



PATIENT

Ozzy Vanderpool

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

4 Years

WEIGHT

66 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Emma Flott

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Emma Flott

INVOICE

13045

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Around 20 lb weight loss over last 3 months despite normal appetite. Diarrhea for approximately 3 days. Patient has had increased ataxia in hindend over last few months. Suspect patient is older than 4 years old (probably closer to 8-9 years) but 4 years is what was reported by shelter that p was adopted from. CBC/Chem wnl

PE - mild ataxia of hindend and decreased ROM on dorsal flexion of neck; BCS 3.5-4/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 7.3 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right 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 & 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. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta with no obvious visualized obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental generally mild similar appearing nonshadowing intestinal ingesta with no obstructive pattern to the level of the colon with segmental gas.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

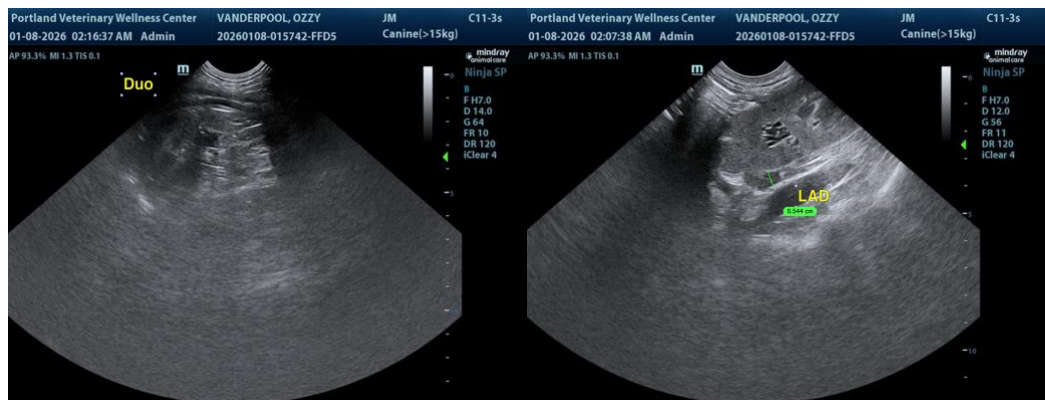
ULTRASONOGRAPHIC FINDINGS

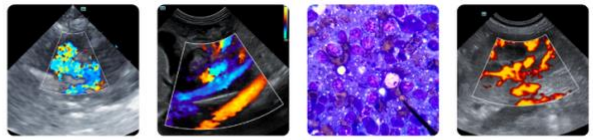
- Sonographically normal gastrointestinal tract with mild gastric and mild segmental intestinal ingesta.
- Normal area of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, i.e. neoplastic criteria, gastrointestinal obstructive pattern, etc. as an obvious cause of the patient's weight loss. Given normal appetite, yet weight loss and diarrhea, underlying gastrointestinal disease or malassimilation/maldigestive disorder may be possible.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Correlation with three view chest radiographs and thorough musculoskeletal/neurological examination to assess for non-obvious or occult disease as a contributing factor.





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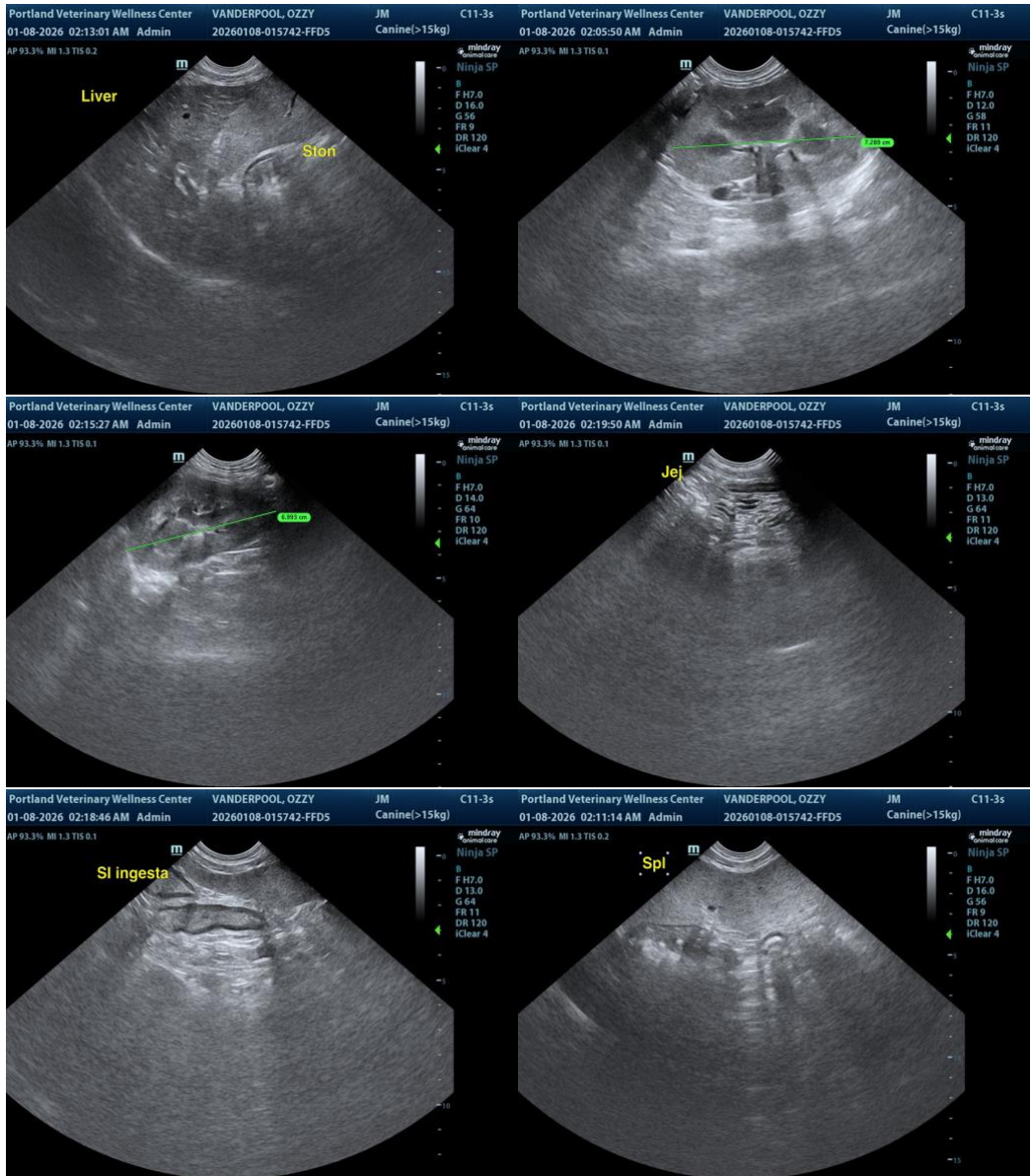
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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