



PATIENT

Bruno Phothisane

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Tung (McPhillips
AH)

INVOICE

12681

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Has a h/o recurrent gastroenteritis (vomiting occasionally and diarrhea on and off) , has a h/o food/stomach sensitivity as well. O his last visit on 16th sept. bloodwork showed eosinophilia, we did deworm to rule out parasitic gastroenteritis. From past 2 weeks, a flare-up is noted. Did not perform a bloodwork today and radiographs declined. Submitting AUS as part of workup Treatments: Sulcrate BID for 3 days Metronidazole BID for 14 days Fortiflora SID one month

Abnormal PE/Chem/CBC/UA Results: TPR normal slight dehydrated tense abdomen was noted BM score 6/7 with mucous and blood.

September 16/25:
WBC 17x10e9/l (5.05-16.8)
Neut 12.8 (2.95-11.6)
Eos 1.37 (0.06-1.23)
Chem-nsf
TT4-nsf
CPL-normal

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 change were noted.

No evidence of pathology in the area of the residual prostate.

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 4.0 cm in length. The right kidney measured 4.4 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 0.48 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 0.47 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



PATIENT	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. Minor prominent to congested hepatic vasculature owing to sedation.
Bruno Phothisane	
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Canine	
BREED	Gastrointestinal
Shih Tzu Mix	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, primarily nonshadowing to focally shadowing ingesta without signs of obstruction or foreign material.
SEX	The small intestine presented intact borderline thickened wall exhibiting propensity for borderline thickened intestinal mucosa layer. Segmental mild nonshadowing intestinal ingesta without obstructive pattern to the level of the colon. Subjective segmental mildly prominent jejunum submucosa layer. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.48 cm width.
Neutered Male	
AGE	Normal visible colon wall layers were present with semi formed fecal matter in lumen.
8 Years	
WEIGHT	Pancreas
6.3 kg	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.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP	Intermittent 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 measured 1.8 cm x 0.70 cm.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Lacovides	<ul style="list-style-type: none"> • Primarily nonshadowing to focally shadowing gastric ingesta- consistent with food echogenicity. • Enteropathy- suspect nonspecific inflammatory enteropathy i.e. IBD or other. • Semi formed fecal matter in colon- probable concurrent mild colitis given hematochezia. • Intermittent mild mesenteric lymphadenopathy- consistent with benign lymphadenopathy criteria. • Normal area of pancreas.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Tuxedo Animal Hospital	A GI panel to include PLI, TLI, cobalamin and folate is recommended. Although thought less likely, screening cortisol level to rule out occult Addison's disease is warranted. In addition to current empirical therapy, novel protein or hydrolyzed diet with probable long term dietary therapy, as needed gastroprotectants and re-deworming (Panacur 50 mg/kg SID for five consecutive days) may prove beneficial. Consideration for possible adverse effects on normal gastrointestinal flora with Metronidazole use may be considered.
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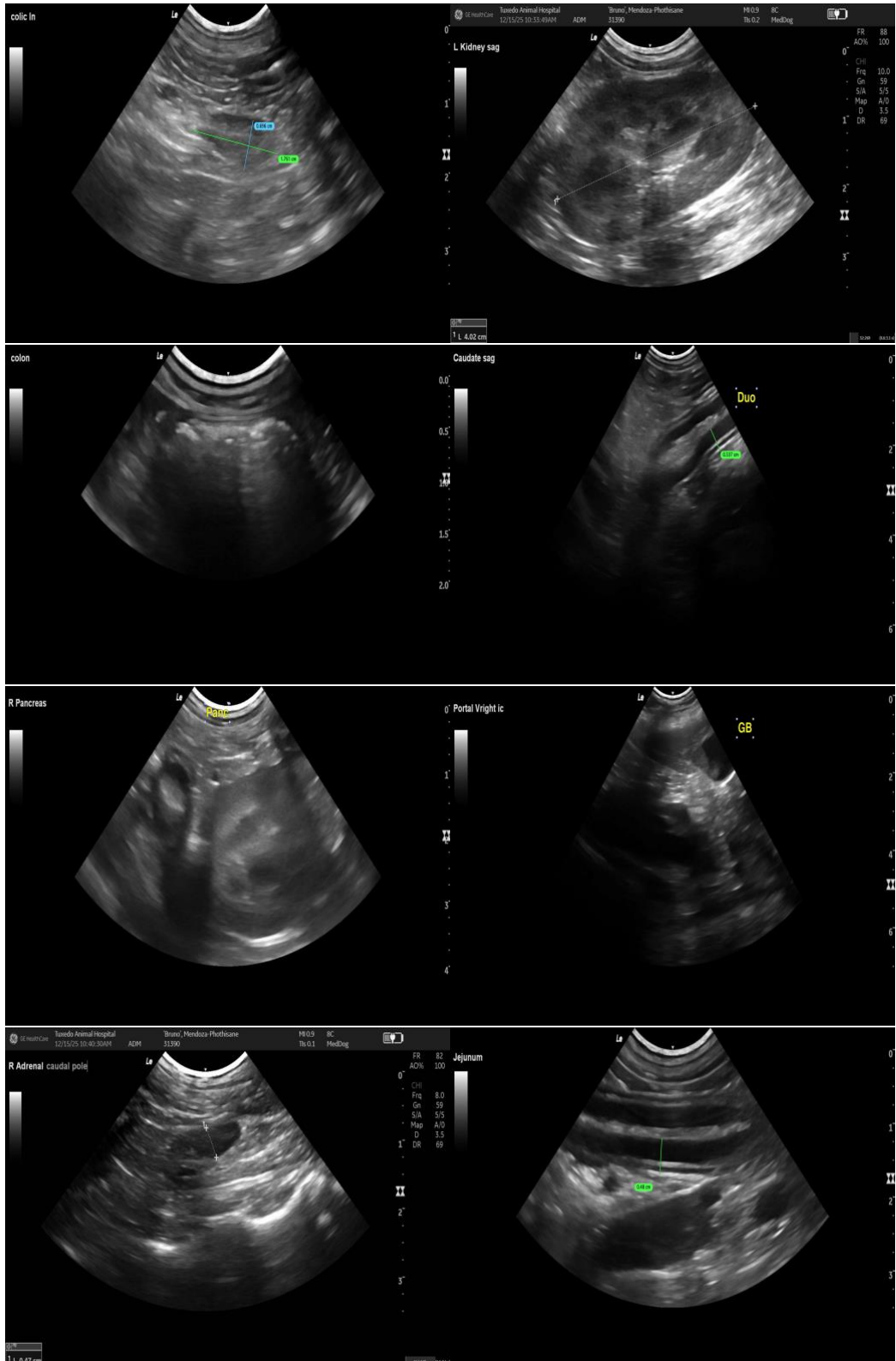
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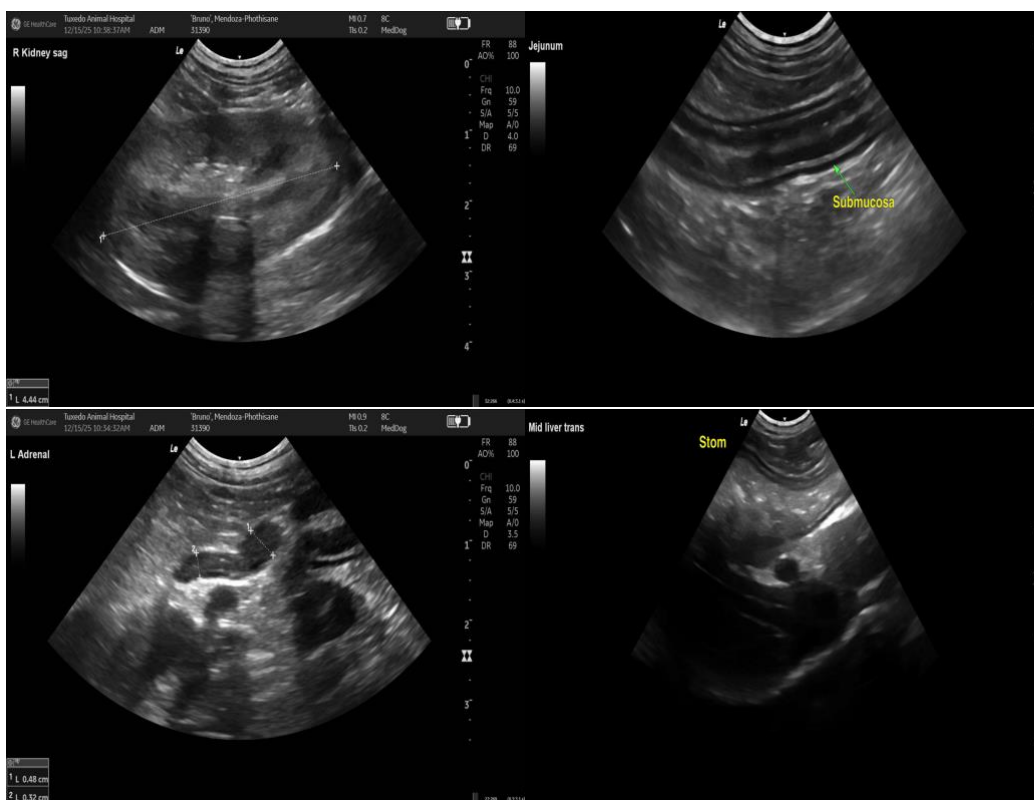
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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