



PATIENT

Prince Johnson

SPECIES

Canine

BREED

Wheaton

SEX

Male Neutered

AGE

7

WEIGHT

28

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Dubos

INVOICE

12919

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: 8 lbs pound weight loss vomiting/liquid diarrhea 1 month

Current meds: probiotics, Fluoxetine

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.

No obvious pathology in the area of the residual prostate.

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 5.4 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 0.47 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 0.60 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 with normal vascular volume. 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 and was non-distended in size. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta/chyme.



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The small intestine presented intact borderline mild thickened wall with prominent mucosa exhibiting duodenojejunal increased mucosal echogenicity to mild mucosal fogging. Jejunum wall measured 0.57 cm and duodenum wall measured 0.55 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized soft fecal matter was present in the colon lumen with lumen dilation.

Pancreas

The right pancreas was mildly prominent in size with mild non-homogeneous hypoechoic parenchyma.

Free Abdomen

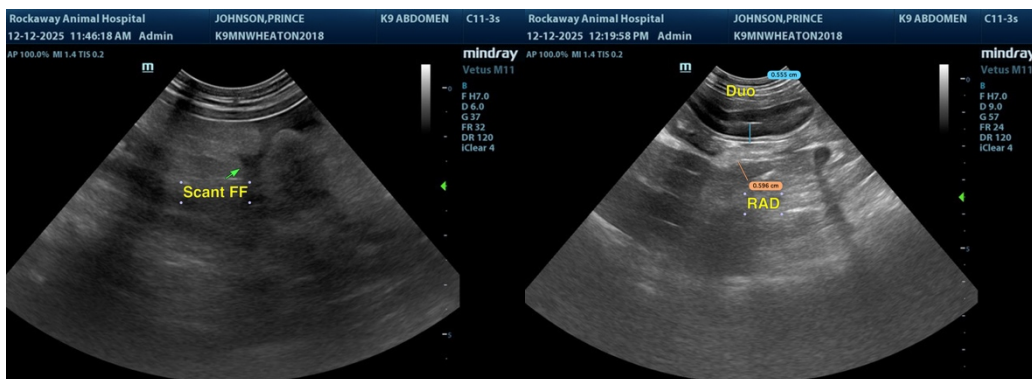
Mild increased omental echogenicity and scant pockets of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained non-shadowing ingesta/chyme
- Enteropathy exhibiting duodenojejunal mucosal fogging
- Mild colitis pattern with soft fecal matter
- Possible mild right limb pancreatitis
- Scant peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, PLE, infectious disease, enterotoxin, dietary intolerance/indiscretion, occult parasitism, occult neoplasia in conjunction with possible mild pancreatitis, all potentials. Correlation with full lab work and recommended GI panel to include PLI/TLI/Cobalamin/Folate is indicated. Although thought less likely given normal adrenal presentation, cortisol level to rule occult Addison's disease may be considered. Intestinal biopsies may be required for definitive diagnosis pending assessment of albumin level. Hydrolyzed diet trial, high colony count probiotic such as Provable, empirical deworming, Cobalamin supplementation pending assessment of Cobalamin level and +/- PLE protocol if evidence of hypoalbuminemia is recommended.





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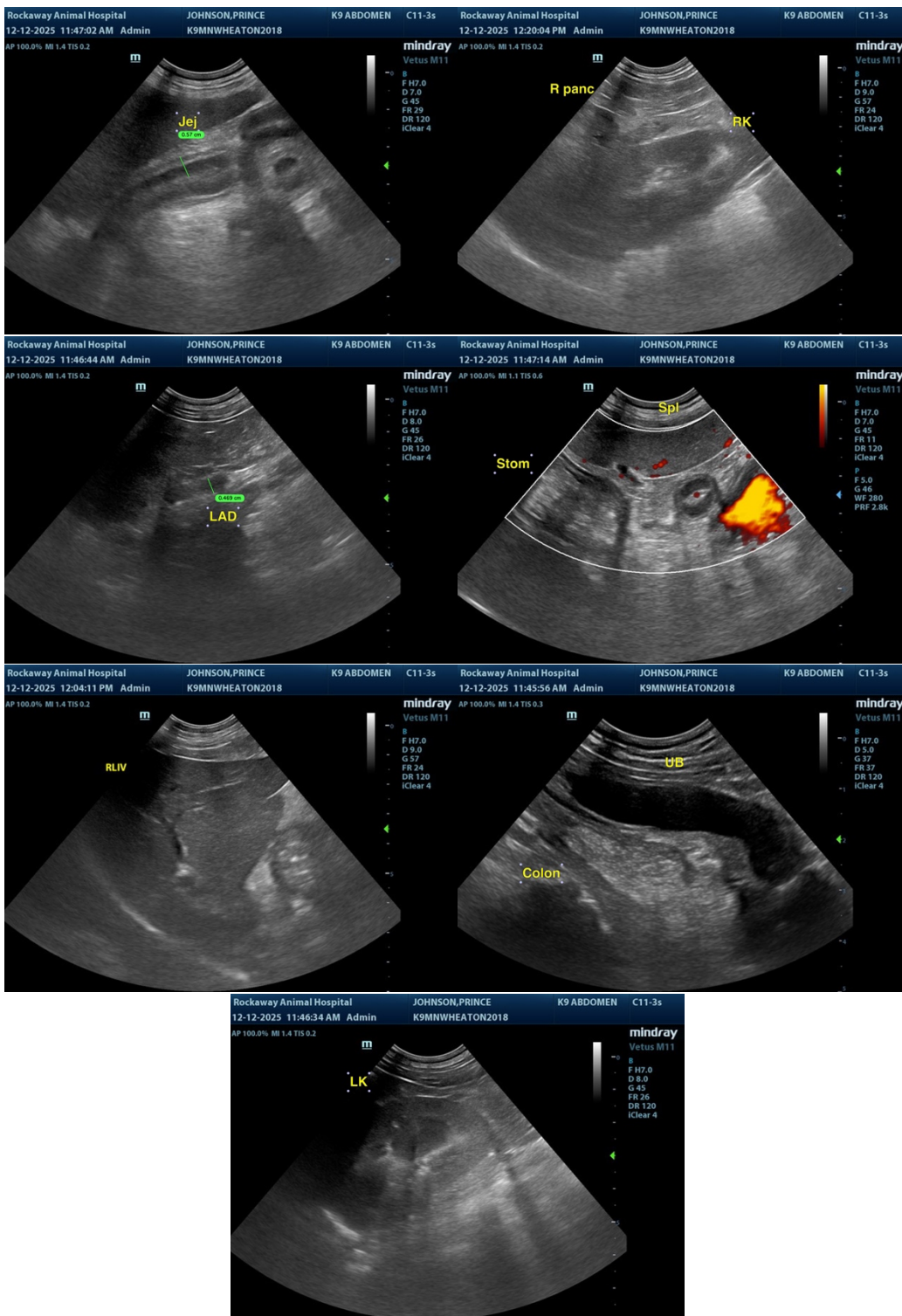
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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