



PATIENT

Josie Kelly

SPECIES

Canine

BREED

Schnauzer Poodle Mix

SEX

FS

AGE

8yr

WEIGHT

15.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM

INVOICE
23532

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

Josie has a history of chronic GI issues ("picky" appetite, chronic vomiting, chronic intermittent diarrhea) and separation anxiety. She has had intermittent diarrhea with frank blood in it, occasional vomiting and a reluctance to eat for the last 2 months. Her mom is feeding mostly ground turkey and chicken baby food. She is on a monthly parasite preventive. Stool quality has not improved with metronidazole or VisBiome.

Abnormal PE/Chem/CBC/UA Results: She has lost about 1.3 pounds since her last exam in August, but is still a healthy weight. Fecal panel negative except for PCR positive for Clostridium. GI panel shows high TLI (>50), normal PLI (77), normal cortisol (5), Low B12 (266) and very low Folate (2.2). Labs otherwise WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.6 cm in length. The right kidney measured 3.6 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 0.42 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 0.35 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 non-distended in size with thin walls and mild non-organized gravity dependent debris. 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 empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi formed to possible soft feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract.
- Normal colon containing semi-formed /soft fecal matter.
- Normal area of pancreas.
- Normal bilateral adrenal glands.

Secondary

- Mild non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times, the gastroenterocolic sonographic appearance may not correlate with history of gastrointestinal signs or mild weight loss. The hypcobalaminemia is consistent with distal small intestinal disease while the folate, although non-specific, may suggest concurrent upper small intestinal disease.

Continued high colony count probiotic, i.e. current Visbiome, novel protein or hydrolyzed diet trial with probable long-term dietary therapy, cobalamin supplementation to achieve cobalamin level > 400, empirical deworming, Panacur 50 mg/kg SID for five days with repeat protocol in three weeks despite fecal testing may prove beneficial. Adverse effects on normal gastrointestinal flora with metronidazole use may be considered. A Tylosin trial may be considered if concerned for small intestinal bacterial overgrowth.



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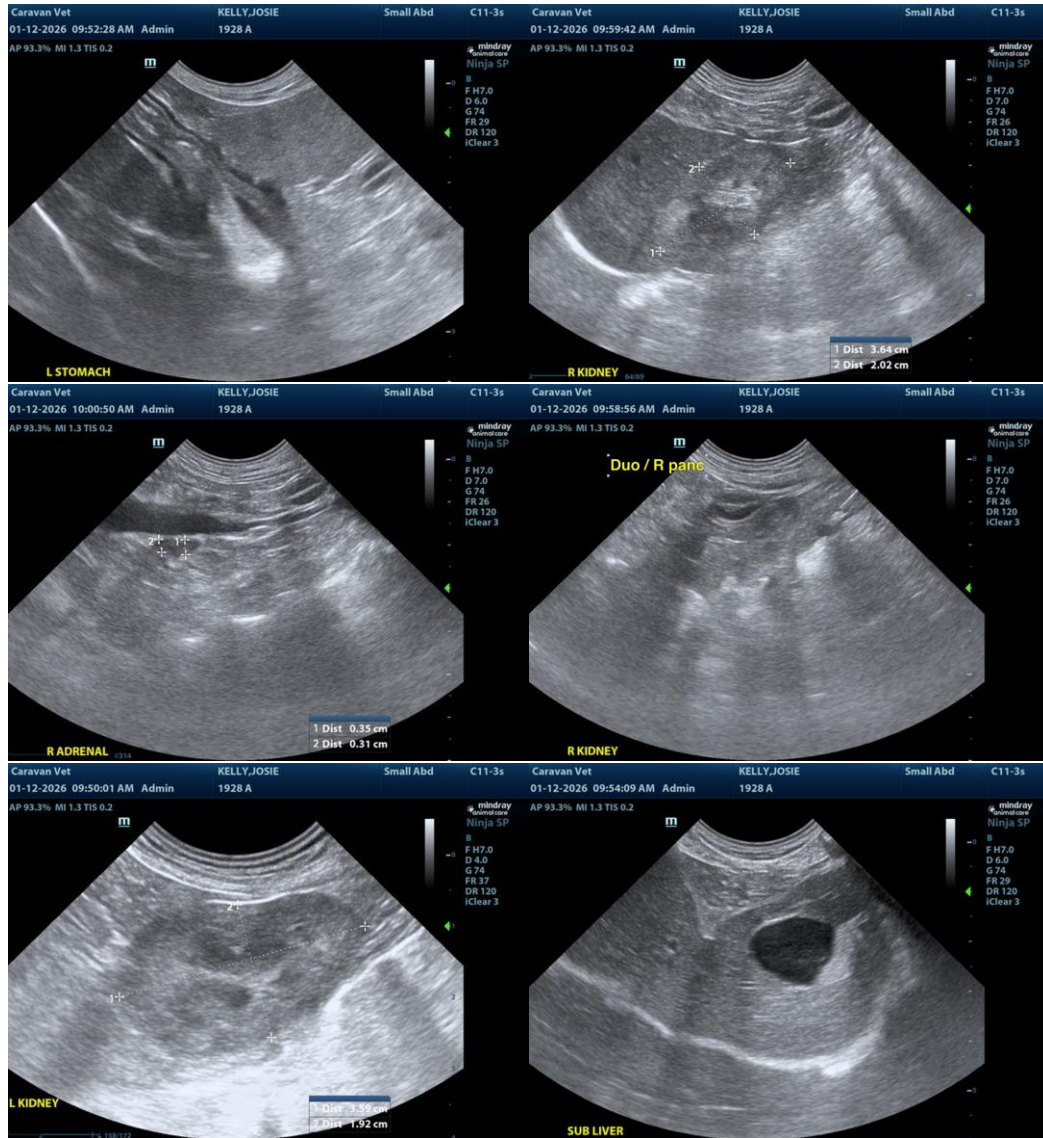
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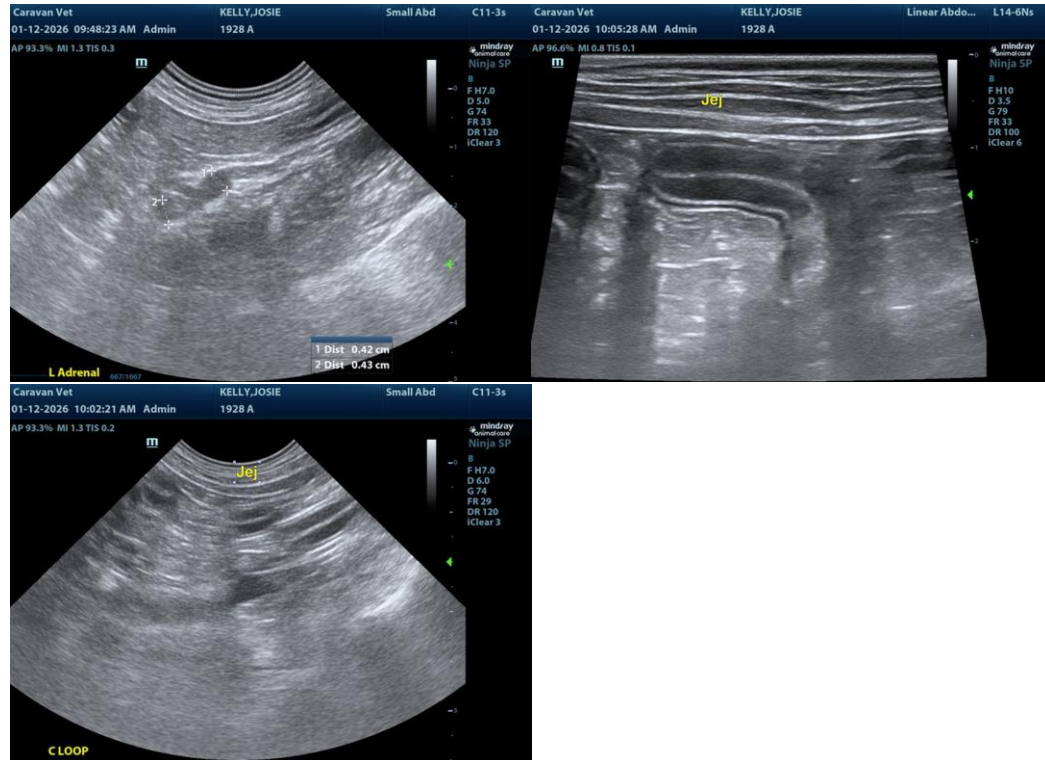
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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