



PATIENT

Rosie Jane Bauer

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

27.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ruth Loomis

HOSPITAL NAME

Brookwood Animal
Clinic LLC

REFERRING VET

Dr. Ruth Loomis

INVOICE

12758

DATE

12/18/25

PRESENTING CLINICAL SIGNS

3-4 week history progressing diarrhea with blood decreased appetite and wt loss no vomiting

Abnormal PE/Chem/CBC/UA Results: Normal blood work negative fecal

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.

No obvious pathology in the area of the uterine remnant.

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 4.8 cm in length. The right kidney measured 4.5 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 0.44 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 0.58 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.

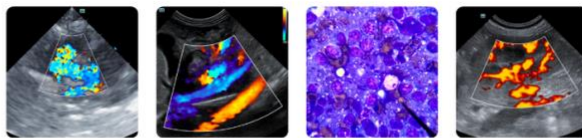
Liver

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 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.31 cm width. No obvious pathology at the level of the subjective distal ileum to ileocolic junction.



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Significant to severely thickened proximal transverse and subjective proximal descending colon wall exhibiting mural hypoechogenicity and indistinct colon wall layer detail. Thickened colon wall measured up to 0.70 cm. By comparison, normal intact subjective descending colon extending into the distal colon and colorectum measuring 0.21 cm. Segmental soft fecal matter in distal descending colon with empty colorectum and thickened colon segments.

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

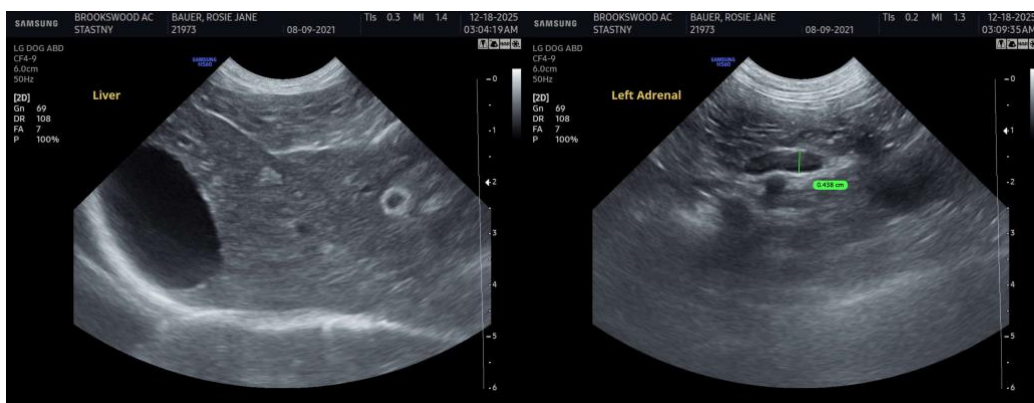
Variable hypoechoic to swollen colic lymphadenopathy was present with mild surrounding hyperechoic pericolonic and perilymphatic omentum. Intermittent scant pockets of peritoneal effusion were present. An example of lymph nodes measured 3.1 cm x 1.1 cm.

ULTRASONOGRAPHIC FINDINGS

- Severely thickened segmental colon exhibiting indistinct colon wall detail.
- Overall overtly normal gastrointestinal tract.
- Hypoechoic to swollen colic lymphadenopathy, perilymphatic/pericolonic hyperechoic omentum and scant effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened colon is consistent with patient's history of diarrhea and may indicate significant inflammatory, infectious, granulomatous, neoplastic or combined etiologies. Potential for severe ulcerative colitis given hematochezia is possible. Assuming normal clotting status, initial lymph node FNA cytology +/- culture and sensitivity is warranted for further clarification. A definitive diagnosis, which should be strongly considered for further guidance of therapy, would require colon and lymphatic biopsies for histopathology. Empirical therapy for ulcerative colitis with clinical and serial sonographic monitoring would be appropriate if sampling or biopsies is not immediately elected. A GI panel to include PLI, TLI, cobalamin and folate is recommended.





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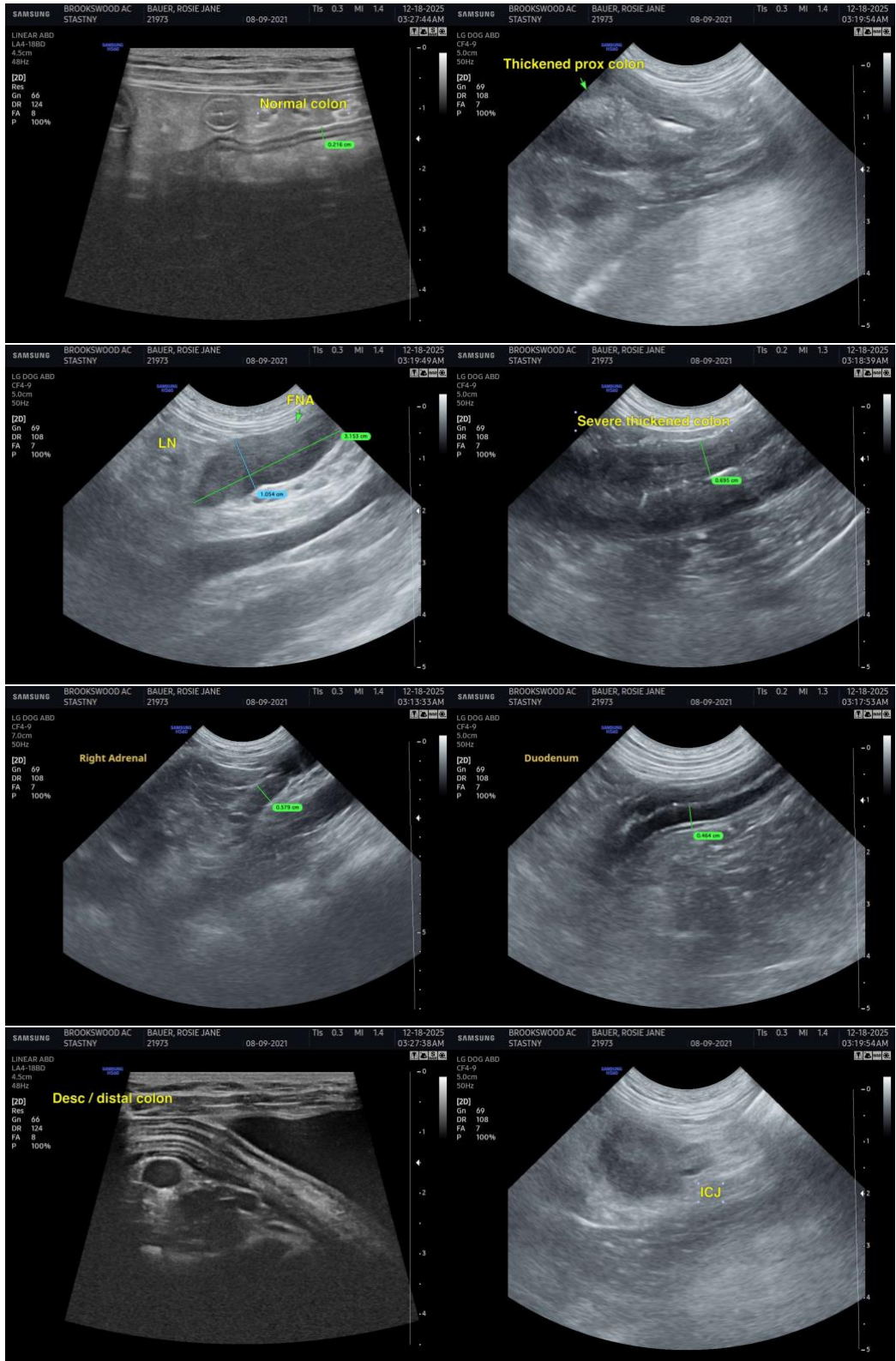
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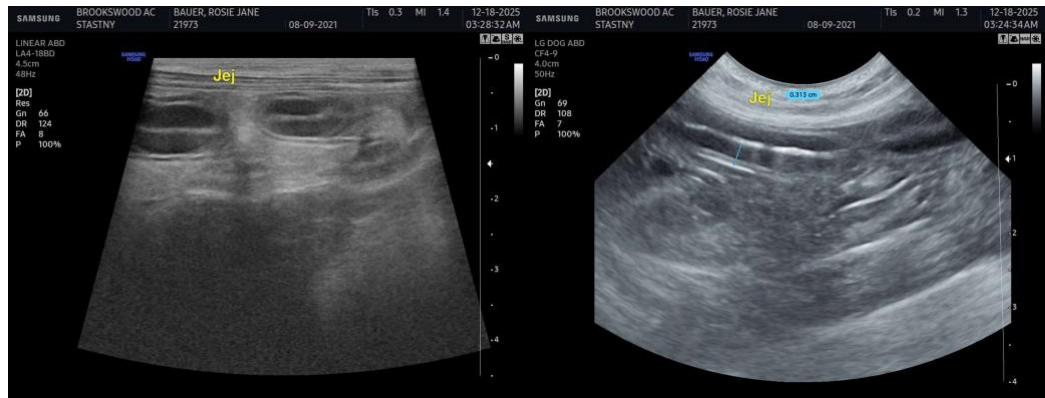
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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