



PATIENT	PRESENTING CLINICAL SIGNS
Remington Leach	Osteoarthritis, mild weight loss
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC - low reticulocyte-hgb Chemistry - Increased ALP and GGT
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Vizsla	<i>Urinary System</i>
SEX	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 changes were noted.
MN	
AGE	The area of the residual prostate was free of overt pathology.
13 yo	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	Normal size and margination were present in the left kidney. 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 6.5 cm in length. The right kidney was not definitively visualized.
47.4	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was indistinctly visualized yet without obvious left adrenal pathology. The left adrenal gland subjectively measured 0.57 cm width. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	<i>Spleen</i>
Michelle Lindemulder, DVM	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.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
Southkent Veterinary Hospital	The liver presented subjective mild hepatomegaly. Symmetrical contour was present with mild generalized nonhomogeneous hepatic parenchyma and a mildly coarse echotexture. There were no visualized hepatic masses. 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.
REFERRING VET	<i>Gastrointestinal</i>
Michelle Lindemulder	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
INVOICE	
10947	
DATE	
6/3/26	



PATIENT

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SPECIES

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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.

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

Pancreas

The area 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

- Hepatopathy - subjective benign, suggestive of vacuolar / cholestatic hepatopathy given ALP / GGT elevation
- Sonographically normal gallbladder
- Normal gastrointestinal tract / area of pancreas
- Mild age-related left kidney

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Lindemulder, DVM

HOSPITAL NAME

Southkent Veterinary Hospital

REFERRING VET

Michelle Lindemulder

INVOICE

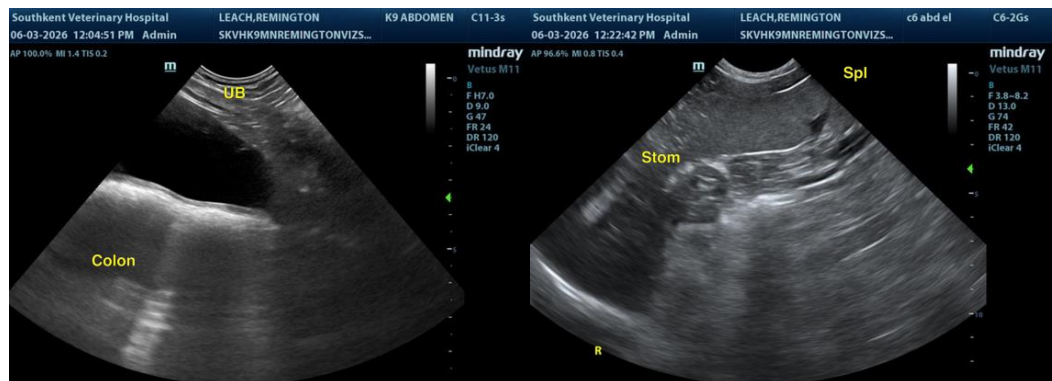
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis is recommended. If decreased urine specific gravity or clinical signs that may suggest adrenal disease are present, screening adrenal workup with LDDST may be considered. There is no overt pathology or evidence of neoplastic criteria as a contributing factor to the mild weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and correlation with musculoskeletal / neurological exam is recommended. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial without evidence of post hepatic stasis or obstruction.





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(Canine and Feline)

IMAGING PERFORMED BY

Michelle
Lindemulder, DVM

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Southkent
Veterinary Hospital

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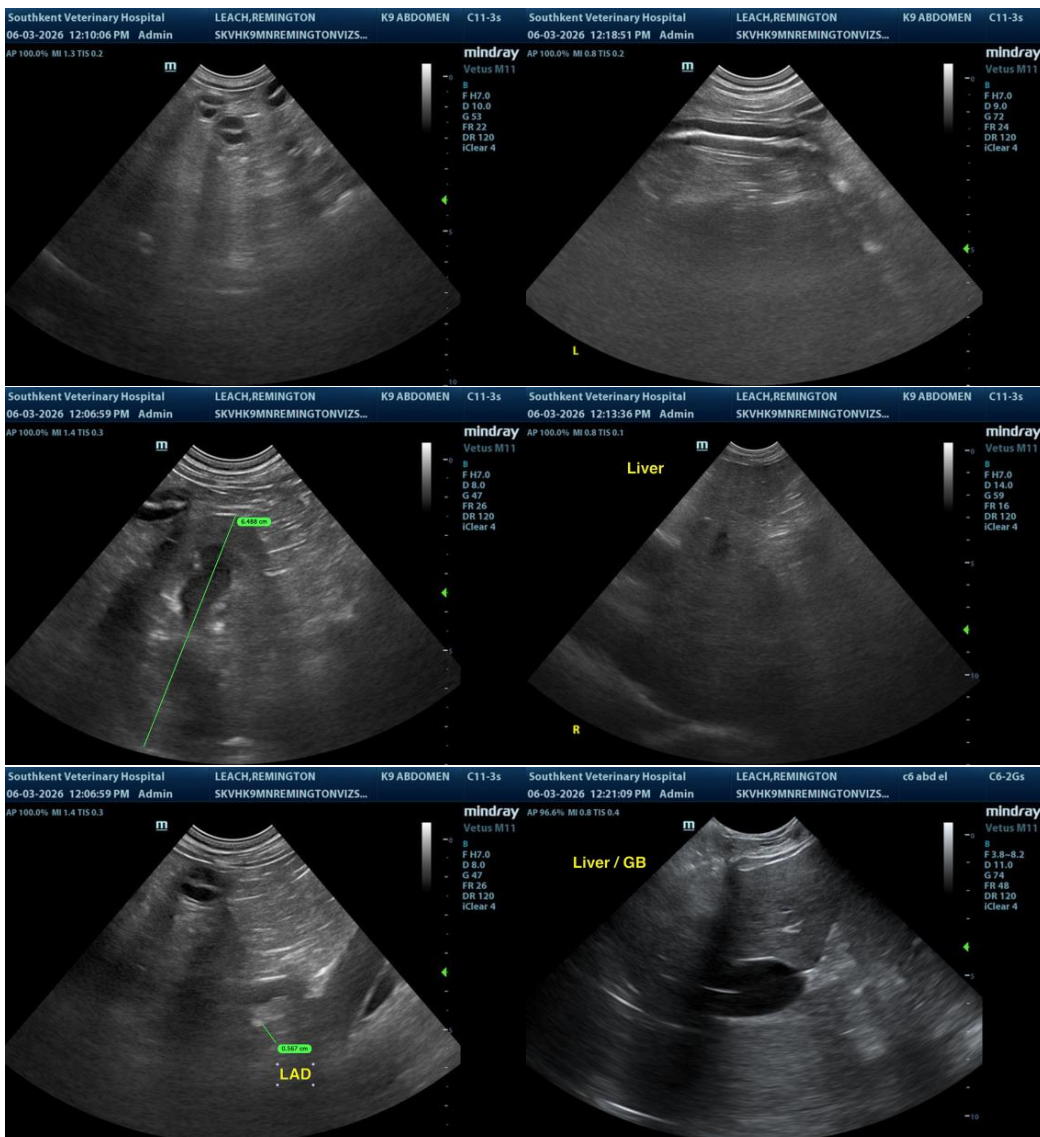
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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