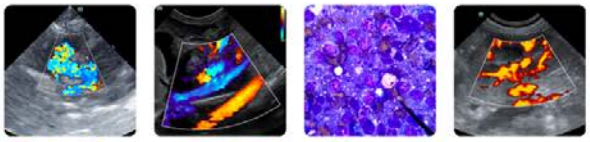


PATIENT

Riley Pray

SPECIES

Canine

BREED

Yellow Labrador

SEX

Neutered Male

AGE

3.5 Years

WEIGHT

45.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Wymard

HOSPITAL NAME

Brookswood Animal Clinic

REFERRING VET

Dr. Wymard

INVOICE

71902

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Hx. of anxiety (improved w/ gabapentin and training) and atopy (improved w/ Apoquel). Developed a "sensitive GIT" at a young age - bouts of stress colitis that responded to normal tx's. Attempted to get P on a more digestible diet but would break with D even w/ VERY slow transition no matter what the protein (including HP formulas). Over 2 years, episodes became more frequent and harder to control. P has now started vomiting and losing weight rapidly (though O were underfeeding for a month- only 1 chicken breast + handful of rice per day + handful of HP kibble). Diffuse muscle atrophy. Trialed steroids and broke w/ hemorrhagic D (previously had handled pred well for atopy a couple years ago). Last pred dose ~1 month ago (was only on for 5 days). Intermittent soft stool/liquid diarrhea x 1 month w/ increasing inappetence and vomiting episodes. Meds: Inulin, Proviable-DC, gabapentin, apoquel, ellevet CBD - chronically. Endosorb during flare ups (been on for a month) Diet: RCV GI high fiber w/ chicken and rice Tried HP only and could never get to 50:50 transition to HP w/o P breaking w/ diarrhea.

Abnormal PE/Chem/CBC/UA Results: Texas A&M panel + cortisol - WNL 8/2025 WNL Superchem/CBC/UA/T4 - WNL 11/2025 5 fecals negative over 2 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (6.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

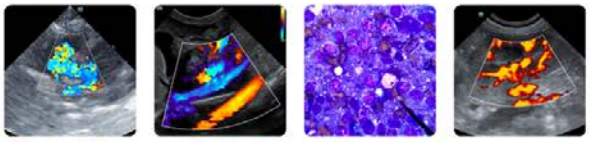
Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.45 cm at cranial pole and X0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.



PATIENT

Riley Pray

SPECIES

Canine

BREED

Yellow Labrador

SEX

Neutered Male

AGE

3.5 Years

WEIGHT

45.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Wymard

HOSPITAL NAME

Brookswood Animal Clinic

REFERRING VET

Dr. Wymard

INVOICE

71902

DATE

11/18/25

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

In addition to above diet trials, if not already tried, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.

PATIENT

Riley Pray

SPECIES

Canine

BREED

Yellow Labrador

SEX

Neutered Male

AGE

3.5 Years

WEIGHT

45.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Wymard

HOSPITAL NAME

Brookswood Animal Clinic

REFERRING VET

Dr. Wymard

INVOICE

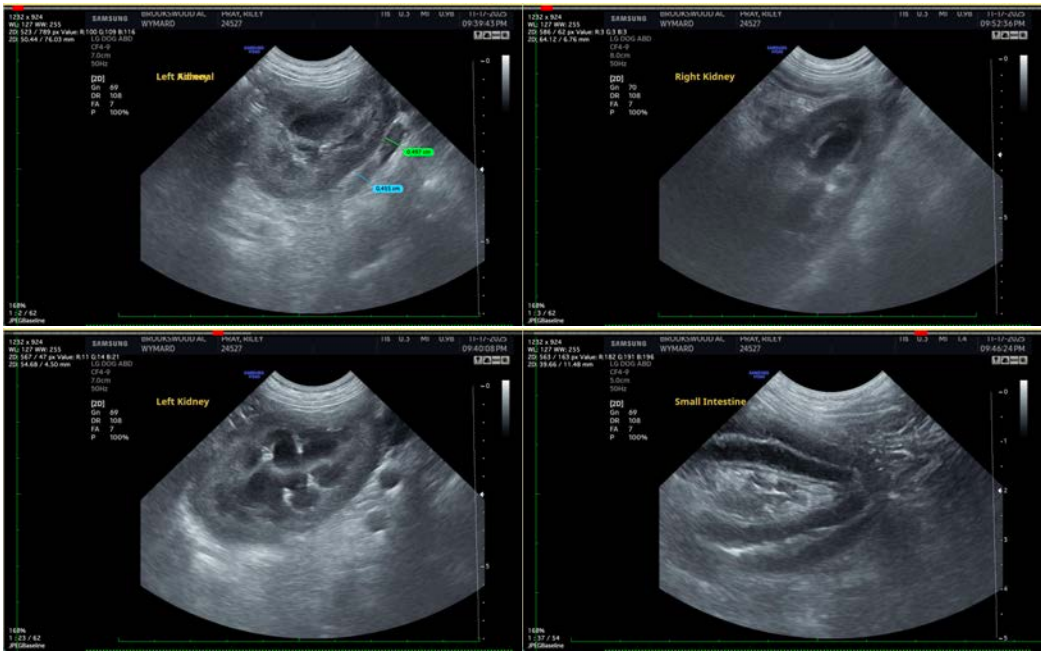
71902

DATE

11/18/25

Given patient's long history of empirical medical managements and continued progressive clinical signs, fecal microbe transplant therapy is recommended.

Ultimately, pending results of above, biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management.



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com