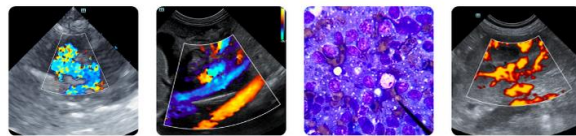
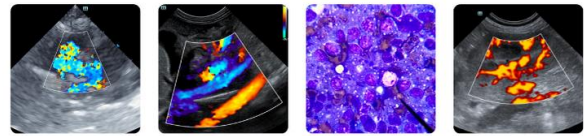


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bishop Foster	P presented to the ER clinic on 1/10/26 for upper respiratory inflammation, unexplained weight loss, inappropriate urination, lethargy, inappetance. P on large amount of food (allergy food for chronic skin issues) but having significant weight loss and muscle atrophy
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: May 2025- mild SDMA elevation 1/9/26 usg 1.046 Glob 4, SDMA 19, Na 167, Cl 128
<b>BREED</b>	
American Bulldog	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.
MN	
<b>AGE</b>	
6 yrs	The residual prostate appeared normal and free of pathology.
<b>WEIGHT</b>	
31.1 kg	No evidence of pathology in the area of the aortic trifurcation.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 7.5 cm in length. The right kidney measured 8.2 cm in length.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Kathleen Byrnes	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to overlaying gastrointestinal artifact.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Americana AH	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.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Wood	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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
10552	
<b>DATE</b>	
1/15/26	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Bishop Foster	The stomach presented normal intact visible wall. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow.
<b>SPECIES</b>	
Canine	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 jejunal ingesta / ileus, without overt obstructive pattern to the level of the colon.
<b>BREED</b>	
American Bulldog	Normal visible intact colon wall layers were present. The colon exhibited mild distention with soft fecal matter.
<b>SEX</b>	
MN	<b><i>Pancreas</i></b>
<b>AGE</b>	The area of the pancreas was sonographically normal.
6 yrs	<b><i>Free Abdomen</i></b>
<b>WEIGHT</b>	No overt lymphadenopathy or peritoneal effusion was present.
31.1 kg	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Sonographically normal bilateral kidneys</li> <li>• Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta consistent with food echogenicity, possible segmental nonobstructive jejunal ileus / hyperperistalsis</li> <li>• Sonographically normal urinary bladder, area of residual prostate, and visible proximal urethra</li> <li>• Mild gallbladder debris (non mucocele)</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Kathleen Byrnes	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>HOSPITAL NAME</b>	Overall, there is no evidence of significant visceral pathology as a definitive cause of the patient's clinical signs and weight loss. Given reported most recent meal ingestion and concurrent moderate gastric ingesta, some degree of nonobstructive metabolic or functional gastrointestinal ileus or potential segmental intestinal inefficient peristalsis could be possible. There is no evidence of obstructive criteria.
Americana AH	
<b>REFERRING VET</b>	
Dr. Wood	A documented 12-hour fast and sonographic or radiographic monitoring of gastrointestinal motility could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate, screening cortisol level, three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease as a contributing factor to the weight loss.
<b>INVOICE</b>	
10552	
<b>DATE</b>	
1/15/26	



**PATIENT**

Bishop Foster

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

MN

**AGE**

6 yrs

**WEIGHT**

31.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Americana AH

**REFERRING VET**

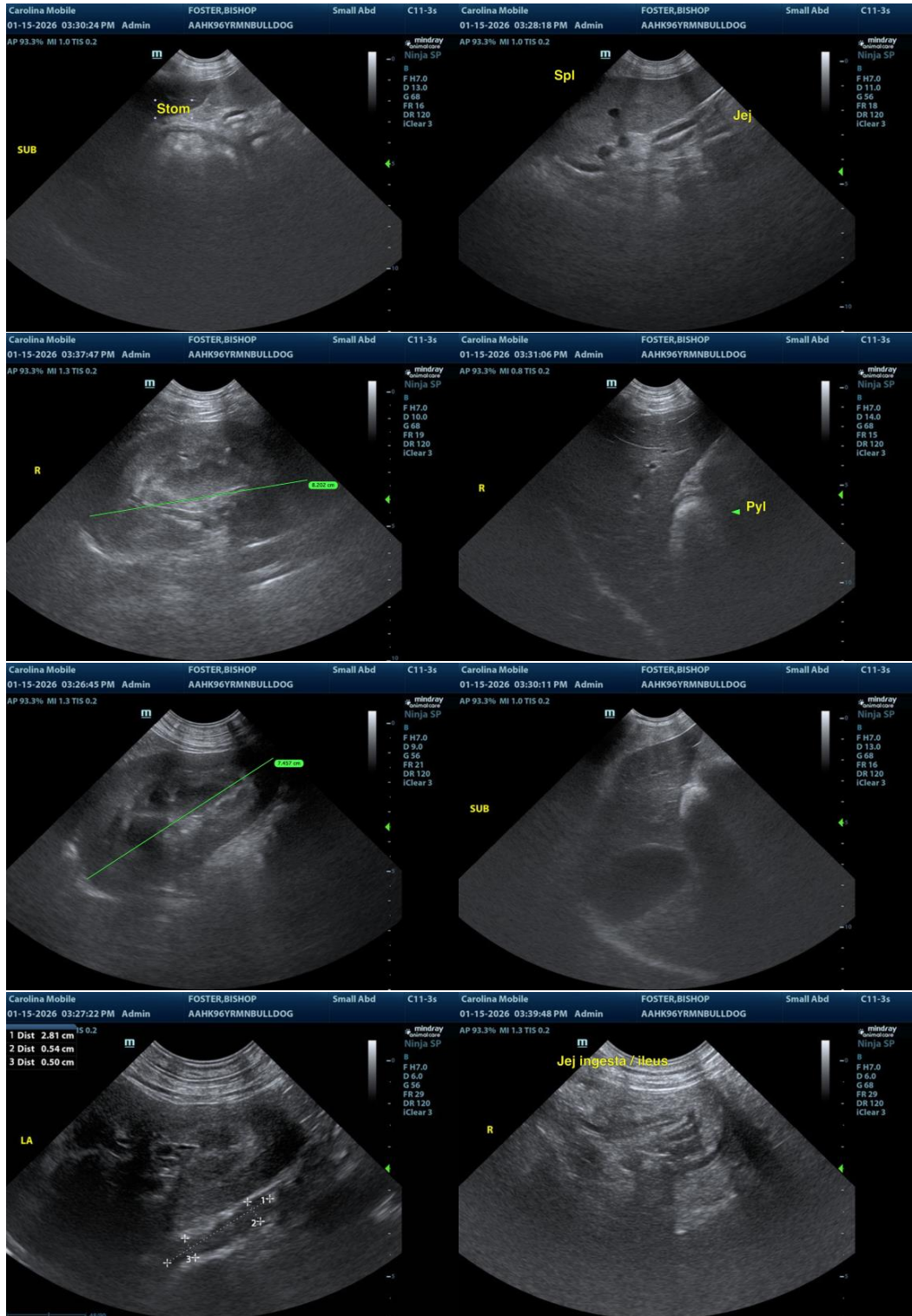
Dr. Wood

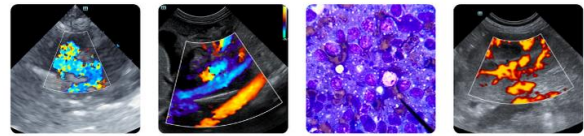
**INVOICE**

10552

**DATE**

1/15/26





**PATIENT**

Bishop Foster

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

MN

**AGE**

6 yrs

**WEIGHT**

31.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Americana AH

**REFERRING VET**

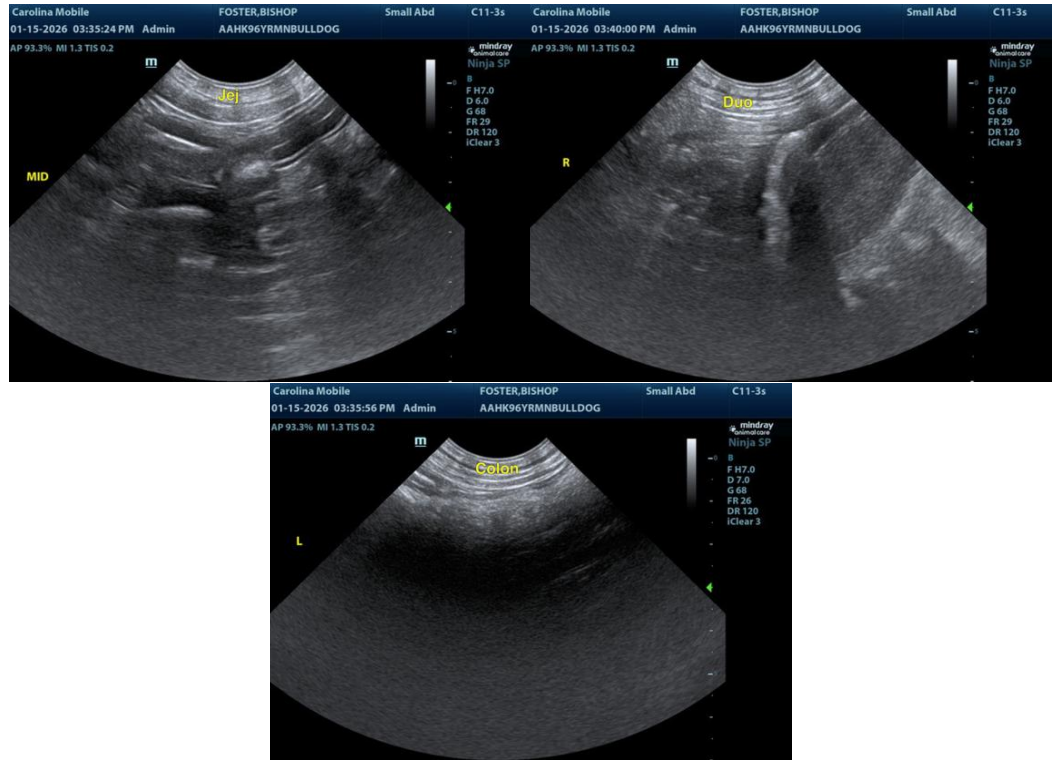
Dr. Wood

**INVOICE**

10552

**DATE**

1/15/26



**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](mailto:info@sonopath.com)