



PATIENT

Marley Crabtree

SPECIES

Canine

BREED

Golden Retriever

SEX

F

AGE

3.5yr

WEIGHT

64.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Michelle Mack

INVOICE

25047

DATE

06/08/2026

PRESENTING CLINICAL SIGNS

Referring veterinarian was concerned about possible pyometra. Patient has been showing some inappetence as well. Chronic intermittent anorexia with vomiting since for 2 years. Referring vet started Reglan daily 2yrs ago. Owner stated improvement with reglan until 2 months ago. Last heat cycle 3 months ago last 30days. At this time anorexia with reglan. Referring vet concerned for pyometra. Sent in for evaluation for GI disease and possible Pyometra.

Abnormal PE/Chem/CBC/UA Results: - ALP 22 -Amylase 468 - U/A showed no significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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 area of the uterus dorsal to craniodorsal to the urinary bladder was free of overt pathology or fluid dilation. The area of the left and right ovaries was free of obvious pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 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 0.64 cm width at the caudal pole.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was non-distended with mild gas and non-shadowing ingesta with no 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 primarily empty with mild segmental non-shadowing intestinal chyme and no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.32 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract, with mild gastric and segmental intestinal non-shadowing ingesta/ chyme
- Normal area of uterus and bilateral ovaries

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, specifically gastrointestinal pathology or evidence of pyometra. The definitive cause of the patient's clinical history including chronic intermittent anorexia and gastrointestinal signs was not obvious. Dietary intolerance / hypersensitivity, non-structural or microscopic gastrointestinal disease, low-grade pancreatitis which may present sonographically normal all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level recommended.

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Gastrointestinal support, which may include hydrolyzed diet trial, as needed gastric protectants, empirical deworming, cobalamin supplementation pending assessment of cobalamin level, and if not reported loose or soft stool, high colony count probiotic Provable with clinical monitoring recommended.

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Sonographic reassessment indicated if non-responsive or continued gastrointestinal signs or evidence of weight loss.

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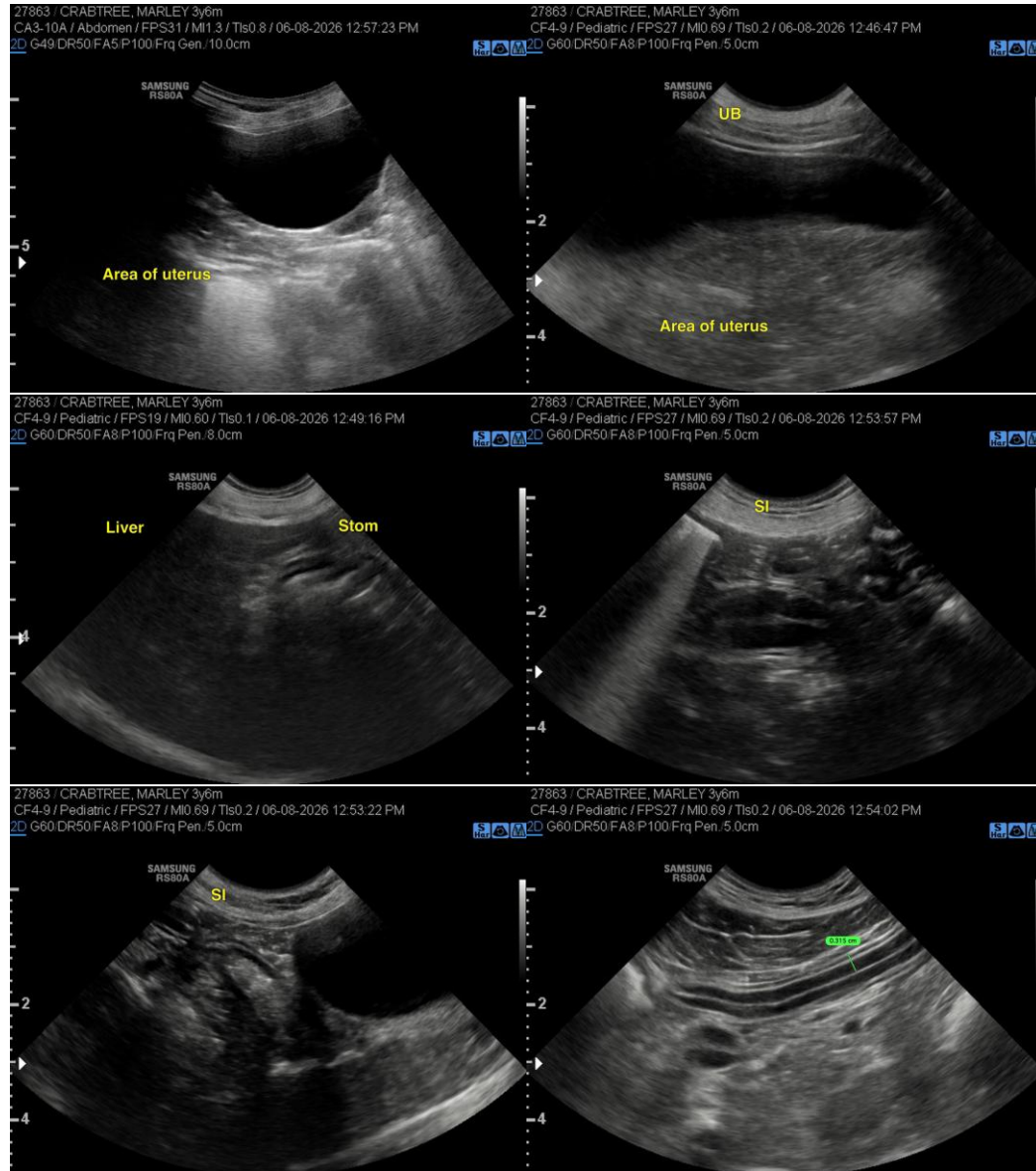
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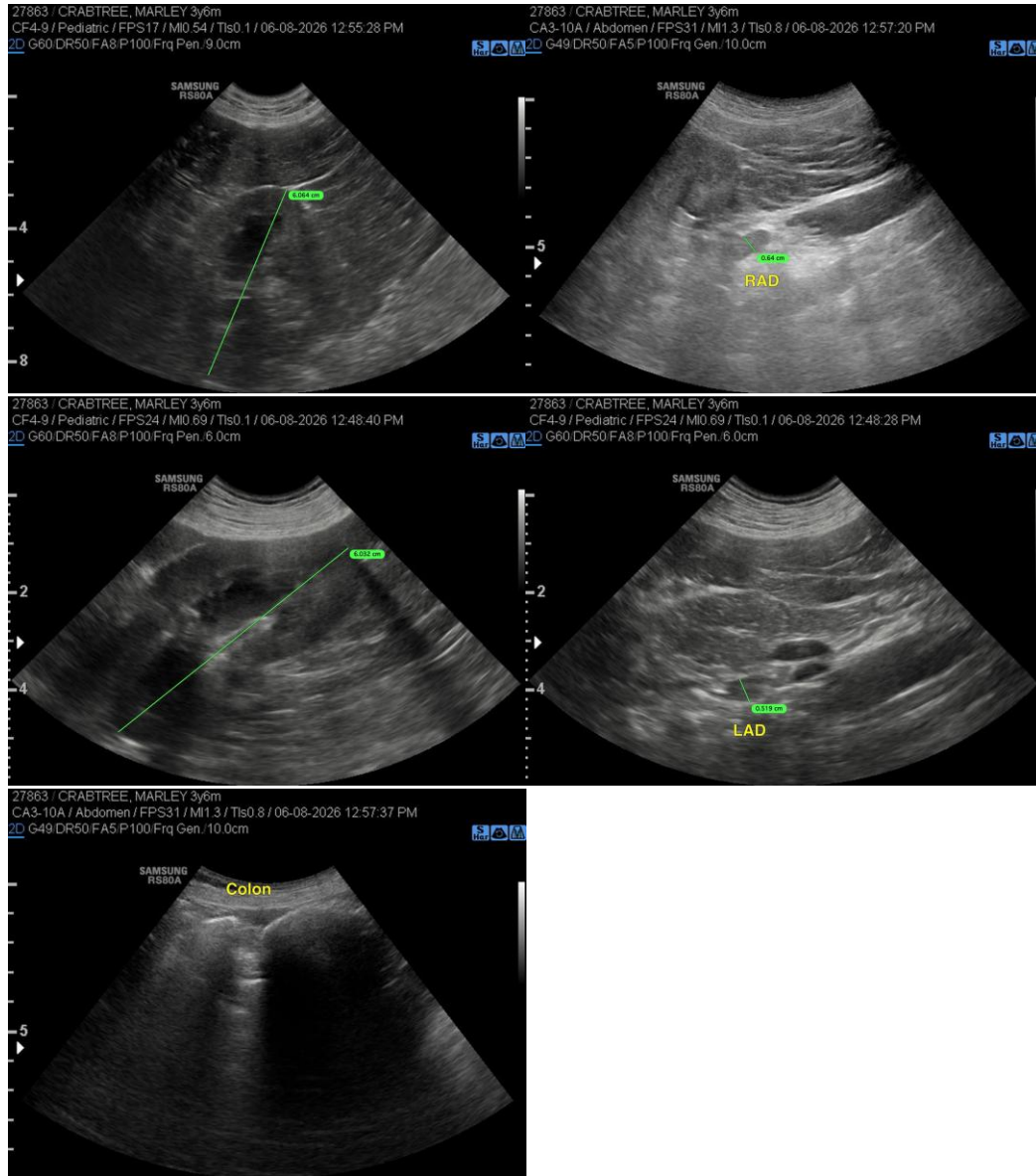
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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