



PATIENT

Ziggy Smith

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

10 Years

WEIGHT

10 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography PLLC

REFERRING VET

Dr. Sethi

INVOICE

13317

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Diarrhea, hyporexia, and lethargy of approximately one week duration,
- Suspected chronic gastrointestinal disease with acute flare.
- Clinical signs have been intermittently recurrent
- Currently receiving Clavamox (2-week course) for suspected urinary tract infection and systemic inflammation, along with GI supportive care including probiotics, fiber supplementation, antiemetics, and acid suppression
- Clinical improvement is beginning but remains incomplete.

Abnormal PE/Chem/CBC/UA Results: CBC revealed marked leukocytosis with neutrophilia and monocytosis, consistent with active inflammation/infection. Mild non-regenerative anemia present. Platelets elevated, likely inflammatory. Chemistry showed hypoalbuminemia with mild elevation in ALP; renal values (BUN, creatinine, SDMA) within normal limits. Pancreatic enzymes within reference range. Urinalysis significant for bacteriuria, markedly alkaline urine (pH \geq 9.0), proteinuria, and heavy crystalluria (predominantly ammonium magnesium phosphate/struvite crystals with rare calcium oxalate). 4Dx positive for Ehrlichia exposure. Fecal parasite testing negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 moderate dependent lumen to nonobstructive proximal/ prostatic urethral sand/sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was sonographically normal.

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 4.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary non-disruptive hypoechoic splenic nodule was visualized measuring 0.53 cm in diameter.

Liver & Gallbladder



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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.

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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.

Gastrointestinal

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

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The small intestine presented intact wall layering with maintained wall layer ratio and mild hyperechoic duodenojejunal mucosal speckling. Segmental nonshadowing mild intestinal ingesta/chyme to the level of the colon. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.30 cm width.

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The colon exhibited segmental descending colon variable to significant thickened wall with generalized soft fecal matter. Thickened segmental descending colon wall measured up to 1.1 cm wall width. By comparison, normal appearing visible colon wall measured 0.30 cm wall width.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with mild segmental intestinal mucosal speckling and gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Variable to significantly thickened segmental descending colon with generalized soft fecal matter.
- Normal pancreas.
- Moderate urinary bladder and nonobstructive proximal urethra sediment/sand.
- Normal liver with mild gallbladder debris (non-mucocele)- consistent with mild benign hepatopathy.
- Splenic nodule- hyperplasia, hematopoiesis, focal inflammation, emerging neoplastic nodule or tumor thought less likely.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific gastroenterocolitis or inflammatory bowel, infectious disease, dietary intolerance, enterotoxin, accentuated by possible segmental descending colon neoplasia are all potentials. In addition to current gastrointestinal support, high colony count probiotics such as proviable, cobalamin supplementation pending assessment of cobalamin level, dietary trial i.e. hydrolyzed diet and consideration for enrofloxacin trial given thickened colon wall with sonographic and clinical monitoring

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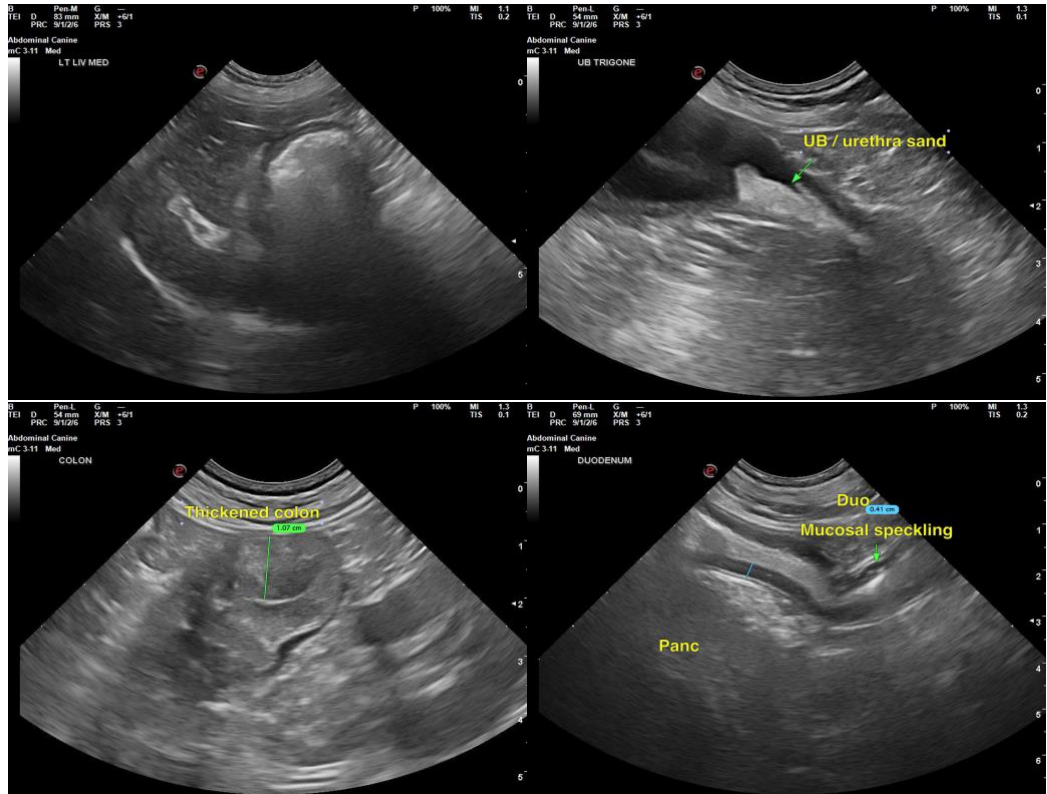
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would be reasonable. Colon biopsy is likely required for a definitive diagnosis. Urine culture and sensitivity on sterile urine sample is recommended if not done.





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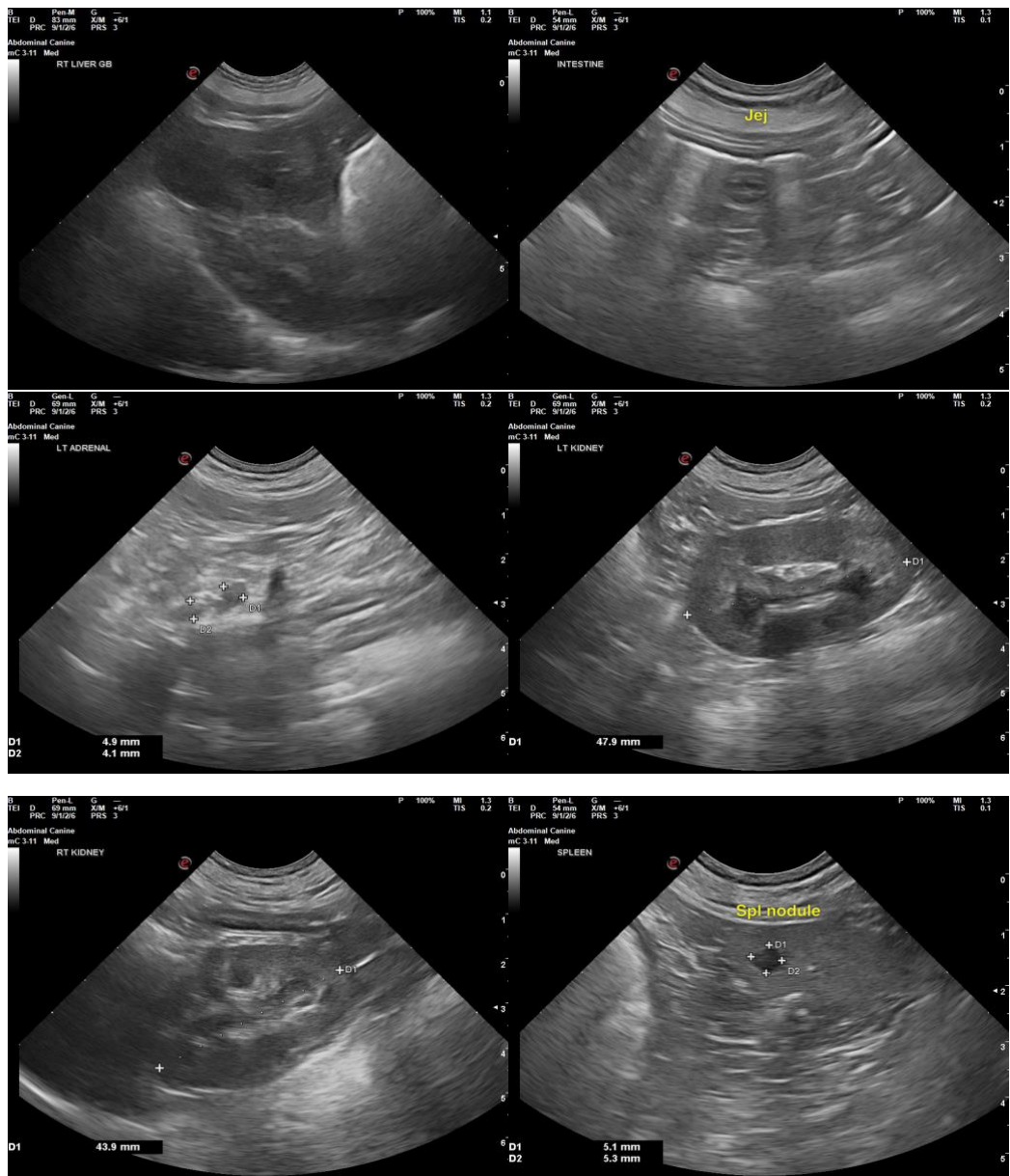
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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