



**PATIENT PRESENTING CLINICAL SIGNS**

Mowgli Lawyer  
 History: Weight loss, 'stomach issues'  
 Medication: Pepcid, Carafate, HP Diet

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine  
**Urinary System**

**BREED**  
 Lab Mix  
 The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

**SEX**  
 Neutered Male  
 The residual prostate 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm.

**AGE**  
 10 years  
 The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**  
 87 Pounds  
 The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.74 cm at the caudal pole. The right adrenal gland measured 2.9 cm 0.95 cm.

**INTERPRETED BY Spleen**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)  
 The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Rebekah Jakum, CVT  
 ARDMS/RVT  
**Liver**

**HOSPITAL NAME**  
 Community VP  
 The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**  
 Dr. Hulshizer  
**Gastrointestinal**

Subjective mild yet essentially static thickened walls noted, primarily in the gastric fundus and body, yet somewhat in the pylorus as well. Gastric body wall measured 0.8-1.0 cm. Pylorus wall measured 0.64 cm.

**INVOICE**  
 25742  
 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. Jejunum wall measured 0.35 cm. Duodenum wall measured 0.40 cm.

**DATE**  
 9.22.2021  
 Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT** *Pancreas*

Mowgli Lawyer The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Lab Mix

- Subjectively static mild gastric thickening
- Sonographically unremarkable small bowel
- Static, mildly heterogeneous pancreas – age related pancreatic changes likely, minor potential for low-grade chronic inflammation.
- Mild age related kidneys

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 years

If persistent weight loss is a continued issue in this patient, strongly recommend endoscopic upper intestinal biopsies for histopathology. Underlying chronic inflammatory gastric or gastrointestinal process is suspected given the primarily intact gastrointestinal wall layering, although potential for infiltrative gastrointestinal process cannot be excluded. Otherwise, continued gastroprotectants and GI supportive protocol with sonographic monitoring of the stomach for evidence of progression would be appropriate.

**WEIGHT**

87 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Community VP

**REFERRING VET**

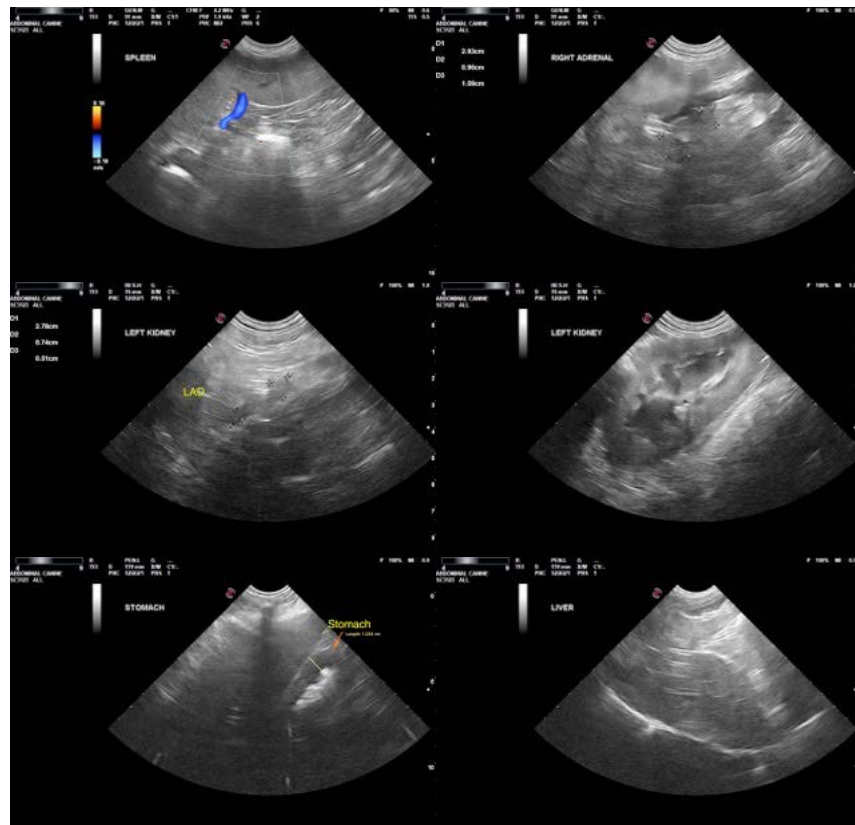
Dr. Hulshizer

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**DATE**

9.22.2021





**PATIENT**

Mowgli Lawyer

**SPECIES**

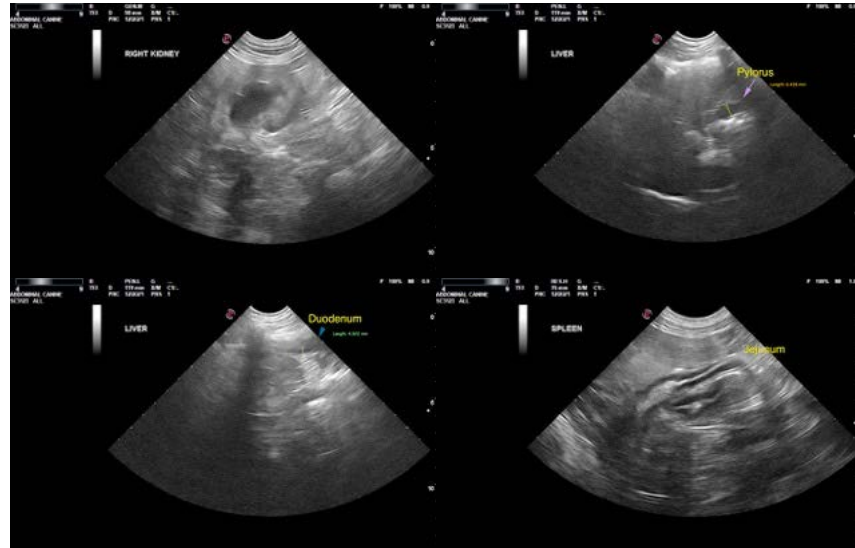
Canine

**BREED**

Lab Mix

**SEX**

Neutered Male



**AGE**

10 years

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

**WEIGHT**

87 Pounds

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.

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