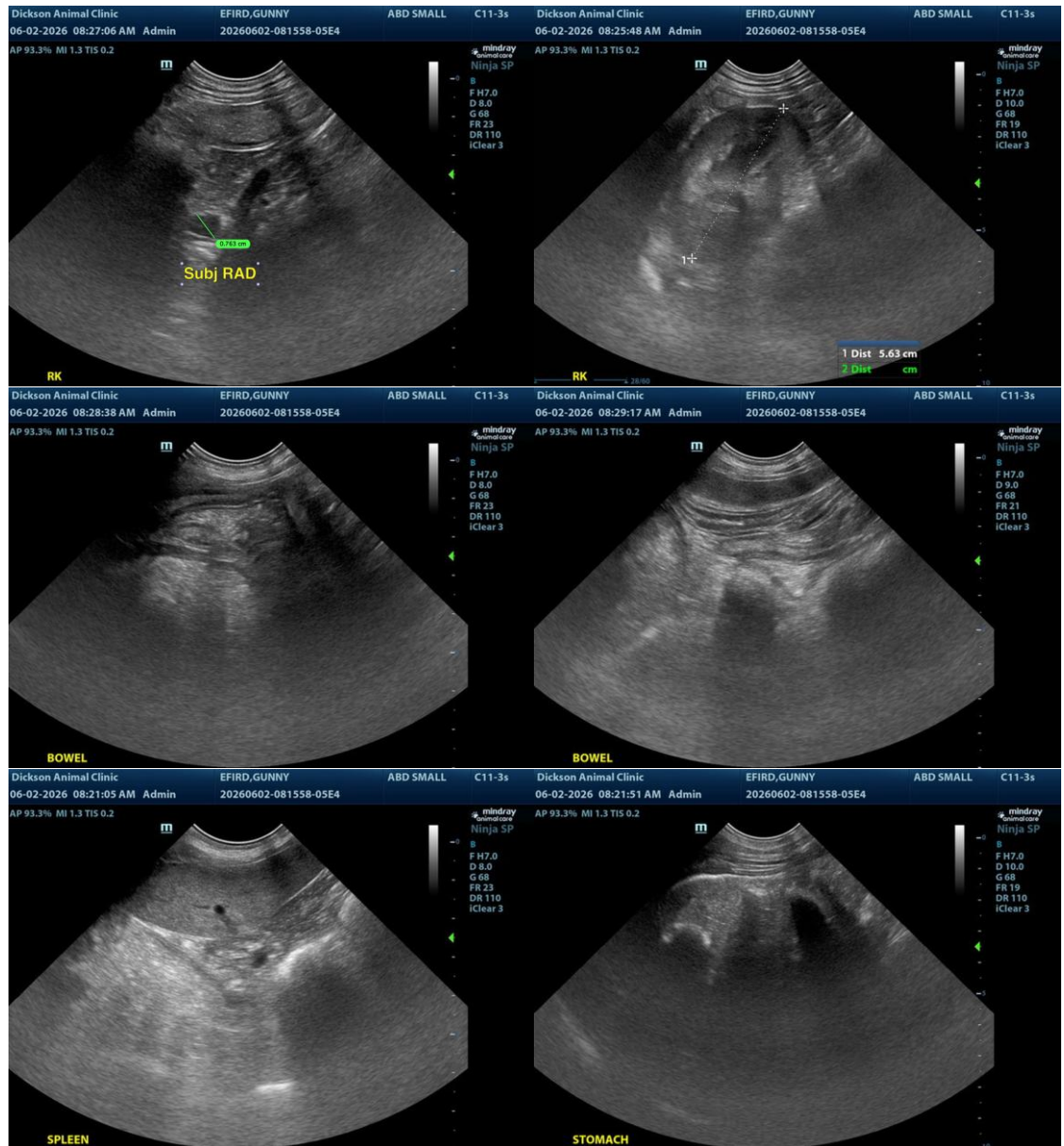
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)