



PATIENT	PRESENTING CLINICAL SIGNS
Gracie Doran	History: pet having diarrhea since Saturday - seen at VEG and treated with supportive care; today pet doing okay, eating readily - only feeding chicken and rice, no vomiting since Sunday AM, had small drops of diarrhea last night and this AM (no blood noted), intermittent lethargy and then will lay on side which is abnormal for pet per O hx of exploratory laparotomy in mid-December 2025 for a suspected GI obstruction where only food material was found
SPECIES	
Canine	
BREED	
Cavalier King Charles	Meds: on gabapentin 50mg 1tBID, endosorb BID, O hasn't given gabapentin (50mg/ml 1.1ml) since Tuesday AM, giving proviable kit (paste and capsule)
SEX	Abnormal PE/Chem/CBC/UA Results: Neutrophils 11.99 2.95 - 11.64 K/ μ L H 15.84 Monocytes 1.29 0.16 - 1.12 K/ μ L H MPV 14.4 8.7 - 13.2 fL H 11.9 Total Protein 6.2 5.2 - 8.2 g/dL 4.7 Albumin 2.9 2.3 - 4.0 g/dL 1.8 GGT 1 0 - 11 U/L 17 ACTH pre - 0.78 post - 19.59 maldigestion pending rad report: Moderate volume gastrointestinal material, primarily gastric. This may represent incidental ingesta given history of recent meal; concurrent foreign material cannot be ruled out. Gas-distended colon could suggest inflammation (e.g. colitis). Impression of focal reduced abdominal detail in the cranioventral abdomen on the left lateral view is likely due to superimposition +/- recent laparotomy.
Female Spayed	
AGE	
1y 2m	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
9.72 lbs	
INTERPRETED BY	Urinary System
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Dr. Striano-Kaplan	Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.0 cm in length.
HOSPITAL NAME	Adrenal Glands
Ramsey VH	The left and right adrenal glands were not definitively visualized.
REFERRING VET	Spleen
Dr. Striano-Kaplan	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.
INVOICE	Liver
13078	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
DATE	
1/15/26	



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with 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 ileus, obstruction or foreign material. Example of small intestine wall measured 0.32 cm.

Normal visible colon wall layers were present. The colon was mildly distended in size containing soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion or peritonitis present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Mild colon distention containing generalized soft fecal matter
- Normal area of pancreas
- Intermittent, mild, benign mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, i.e. mass intussusception or evidence of gastrointestinal foreign material. Dietary intolerance/indiscretion, infectious disease, non-structural inflammatory bowel occult parasitism, all potentials. Correlation with pending GI panel is recommended. Empirically, continued high colony count probiotic, dietary trial and if not currently instituted such as hydrolyzed diet trial or novel protein diet with probable long-term dietary therapy. Cobalamin supplementation pending assessment of Cobalamin level, empirical deworming Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks despite fecal testing, may be beneficial.



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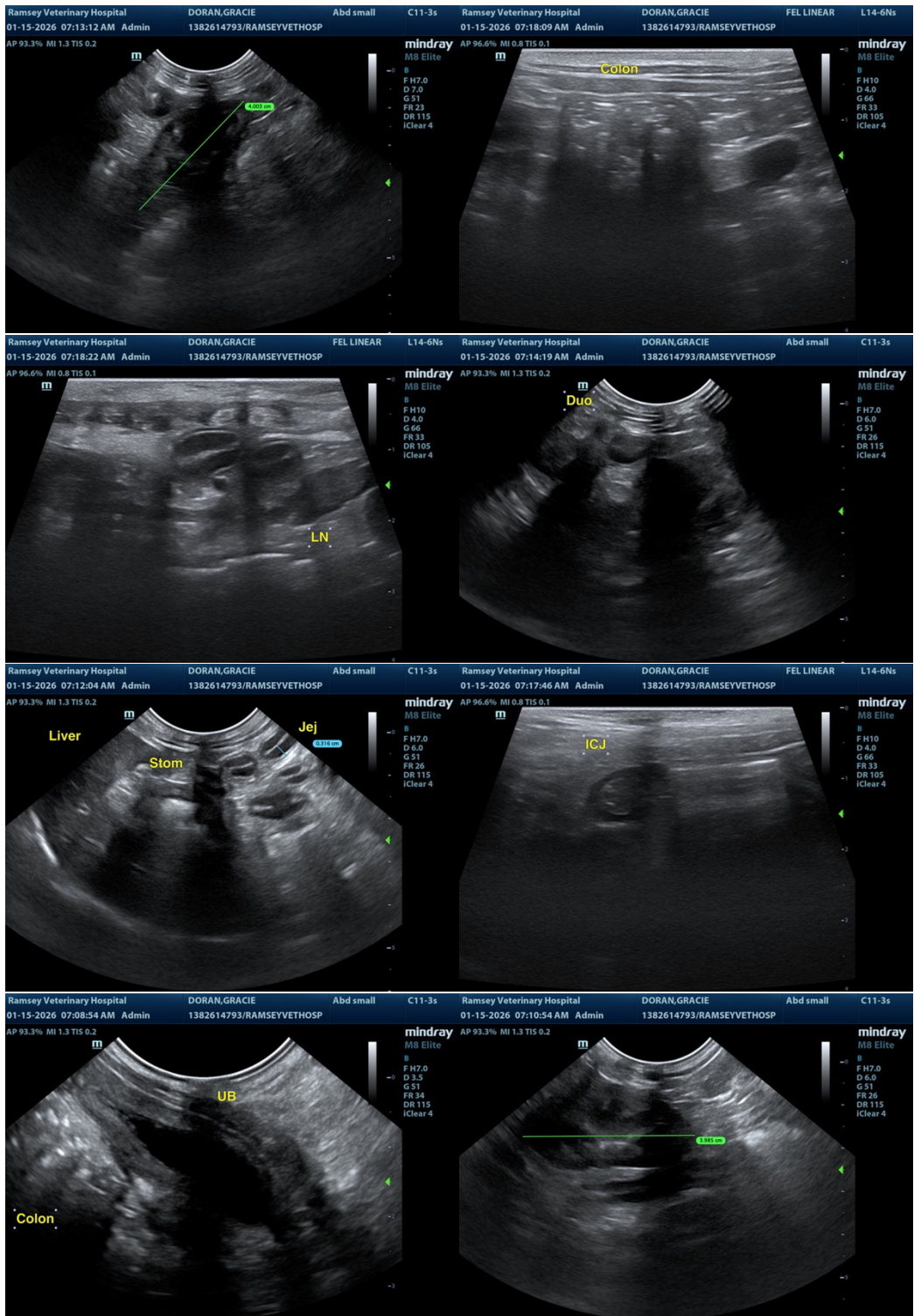
Dr. Striano-Kaplan

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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