



PATIENT

Abby Roberts

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

11

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas
Veterinary Medical
Center

REFERRING VET

Tracy Colvin

INVOICE

23600

DATE

01/17/2026

PRESENTING CLINICAL SIGNS

watery diarrhea for 1 month 5 pound weight loss appetite is ok no vomit alb 2.2 calcium 7.9 cholesterol 93 u/a mixed bacteria struvite occasional upc 0.2

Abnormal PE/Chem/CBC/UA Results: thin body condition

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 5.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands were mildly enlarged with primarily symmetrical contour and mild non-homogenous, non-mineralized parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole The right adrenal gland measured 1.0 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 debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty with minor retained fluid and subjective non-obstructive hyperechoic to mildly shadowing lumen echoes. No evidence of obstruction to pyloric outflow.



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The small intestine presented intact mildly thickened wall layering with propensity for mildly thickened intestinal mucosa. Mild segmental non-obstructive intestinal ileus was present to the level of the colon. The duodenum wall measured 0.61 cm width. The jejunum wall measured 0.52 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary

- Empty normal stomach with focal small linear hyperechoic shadowing lumen echoes - possible small focal grass echoes or other, nonobstructive
- Intact mild thickened small intestine with overall normal mural detail, mild segmental nonobstructive intestinal ileus
- Semi formed / soft fecal matter in colon
- Minor mesenteric lymphadenopathy - consistent with benign criteria

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Secondary

- Mild bilateral adrenomegaly - nonspecific, subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Malassimilation / maldigestive disorder, dysbiosis, IBD or other inflammatory disease, protein losing enteropathy, occult parasitism or other possible. Occult neoplasia is thought less likely. A GI panel to include PLI/TLI/B12/Folate and fresh fecal analysis or Diarrhea PCR is recommended. Monitoring of the small stomach echoes which maybe incidental would be reasonable. Biopsies likely required for definitive diagnosis. Dietary trial, high colony count probiotic Provable or similar, cobalamin supplementation pending cobalamin level, deworming despite fecal testing Panacur 50 mg/kg SID for 5 days with repeat in 3 weeks may be considered.

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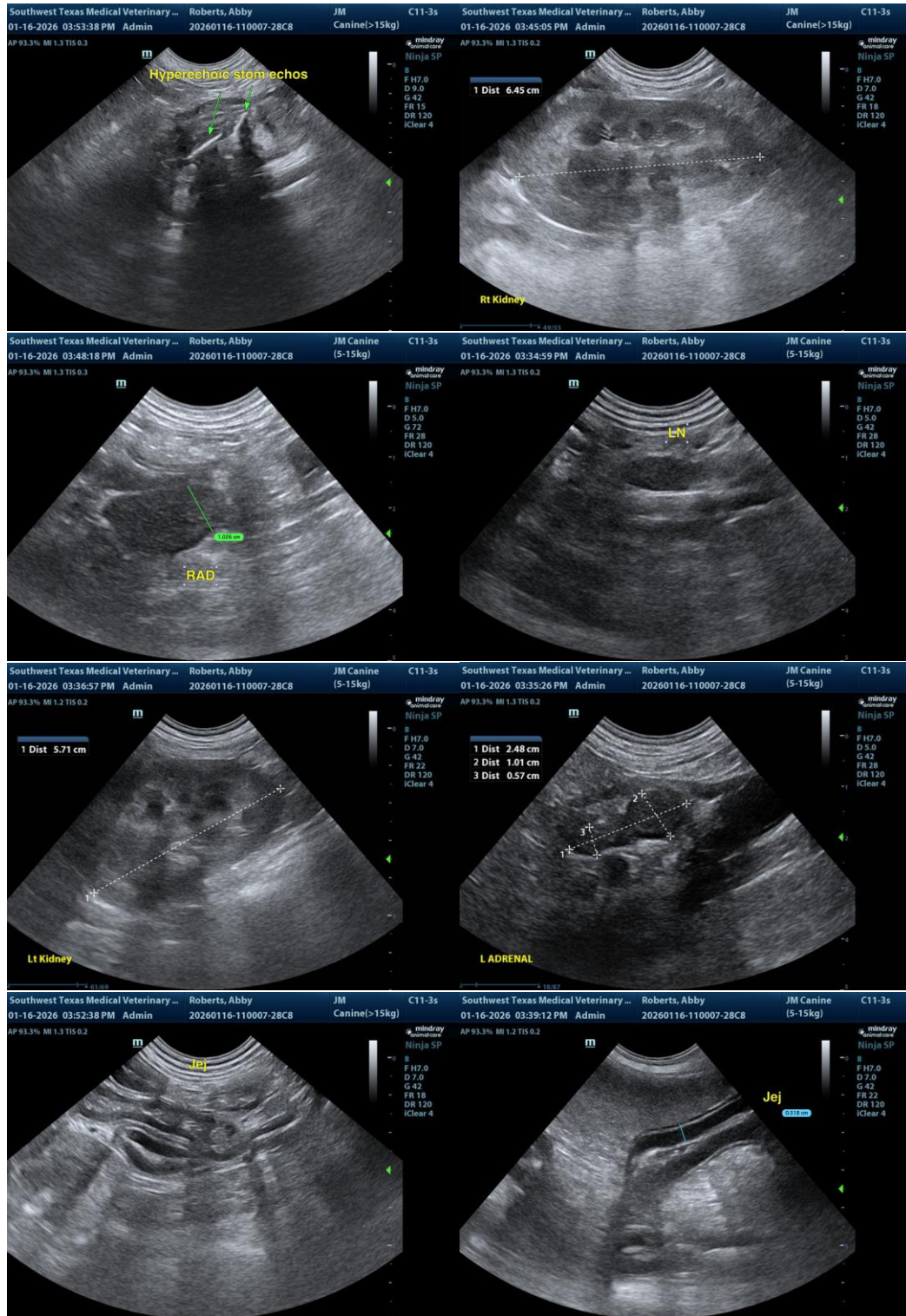
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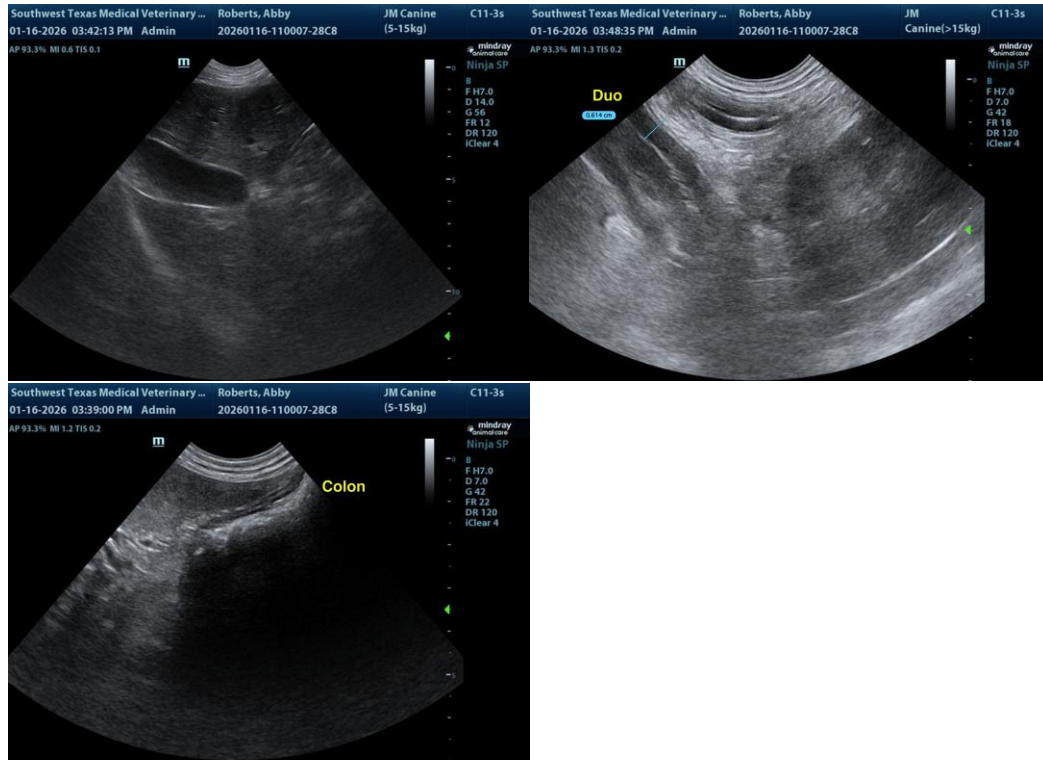
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com