



PATIENT

Ruby Woodward

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

11yr

WEIGHT

68.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork Veterinary
Clinic

REFERRING VET

Cicely Marrs

INVOICE

23537

DATE

01/12/2025

PRESENTING CLINICAL SIGNS

Hx of GI problems in the last few months. Seen by other DVM on 10/29/25 for eating grass, o hearing her stomach 'gurgle', no v/d; pt also had skin inflammation. Tx w/ steroids and antibiotics for skin. No GI tx. Seen by other DVM on 12/10/25 for eating grass, decreased appetite for food, flatulence and mucus in stool. BW done (see results below). Tx with metronidazole, Cerenia and steroids. Pt returned 1/6/26 for vomiting, decreased appetite, lethargy and bloody stool. Recheck pancreatic lipase was higher than before. Tx w/ SQF, Cerenia, metronidazole, gabapentin; rec feeding low fat bland diet and rec pt return for AUS. Pt still not eating well and still lethargic but no vomiting or diarrhea. Current diet: Nom Nom chicken dinner (crude fat 6% min) and Signature turkey formula kibble (crude fat 14.5%); O gives 4-6 small pieces of low sodium Spam for treats and very occasionally small piece of meat or chicken. Supplements: one fish oil capsule per day, Fur Baby probiotic, Neprofin Pet supplement.

Abnormal PE/Chem/CBC/UA Results: Pancreatic Lipase 708 on 1/6/26 (was 530 on 12/10/25: Pancreatic lipase 530, ALP 422, TLI slit elevated at 42 (high N is 35), cobalamin and folate wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 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 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mild to asymmetrically enlarged exhibiting subjective non-homogenous non-mineralized parenchyma measuring 3.2 cm length x 1.3 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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.

Gastrointestinal

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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 pylorus wall measured 0.53 cm in width.

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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Mild to discrete hyperechoic segmental intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.40 cm width.

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The colon was primarily empty, prohibiting full evaluation of the colon wall with mild segmental semi-formed to soft fecal matter.

Pancreas

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The parenchyma of the left limb, body and right limb 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

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically unremarkable gastrointestinal tract with subtle hyperechoic intestinal mucosal speckling
- Empty colon with segmental mild semi-formed to soft fecal matter
- Normal area of pancreas.
- Mildly enlarged non-homogenous left adrenal gland.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific intestinal mucosal speckling may be associated with underlying inflammatory intestinal disease, such as nonspecific enteritis, IBD, less likely protein losing enteropathy if normal ALB. Chronic pancreatitis may present sonographically normal. A novel protein or hydrolyzed diet with potential long-term dietary therapy, as needed gastroprotectants, high colony count probiotics i.e. Provable if recurrent signs which may suggest colitis and empirical deworming despite fecal testing may prove beneficial. Cobalamin supplementation suggested if cobalamin level < 400.

The left adrenal gland may indicate age-related change or benign hyperplasia, adenomatous change with emerging left adrenal tumor thought less likely yet not excluded.

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Sonographic monitoring of the gastrointestinal tract and left adrenal gland, pending clinical monitoring with concurrent periodic assessment of systemic BP for evidence of hypertension is recommended.

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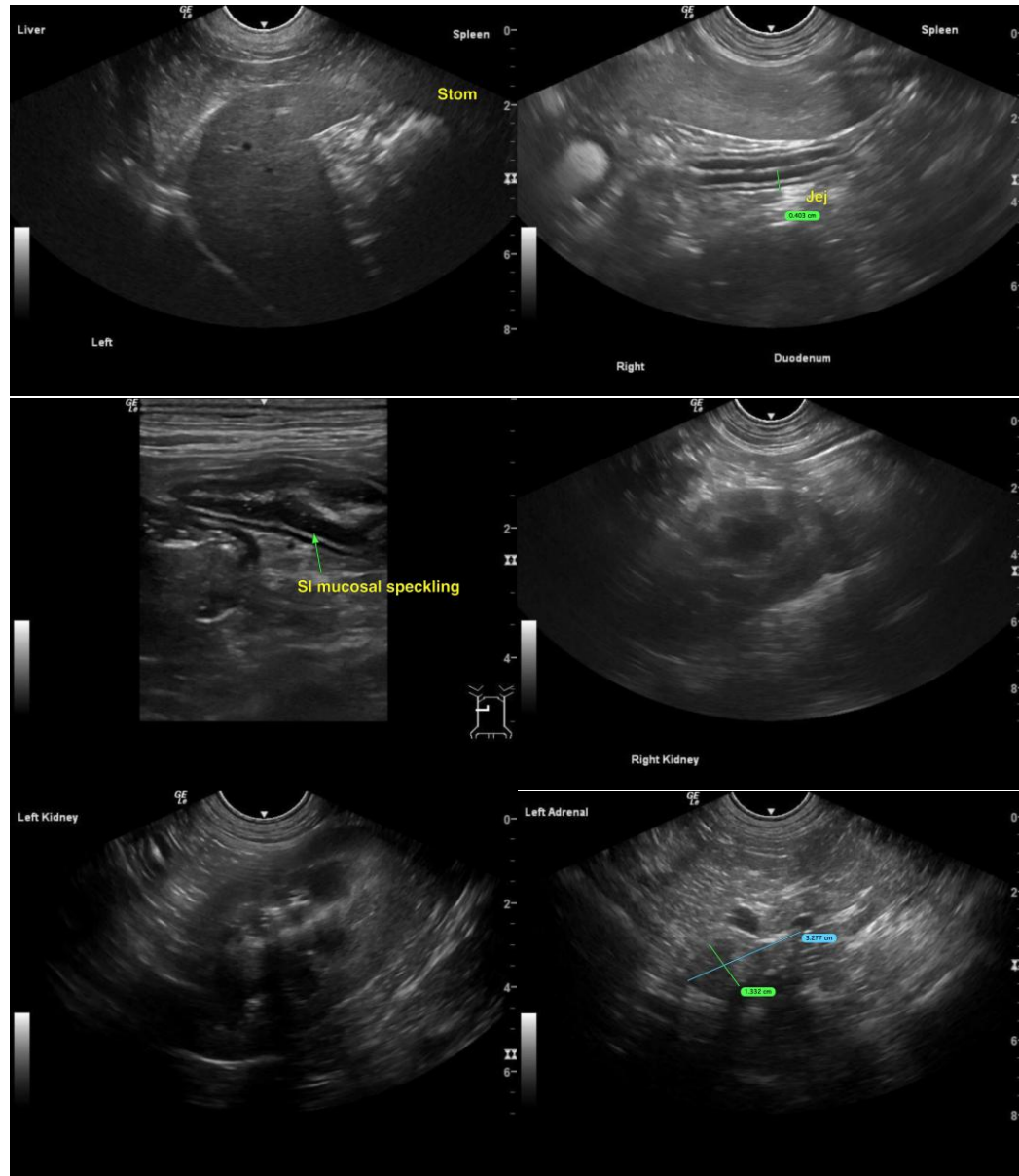
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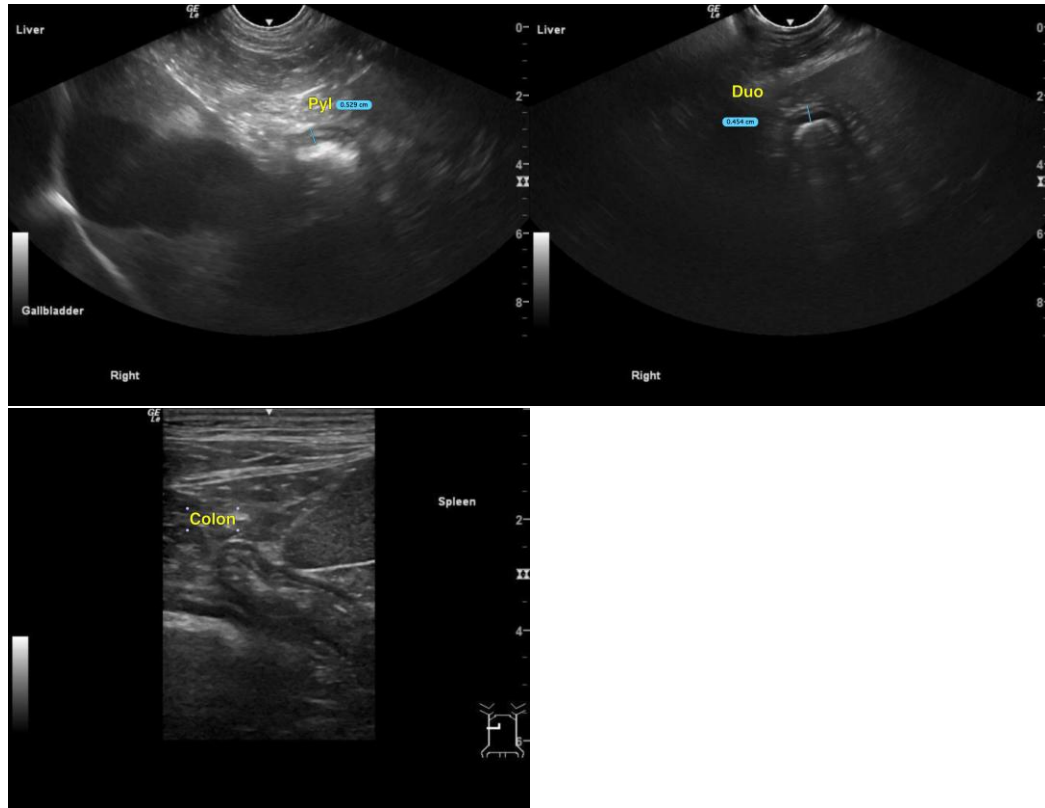
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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