



PATIENT

Ryker French

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

4 Years

WEIGHT

24.15

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

12065

DATE

11/05/25

PRESENTING CLINICAL SIGNS

P presented as a transfer for V+ and D+ that started 4 days ago. P has lost ~40 lbs over the last 9 months. O started Farmer's Dog food 10 months ago. O reports stools are "oily." P has had normal stools, occasionally soft up until recently. No past medical issues. No travel history.

Abnormal PE/Chem/CBC/UA Results: Fecal: NPS CBC: WNL CHEM/ELECTROLYTES: WNL CPL: Normal Texas GI Panel: pending See attached radiology report

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 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 7.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.49 cm width. The right adrenal gland measured 0.51 cm width.

Spleen

The spleen was folded upon itself (not indicative if underlying splenic pathology), exhibiting 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate lumen gas with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact visualized wall and maintained 1:3 muscularis / mucosa ratio. Propensity for subjective mild decreased mucosa echogenicity with occasional mucosal speckling. Nonobstructive duodenojejunal ileus to the level of the colon.



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Normal intact visible colon wall. The colon was nondistended containing generalized nonformed fecal matter consistent with patient's history.

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.

Free Abdomen

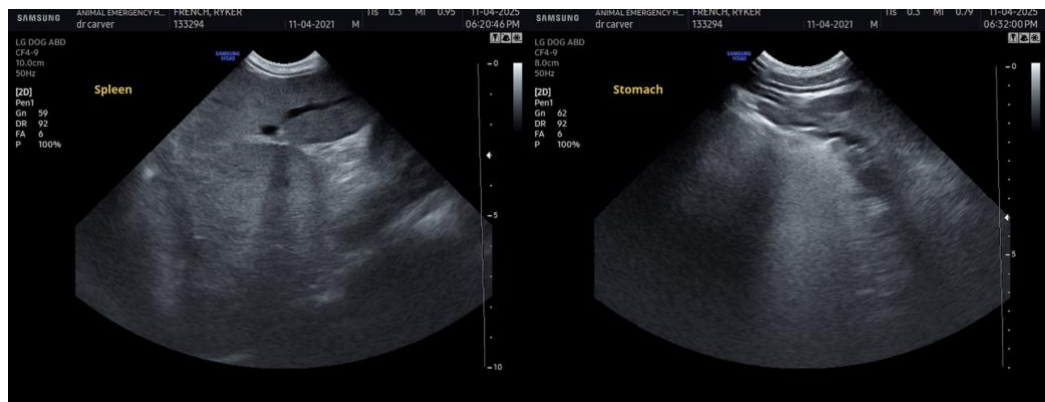
Intermittent small mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph node measured 2.4 cm x 0.67 cm width. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific enteropathy exhibiting nonobstructive duodenojejunal ileus.
- Normal colon containing nonformed fecal matter.
- Intermittent mild subjective benign mesenteric lymphadenopathy.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized evidence of enterocolic mural pathology i.e. masses, intussusception, etc. Correlation with pending GI panel to assess for malassimilation/maldigestive disorder, exocrine pancreatic insufficiency, or other intestinal disease is indicated. Concurrent screening cortisol level is suggested. Dietary trial with assessment of caloric plane, high colony count probiotics such as Provable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming (Panacur 50 mg/kg SID for 5 days with repeat protocol in 3 weeks despite negative fecal testing) and as needed gastroprotectants pending GI panel may prove beneficial.





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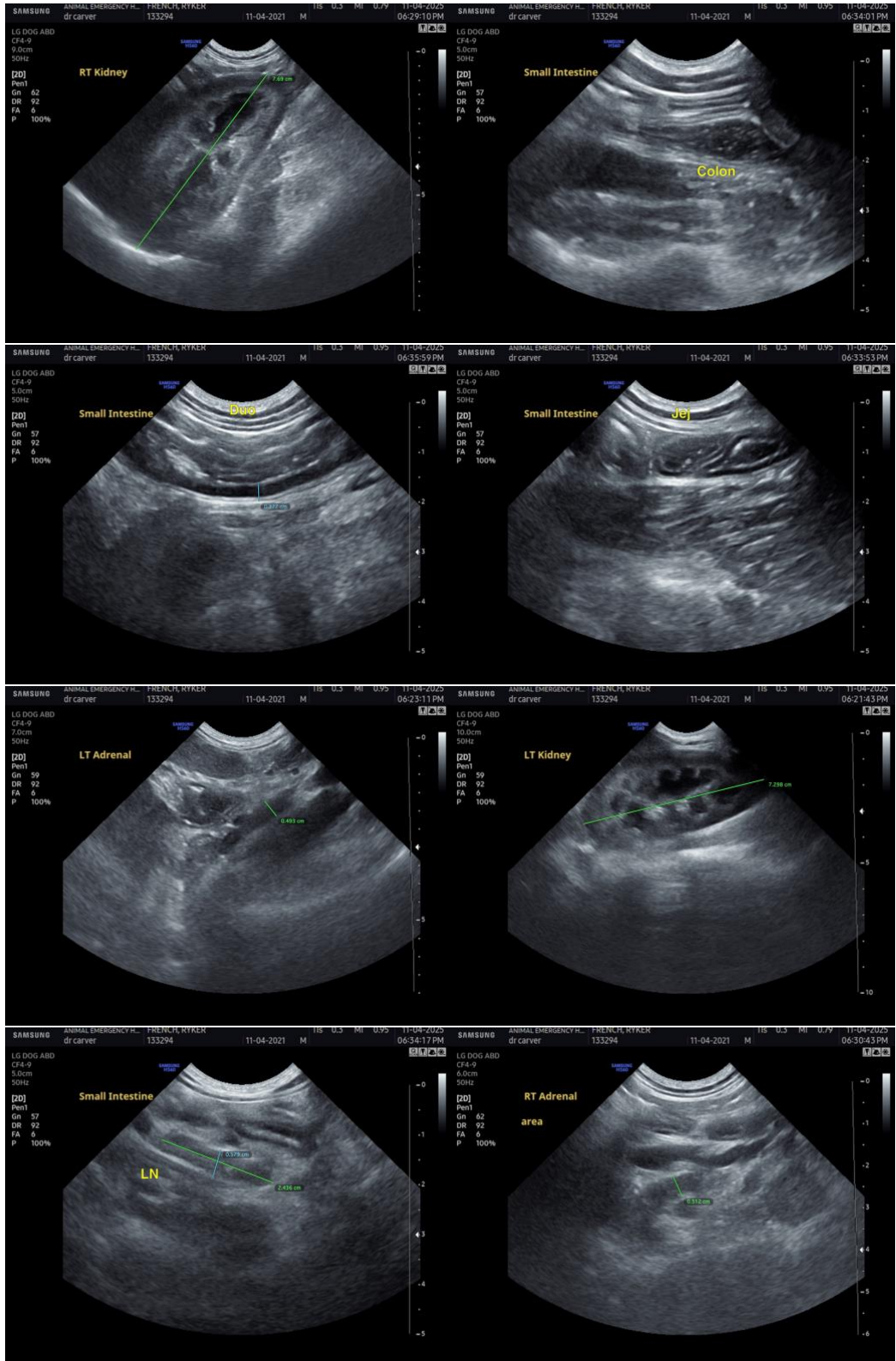
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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