



PATIENT

Rafiki Baldauff

SPECIES

Canine

BREED

Mixed Breed

SEX

Male Neutered

AGE

9 yrs

WEIGHT

73.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sophia Riscavage

HOSPITAL NAME

North Winds VS

REFERRING VET

Sarah Hosie

INVOICE

12898

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea over 2 years and has gotten progressively worse Started vomiting yesterday, still e/d wnl but acting lethargic Frank blood in stool, also concerned about melena

Abnormal PE/Chem/CBC/UA Results: CBC/Chem- unremarkable Radiographs- concerns of calcification in cranial abdomen Fecal-NPO

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 changes were noted.

The residual prostate was free of pathology.

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 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 6.5 cm in length. The right kidney measured 6.5 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 0.64 cm width at the caudal pole. The area of the right adrenal gland was free of overt pathology.

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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subjective mildly enlarged gallbladder and distended in size. The lumen of the gallbladder was primarily occupied by non-organized to congealed bile sediment with suspect areas of entrapped hypoechoic mucus. No evidence of pericholecystic inflammation. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing gastric ingesta and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild, non-shadowing intestinal ingesta was present.

Normal visible colon wall layers were present with apparent soft feces in lumen.

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

No overt lymphadenopathy or peritoneal effusion was present.

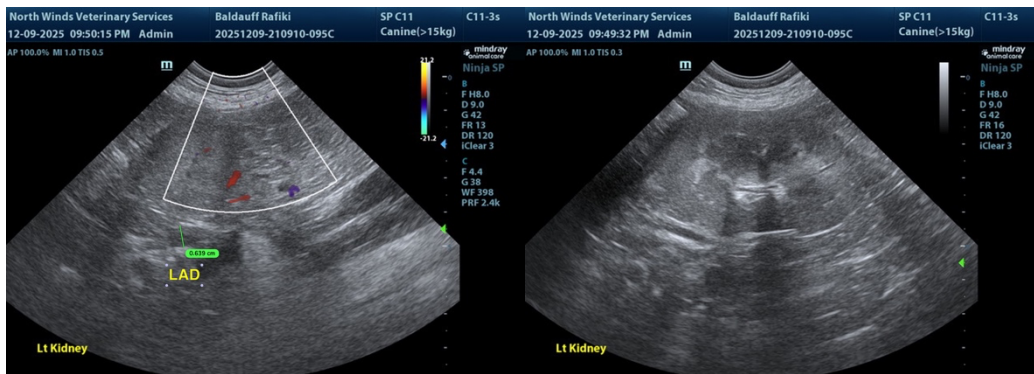
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta – consistent with food/chyme echogenicity
- Seft fecal matter in colon
- Normal area of pancreas
- Immature gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic evidence of gastroenterocolic mural pathology. Dietary intolerance/indiscretion, infectious disease, non-structural inflammatory bowel, occult parasitism, occult Addison's disease, mild pancreatitis which may present sonographically normal and less likely occult neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level is recommended.

Hydrolyzed diet trial with probable long-term dietary therapy, high colony count probiotic such as Provable or similar, Cobalamin supplementation pending assessment of Cobalamin level and empirical deworming despite fecal testing. Panacur 50 mg/kg SIF for 5 days with repeat protocol in 3 weeks may prove beneficial. No evidence of intraabdominal masses.





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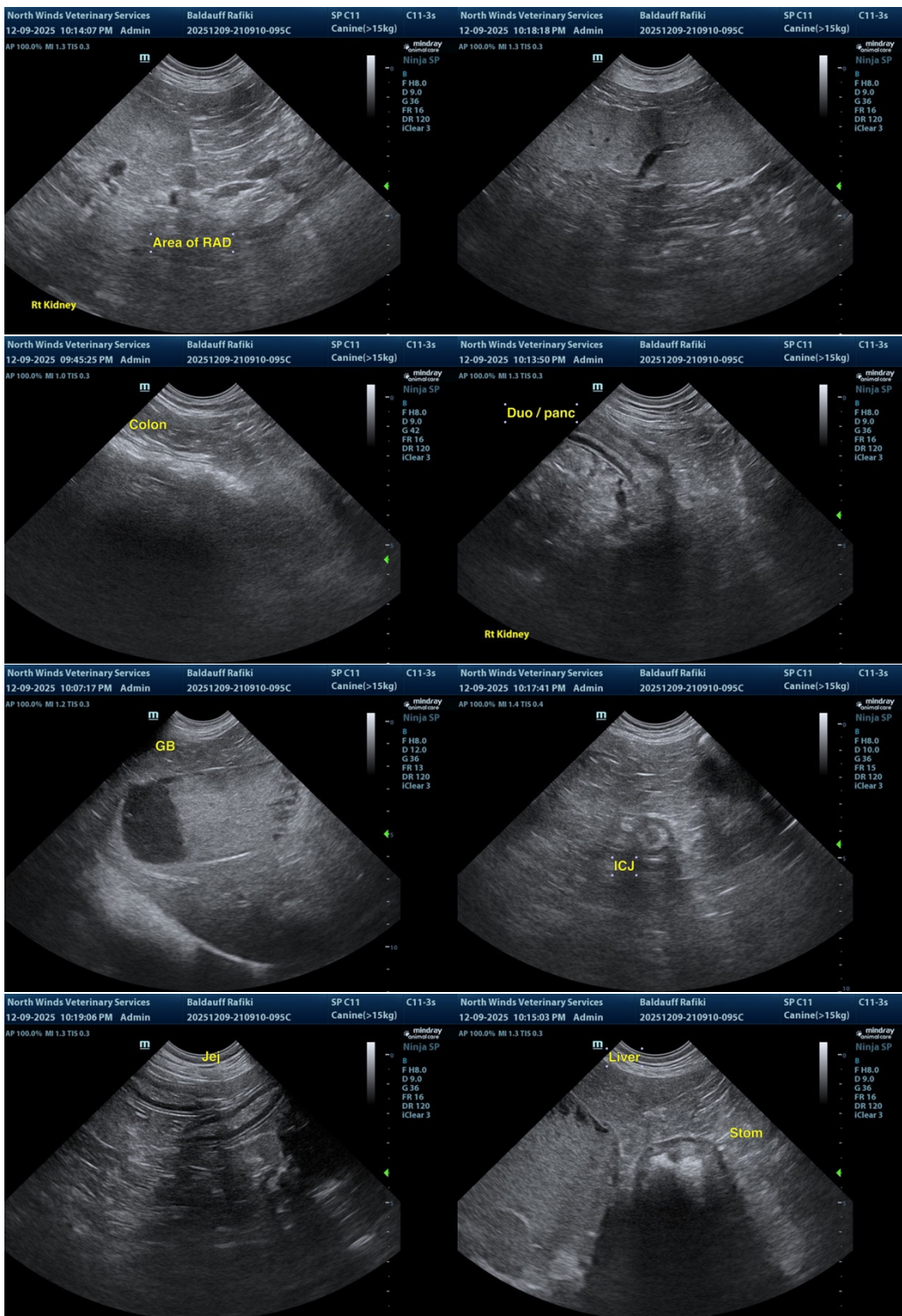
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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