



PATIENT

Blue Grunert

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

1

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dedden

HOSPITAL NAME

Brighton Veterinary
Clinic

REFERRING VET

Dr. Corrigan

INVOICE

72053

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Sedation: Medetomidine, Butorphanol Thin deep chested dog. Vomiting/regurgitation, hyporexia/anorexia, diarrhea, lethargy, weight loss of approximately 2 weeks duration. Historically has had issues with diarrhea since puppyhood. On a hydrolysed protein diet. Mild to moderate panhypoproteinemia on bloodwork, normal ACTH stim. Fasted for ultrasound. Current medication: omeprazole, cerenia, mirtazapine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 iliac trifurcation was free of pathology.

Normal size and margination were 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 6.4 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm at the caudal pole.

The left adrenal gland was not definitively visualized.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented variably thickened wall with indistinct gastric mural detail. The stomach contained a moderate amount of retained anechoic fluid and a minor non-shadowing chyme and gas. No obvious obstruction to pyloric outflow.



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The intestine present intact thickened small intestinal wall with altered wall layer ratio owing to propensity for thickened muscularis layer. Example of duodenum wall measured 0.66 cm. Jejunum wall measured 0.55 cm. Ileocolic wall measured 0.57 cm.

Normal visible colon wall layers were present with generalized soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent variably enlarged, primarily homogeneous mesenteric lymph nodes were noted, example measures 4.6 cm x 1.2 cm. No evidence of peritoneal effusion.

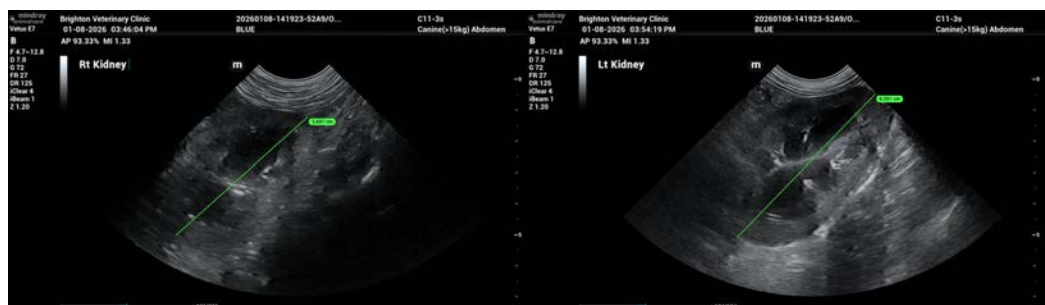
ULTRASONOGRAPHIC FINDINGS

- Thickened, hypomotile stomach.
- Intact, diffusely thickened small intestine.
- Soft fecal matter in the colon.
- Mild to variable mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy including potential for protein losing enteropathy and diffuse gastrointestinal neoplasia, which may present in similar sonographic manner, are primary considerations. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Accessible lymph node FNA cytology could be considered for initial clarification. Definitive diagnosis would require intestinal and lymph node biopsies for histopathology.

Continue current gastrointestinal support and dietary trial in conjunction with high colony count probiotics such as proviable, cobalamin supplementation pending assessment of cobalamin level, and empirical deworming despite fecal test and Panacur 50 mg/kg PO SID for 5 days with repeat protocol in 3 weeks may prove beneficial. Gastrointestinal biopsies should be strongly considered, given the age of the patient and further guidance of therapy as well as prognosis.





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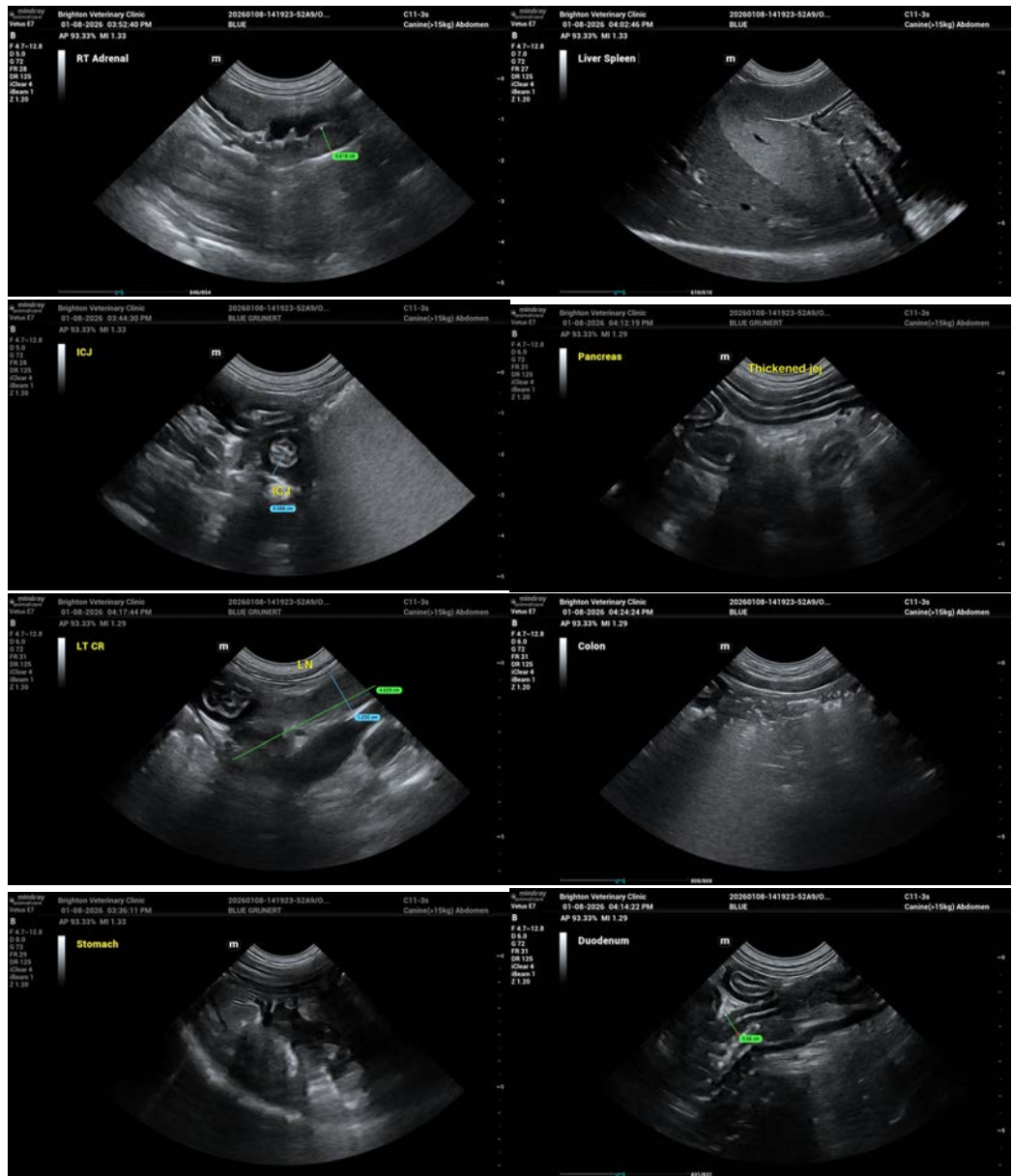
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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