

PATIENT

Casper Rytter

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

2016

WEIGHT

62.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Mt Airy Animal
 Hospital

REFERRING VET

Palm

INVOICE
 22976

DATE

11/17/2025

PRESENTING CLINICAL SIGNS

~15# weight loss in 6 months, persistent diarrhea, decreased appetite

Medication: Cerenia, probiotic

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 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.81 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

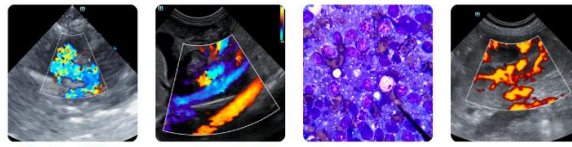
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 significantly distended in size with normal wall without evidence of inflammatory criteria or edema containing primarily anechoic bile with mild non-dependent particulate non-organized gallbladder sediment. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact visible wall. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented overall intact wall layering with normal muscularis/mucosa ratio. The small intestine exhibited segmental, mild to moderate non-shadowing ingesta/ chyme with concurrent empty small intestinal segments without definitive evidence of mechanical obstruction to the level of the colon. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.35 cm width.

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The colon walls presented intact yet irregularly thickened wall layering with mild thickened to echogenic submucosa. The colon was non-distended in size containing non-formed fecal matter and lumen gas.

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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 evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mid abdominal 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). An example measured 1.1 cm in width.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Overall, structurally normal gastrointestinal tract with gastric and segmental intestinal ingesta
- Colitis pattern with generalized non-formed fecal matter
- Primarily mild mesenteric lymphadenopathy - subjective benign
- Distended gallbladder with mild non-organized bile debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation with pending lab work is recommended. Structurally insignificant gastroenteropathy, i.e. inflammatory bowel, malassimilation/maldigestive disorder, mild pancreatitis, less likely occult gastrointestinal neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

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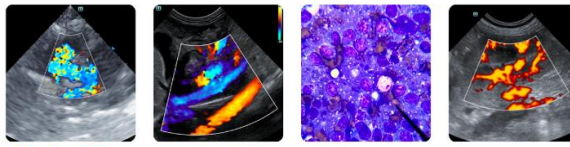
Pending additional diagnostics, hydrolyzed diet trial with concurrent assessment of caloric plane, high colony count probiotics such as Provable, cobalamin supplementation pending cobalamin level, empirical deworming despite fecal testing and as needed gastric protectants are recommended. Some degree of metabolic or functional gastric ileus may be suspected if documented NPO. Concurrent prokinetic medication if clinically indicated without evidence of mechanical obstruction may be considered. Definitive diagnosis may require gastrointestinal and lymphatic biopsies for histopathology.

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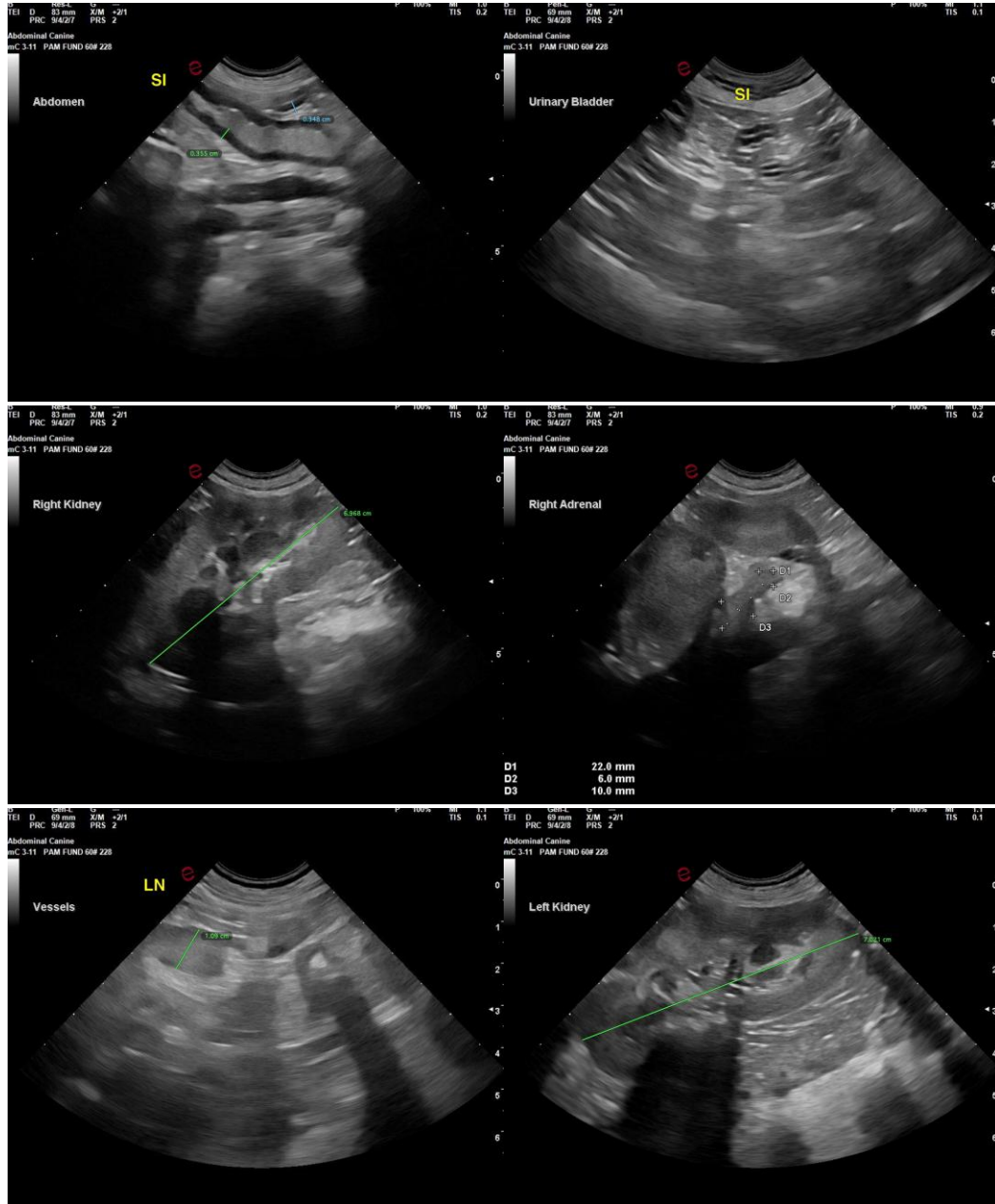
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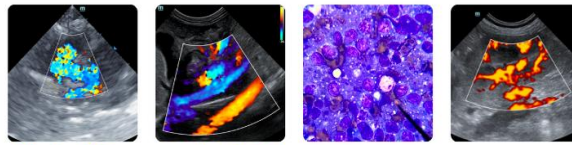
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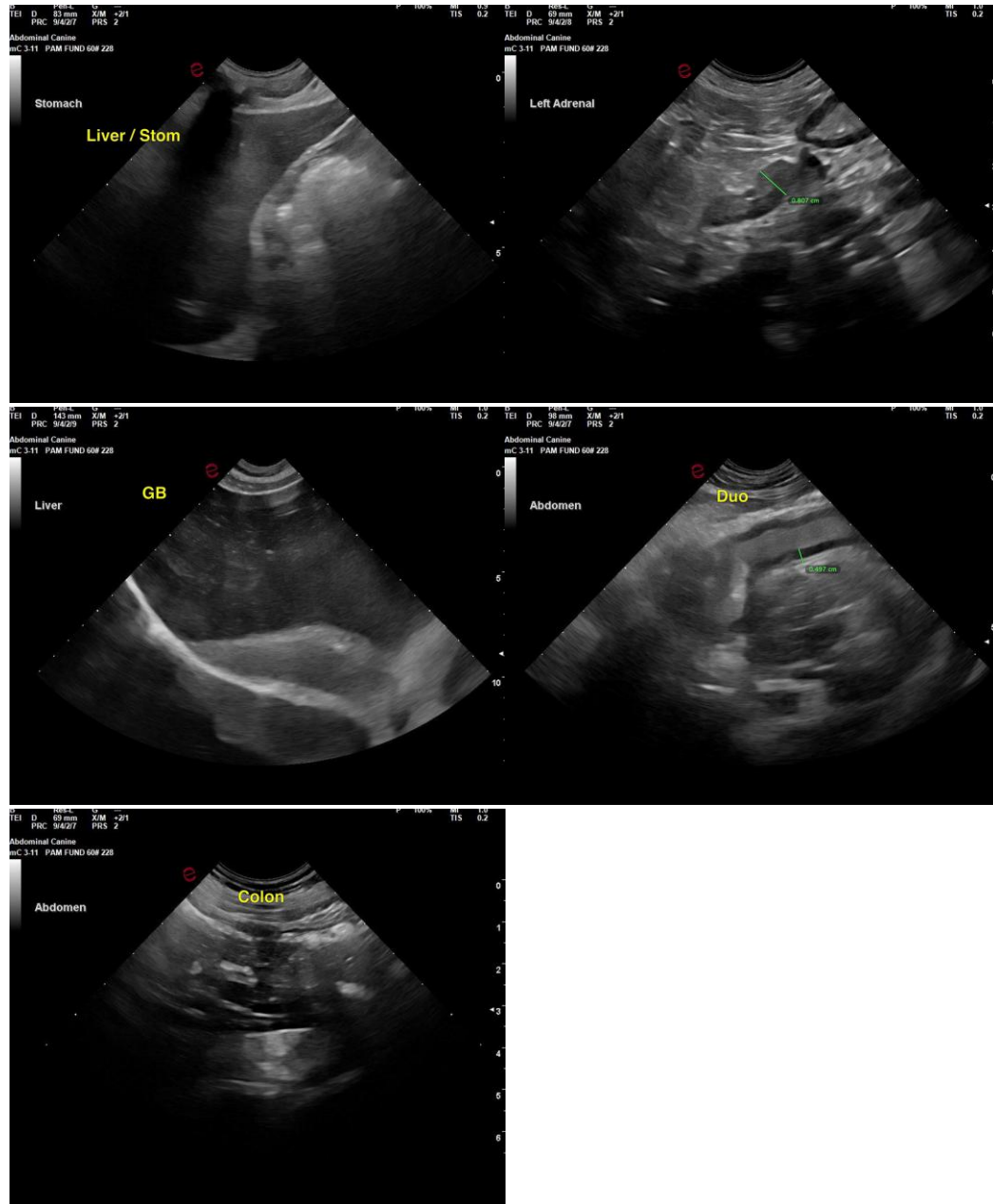
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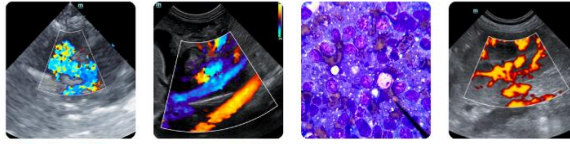
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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