



PATIENT

Halen Anderson

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

5y

WEIGHT

43.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends Animal
Clinic

REFERRING VET

Dr. Hiatt

INVOICE

13099

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings:
- Weight loss, hyporexia, intermittent diarrhea, delayed gastric emptying, intermittent vomiting
- ABNORMAL Lab work Values
- 1 month ago, spec cPL 800 and 3 weeks ago 400. All other parameters on Chem17/lytes normal. Did have elevated HCT at 58%
- Current Medications: 5 days of fenbendazole, maropitant, and capromorelin

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 changes were noted.

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 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 5.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left and right adrenal glands were normal in size, position and shape. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland measured 0.5 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

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 with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach was non-distended in size containing a subjective mild amount of non-shadowing ingesta. Overtly normal intact visible gastric wall. Definitive evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology was not visualized.

The intestinal walls demonstrated overall intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild segmental intestinal ileus with segmental to generalized gas to the level of the colon.

The colon exhibited an overtly normal intact visible wall. The proximal colon exhibited subjective mild distention with non-formed fecal matter. Concurrent gas and primarily empty descending colon at the level of the urinary bladder.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Overall, structurally unremarkable gastrointestinal tract exhibiting mild retained non-shadowing gastric ingesta, segmental intestinal ileus and generalized intestinal gas – nonspecific gastroenteropathy pattern
- Soft and non-formed fecal matter in colon with concurrent colon gas and subjective dilated proximal colon
- Sonographically unremarkable area of pancreas

SECONDARY FINDINGS

- Non-organized, mild gallbladder debris (non-mucocele)
- Overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, enterotoxin, non-structural inflammatory bowel or mild pancreatitis which may present sonographically normal. Occult Addison's disease, malassimilation/maldigestive disorder, dysbiosis, typhlitis, occult neoplasia (thought less likely) all potentials. No definitive evidence of mechanical gastrointestinal obstructive pattern or visible foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level are recommended. Novel protein or hydrolyzed diet trial with probable long-term dietary therapy, high colony count probiotic such as Provable, Cobalamin supplementation pending assessment of Cobalamin level, as needed gastro protectants and consideration for second round of deworming Panacur 50 mg/kg SID for 5 days may prove beneficial. Sonographic monitoring or reassessment indicated if continued or non-responsive gastrointestinal signs.



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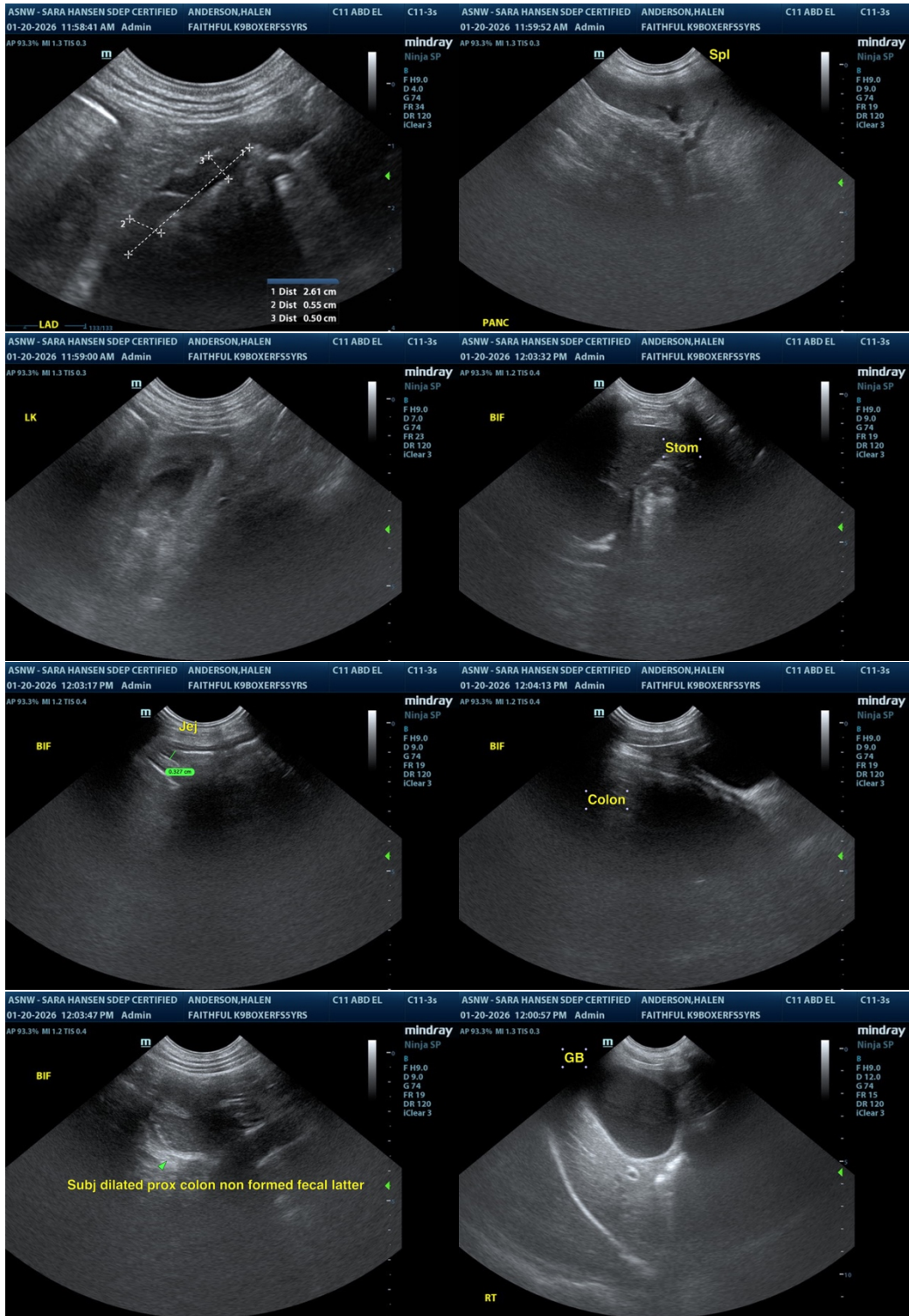
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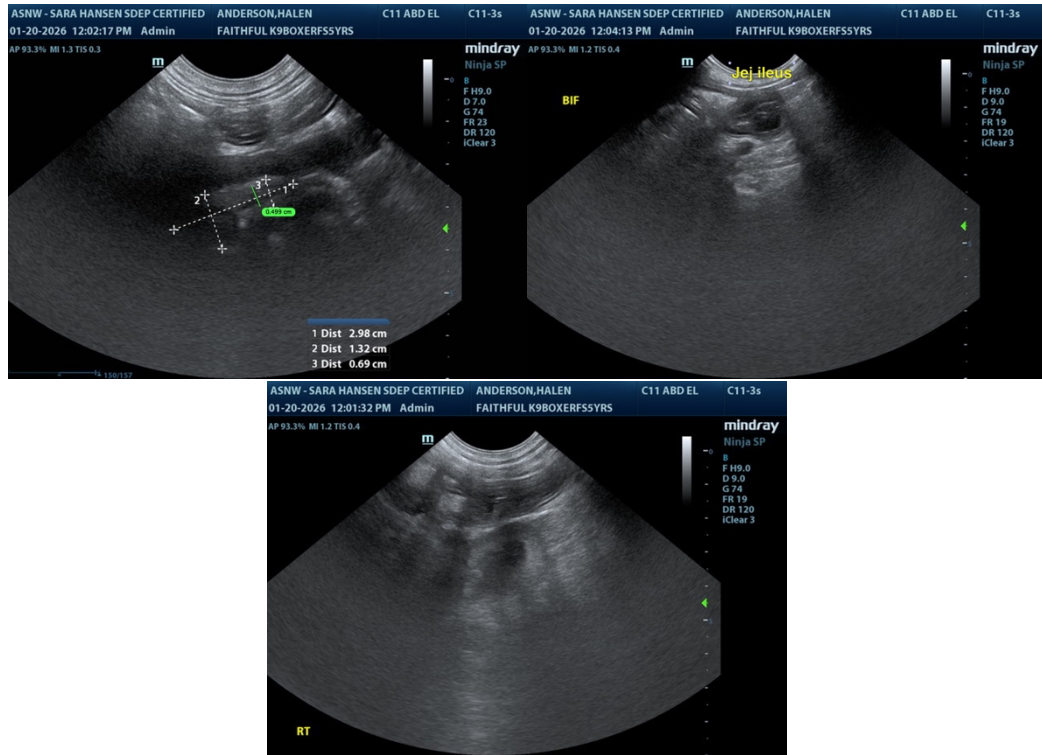
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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