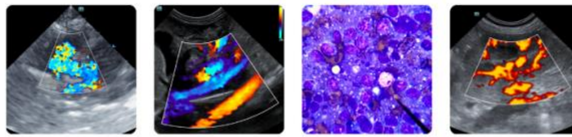


PATIENT

Bella O'Connell

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2007

WEIGHT

9.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

12332

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, hyporexia

Medication: bland diet, Cerenia, metronidazole

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 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.

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 3.5 cm in length. The right kidney measured 3.3 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 0.45 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 0.50 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 presented borderline enlarged, maintained symmetrical contour and generalized nonuniform nonhomogenous hepatic parenchyma exhibiting variable coarse echogenicity and echotexture. Indistinct portal vascular borders with no mass or nodules evident.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.35 cm wall width.

PATIENT

Bella O'Connell

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2007

WEIGHT

9.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

12332

DATE

11/19/25

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.31 cm width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen. Descending colon wall measured 0.20 cm wall width.

Pancreas

The pancreas was normal in size and contour with heterogeneous variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

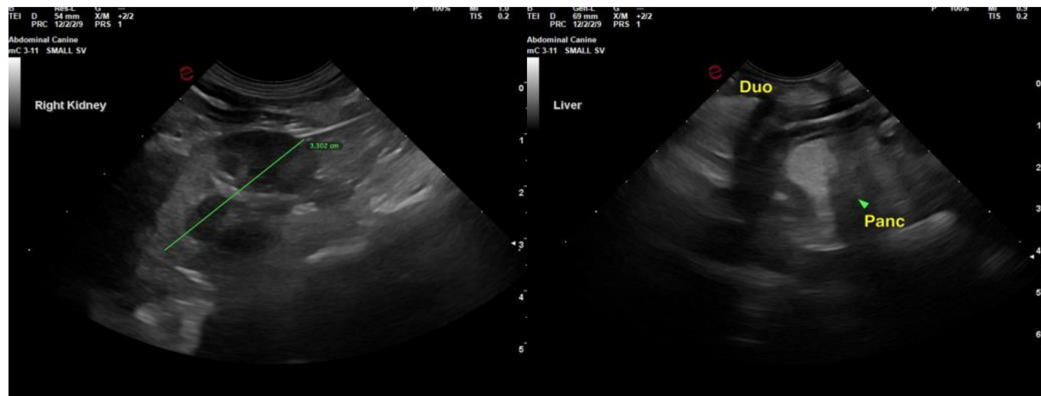
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with semi formed to soft fecal matter in colon.
- Heterogeneous mildly hyperechoic pancreas- age variant, benign remodeling, possible fibrosis owing to previous inflammation, chronic pancreatitis all possible.
- Heterogeneous liver.
- Normal gallbladder.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times, the gastroenterocolic presentation may not correlate with historical or current gastrointestinal signs. Dietary intolerance, infectious disease, nonstructural inflammatory bowel, occult parasitism, occult Addison's disease (thought less likely given normal adrenal glands) in conjunction with possible chronic pancreatitis may be possible. A GI panel to include PLI, TLI, cobalamin and folate +/- screening cortisol level is recommended. Hydrolyzed diet trial with possible long term dietary therapy, high colon count probiotics such as proviable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming despite fecal testing and as needed gastroprotectants may prove beneficial. Suspect benign hepatic parenchymal remodeling given patient's age. Monitoring of hepatic enzymes is suggested.



PATIENT

Bella O'Connell

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2007

WEIGHT

9.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

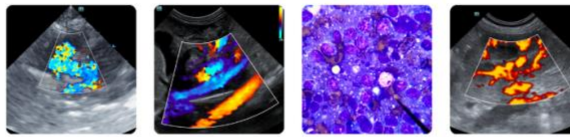
Dr. Nankman

INVOICE

12332

DATE

11/19/25



PATIENT

Bella O'Connell

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

2007

WEIGHT

9.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

12332

DATE

11/19/25

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