



PATIENT

Badger Kay

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

23.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Dr Courtney Mooney
VMD

INVOICE

13201

DATE

01/16/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic diarrhea and chronic mild anemia. Typically experiences diarrhea 1x/month that appears to be bland diet responsive. In Nov, after a kennel stay, had liquid diarrhea with mucous and blood. Metronidazole/Fortiflora Rx at that time.

CBC: Hct 40.3% L, Hgb 14.1 L, RBC 6.62-n, MCHC 35-n, MCV 61 L, MCH 21.3 L, Plts 510 H, remainder NSF - Chem: Alb 2.9-n, normal LES, normal renal values, NSF - 4Dx: Anaplasma Positive (Hx), Lyme, erlichia, hw neg x 3 - Fecal: NPS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 5.7 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.54 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 presented with subjective to borderline possible mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary noncapsule deforming mixed echogenic ventral intraparenchymal nodule was visualized measuring 2.7 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic jejunal mucosal speckling was present.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with mild nonspecific intestinal mucosal speckling and nonshadowing gastric ingesta- consistent with food echogenicity.
- Semi formed to soft fecal matter in colon.
- Mixed echogenic liver nodule- hyperplasia or granuloma are probable with potential for emerging low-grade hepatic neoplasia thought less likely.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mucosal speckling is nonspecific with possible age/patient variant yet may suggest nonspecific enteritis or inflammatory enteropathy. No evidence of gastroenterocolic neoplastic criteria. Dietary intolerance, infectious disease, IBD, dysbiosis, occult parasitism, less likely occult Addison's disease, given normal adrenal glands, are all potentials.

A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level is recommended. Continued long-term bland or hydrolyzed diet, high colony count probiotics such as ProViable, cobalamin supplementation pending assessment of cobalamin level and empirical deworming despite negative fecal testing (Panacur 50 mg/kg SID for five days with a repeat protocol in three weeks) may prove beneficial. If normal clotting status and accessible, liver nodule FNA cytology could be considered for further clarification, whereas sonographic monitoring for evidence of progression would be reasonable.



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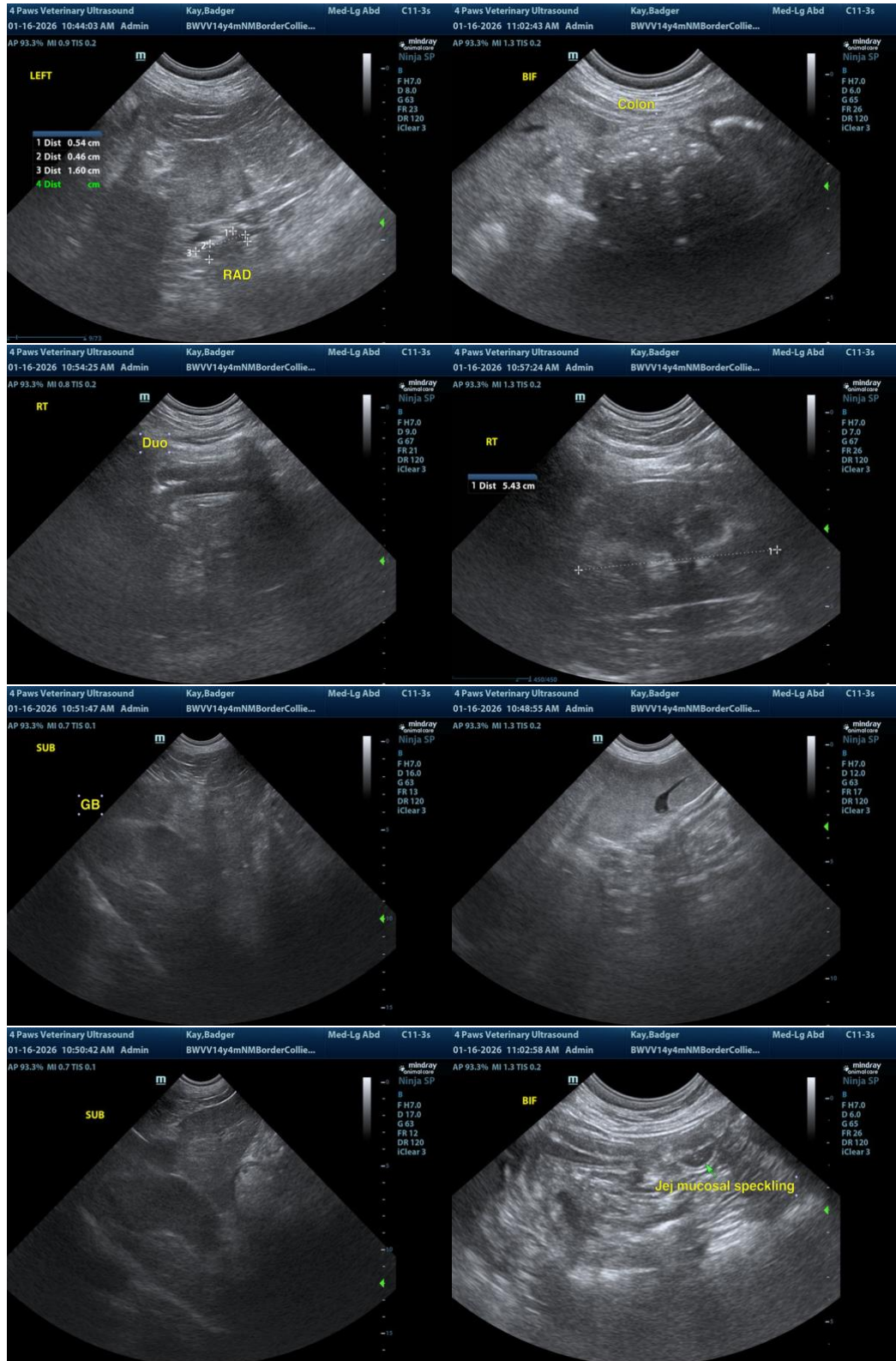
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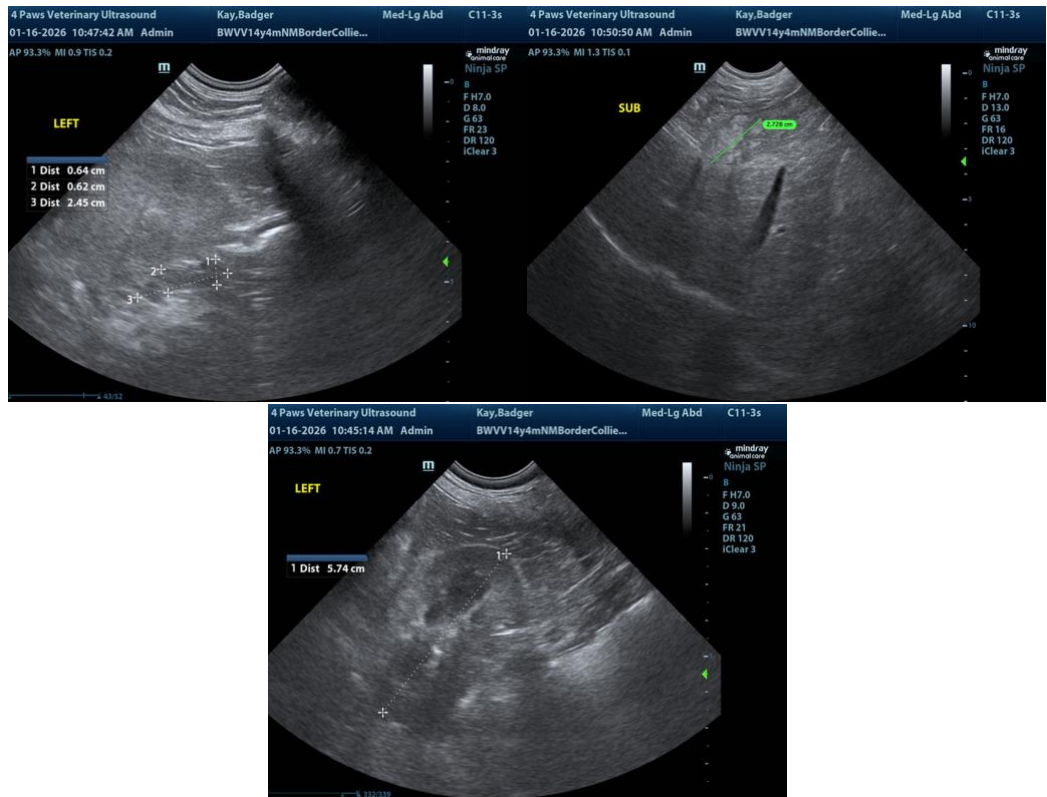
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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