



PATIENT

Teddy McCune

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

13 Years 6 Months

WEIGHT

14.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Ukachi Ugorji, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Ukachi Ugorji, DVM

INVOICE

35461

DATE

11/9/25

PRESENTING CLINICAL SIGNS

History: Patient presented for reevaluation after continued vomiting and diarrhea after starting new medications yesterday. O reports P was diagnosed with IVDD yesterday, sent home with carprofen, gabapentin, and omeprazole. O reports P is much less hunched at home and seems more comfortable, however the vomiting has continued. O found either vomit or diarrhea yellow in color that had specs of blood in it. Owner reports no coughing, or sneezing. Decreased appetite and thirst. Current medications: Carprofen 25mg: 1/2 T PO BID, Omeprazole 10mg: 1 C PO BID, Gabapentin 50mg: 1 T PO BID-TID Patient has no recent travel history. Past pertinent medical history: IVDD There are no known vaccine or medication allergies.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate was free of pathology.

Normal size and margination were 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 4.0 cm in length. The right kidney measured 4.0 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 0.41 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 0.35 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 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 moderate nondependent variably congealed yet nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact borderline thickened wall. The lumen of the stomach was empty with mild lumen gas. No evidence of shadowing content, retained ingesta, or fluid. No evidence of obstruction to the pyloric outflow. The pylorus wall measured 0.43 cm.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Minor segmental intestinal hyperechoic mucosal speckling was noted, along with mild segmental non-shadowing ingesta/chyme. No obstructive pattern was noted to the level of the colon.

Normal revealed intact wall layering. The colon was nondistended containing semi formed to soft fecal matter.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific gastroenteritis pattern
- Suspect concurrent mild colitis with semi-formed to soft fecal matter
- Mild heterogenous pancreas

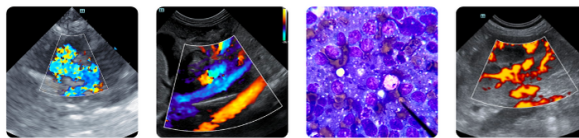
Secondary Findings

- Bilateral chronic renal changes
- Variably congealed yet nonorganized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern, foreign material, or sonographically active pancreatitis. Nonspecific gastroenteritis or gastroenterocolitis secondary to infectious disease, dietary intolerance/medication, enterotoxin, nonspecific inflammatory bowel, occult Addison's disease, low grade to chronic pancreatitis, or less likely occult gastrointestinal neoplasia are all potentials.

Continued gastrointestinal supportive care is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level may be considered. Sonographic reassessment or monitoring is recommended if continued or progressive gastrointestinal signs or weight loss.



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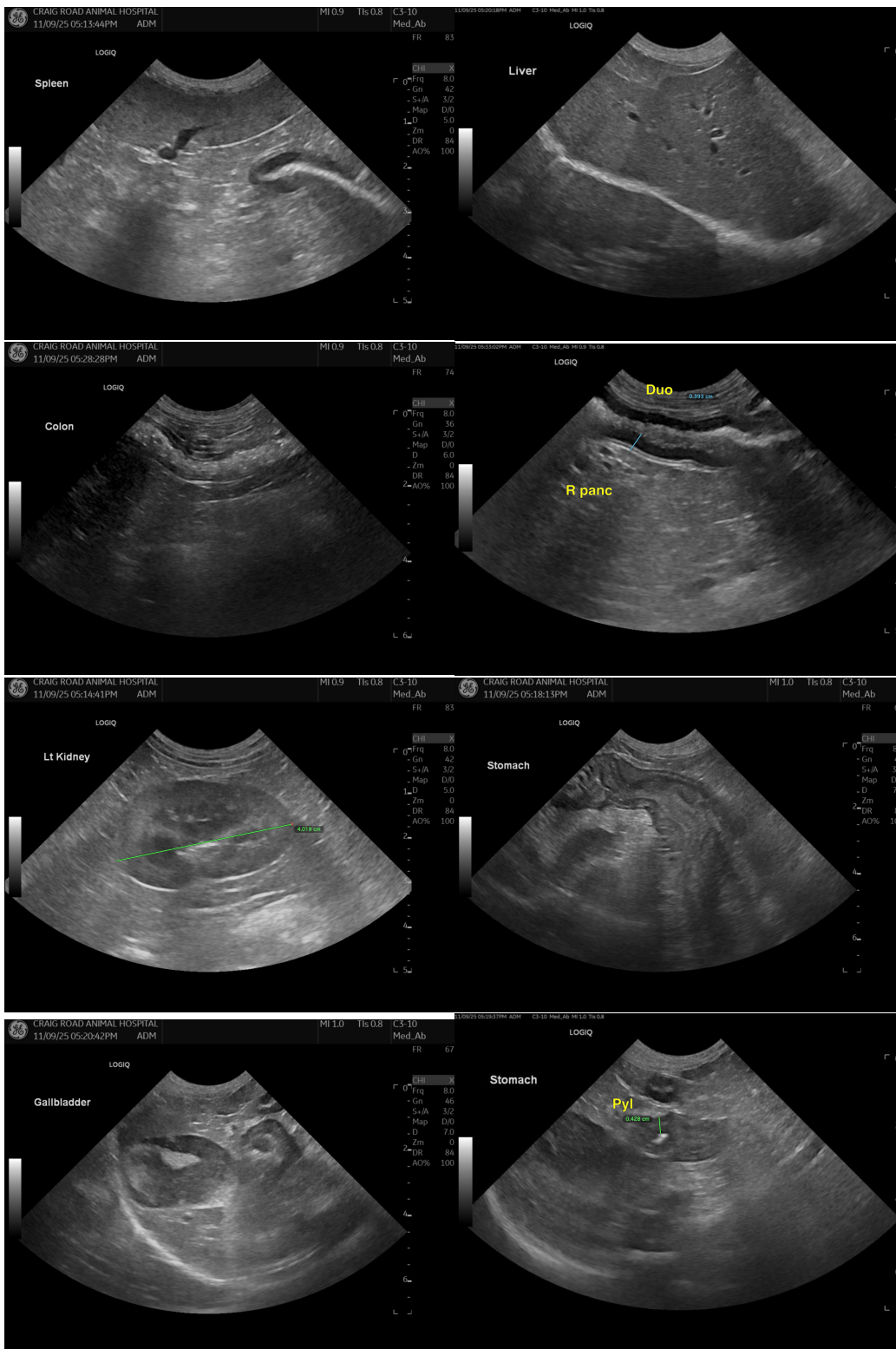
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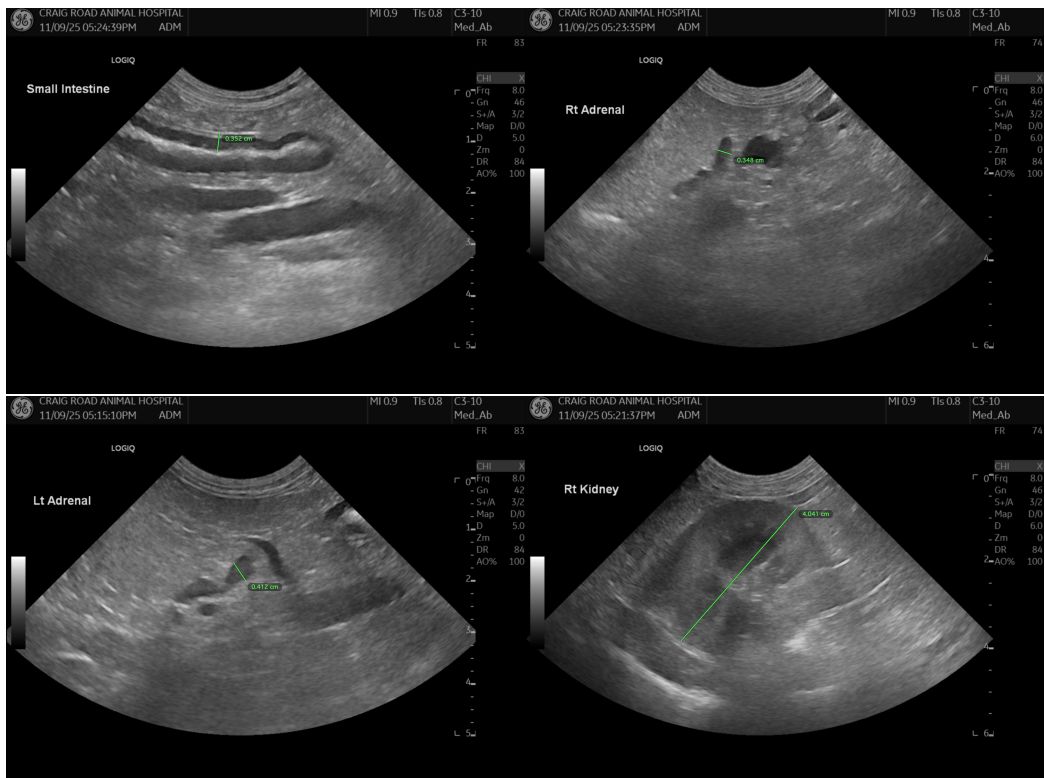
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

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

info@SonoPath.com