

PATIENT

Yoyo Holcomb

SPECIES

Canine

BREED

Greyhound Mix

SEX

MN

AGE

2021

WEIGHT

42.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Telford VH

REFERRING VET

Dr. Musgunung

INVOICE

10293

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Chronic GI issues, vomiting/diarrhea for >1 year, had HGE 5.2025

Medication: metronidazole, amoxi, visbiome

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic 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 6.1 cm in length. The right kidney measured 5.4 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 0.46 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 0.46 cm width at the caudal pole.

Spleen

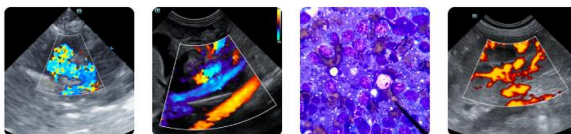
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, primarily gravity-dependent gallbladder debris. 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 without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented intact, mildly thickened wall with altered wall layer ratio owing to mild thickened mucosa, submucosa, and muscularis layers. The duodenum wall measured 0.6 cm width. The jejunum wall measured 0.46 cm width.

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Normal visible colon wall layers were present. The colon was nondistended containing semi-formed to soft fecal matter.

Pancreas

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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 were evident.

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Free Abdomen

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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). No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

- Enteropathy – suggestive of IBD criteria
- Intermittent mild benign mesenteric lymphadenopathy
- Normal colon containing semi-formed to soft fecal matter
- Normal empty stomach

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ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A screening cortisol level to rule out occult Addison's Disease is suggested. Continued high colony count probiotic Visbiome, hydrolyzed diet trial with long-term dietary therapy, empirical deworming Panacur 50.0 mg/kg SID x 5 days with repeat protocol in 3 weeks despite fecal testing, and as-needed gastroprotectants with suggested discontinuation of antibiotic therapy given adverse effects on normal gastrointestinal flora, is recommended. A definitive diagnosis would require intestinal biopsies for histopathology and likely guidance of further therapy.

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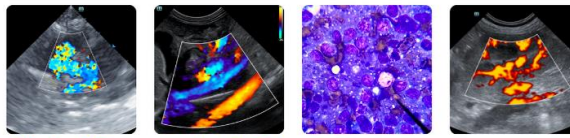
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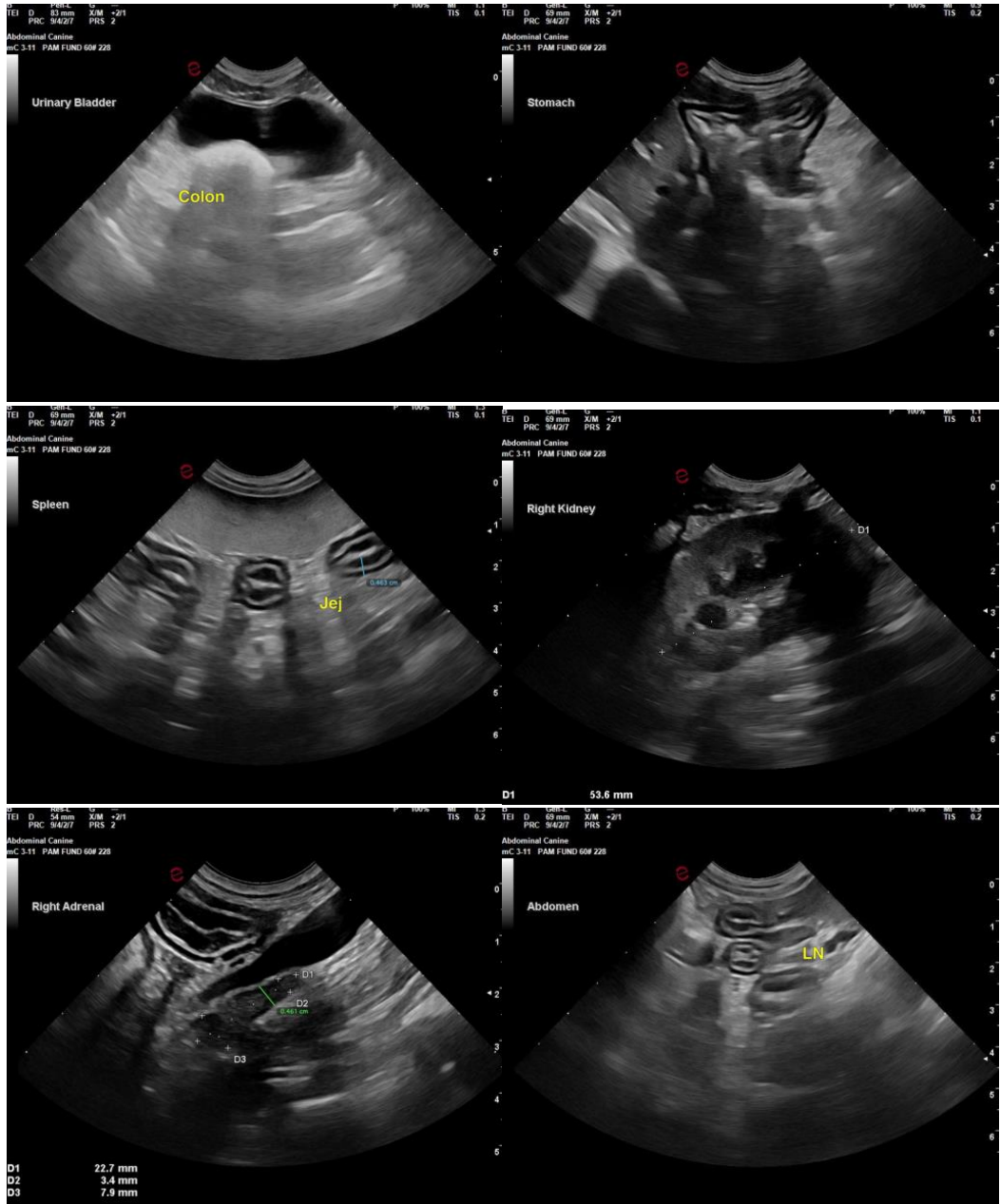
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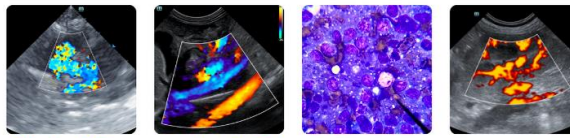
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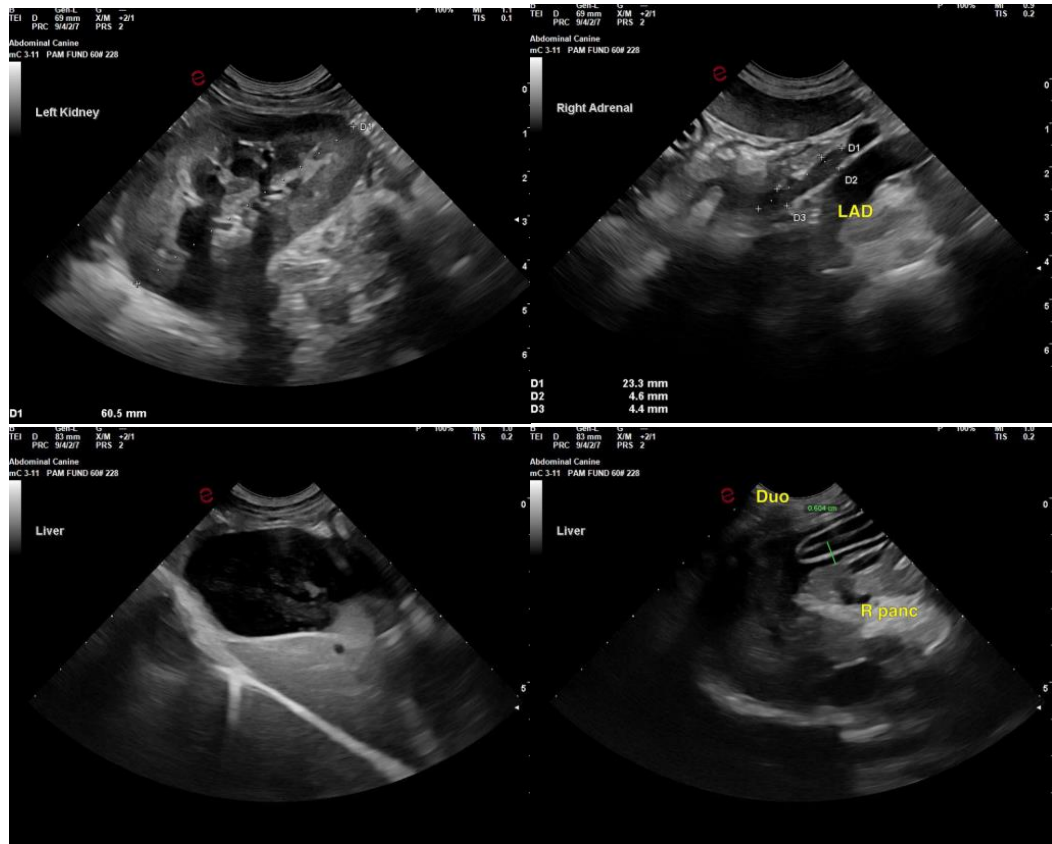
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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