



PATIENT

Mia Vigorito

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

40 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

12795

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Small intestinal thickening-inflammation-nausea. R/O IBD vs neoplasia

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.

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 5.9 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 0.65 cm width at the caudal pole.

The right adrenal gland exhibited subjective mildly enlarged size with mild nonhomogenous nonmineralized right adrenal parenchyma. The right adrenal gland measured 0.73 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 to the level of the ileum exhibited intact wall layering and normal wall layer ratio. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.41 cm width. The subjective ileum exhibited intact thickened wall with ileum wall width measuring potentially 0.50 cm to 0.80 cm.



PATIENT

The visible colon wall was overall nonthickened exhibiting intact wall layering. The colon contained semi formed fecal matter.

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Pancreas

SPECIES

The area of the pancreas was sonographically normal.

Canine

Free Abdomen

BREED

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

Poodle

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- Previously noted thickened ileum.
- Overtly normal intact visible colon wall, semi formed fecal matter.
- Previously noted subjective static mild right adrenomegaly.

AGE

Secondary Findings

9 Years

- Mild gallbladder debris (non-mucocele).

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

40 pounds

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Aside from the previously noted thickened ileum, no evidence of additional gastrointestinal or colic mural pathology. The thickened ileum may indicate inflammatory, infectious or emerging neoplastic etiologies. The thickened ileum appeared subjectively similar to possible mild progressive compared to previous study with potential for mild measurement variation. A GI panel to include PLI, TLI, cobalamin and folate is suggested if not previously or recently done. Right adrenal patient variant, mild hyperplasia or adenomatous change is favored with concurrent emerging right adrenal tumor thought less likely. A definitive diagnosis would require biopsies for histopathology. Previously mentioned dietary trial with possible long-term dietary therapy, high colony count probiotics i.e. Provable or similar, cobalamin supplementation (pending assessment of cobalamin level) and empirical deworming with clinical and sonographic monitoring would be a more conservative approach.

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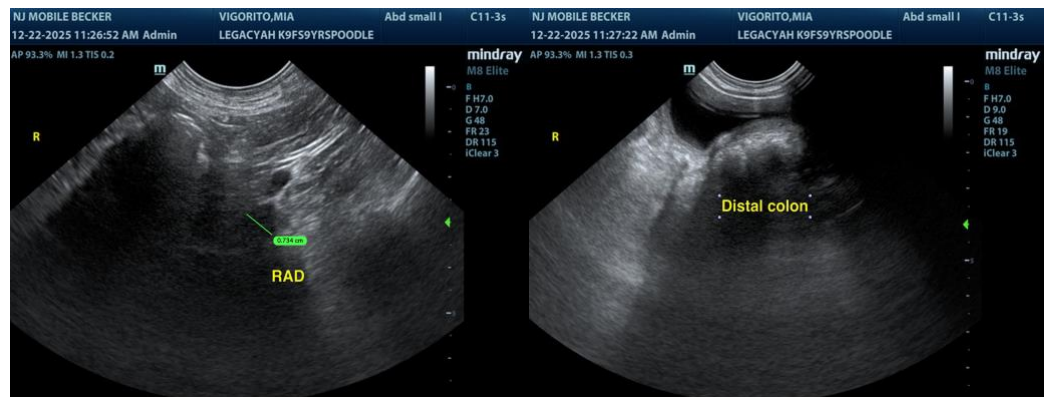
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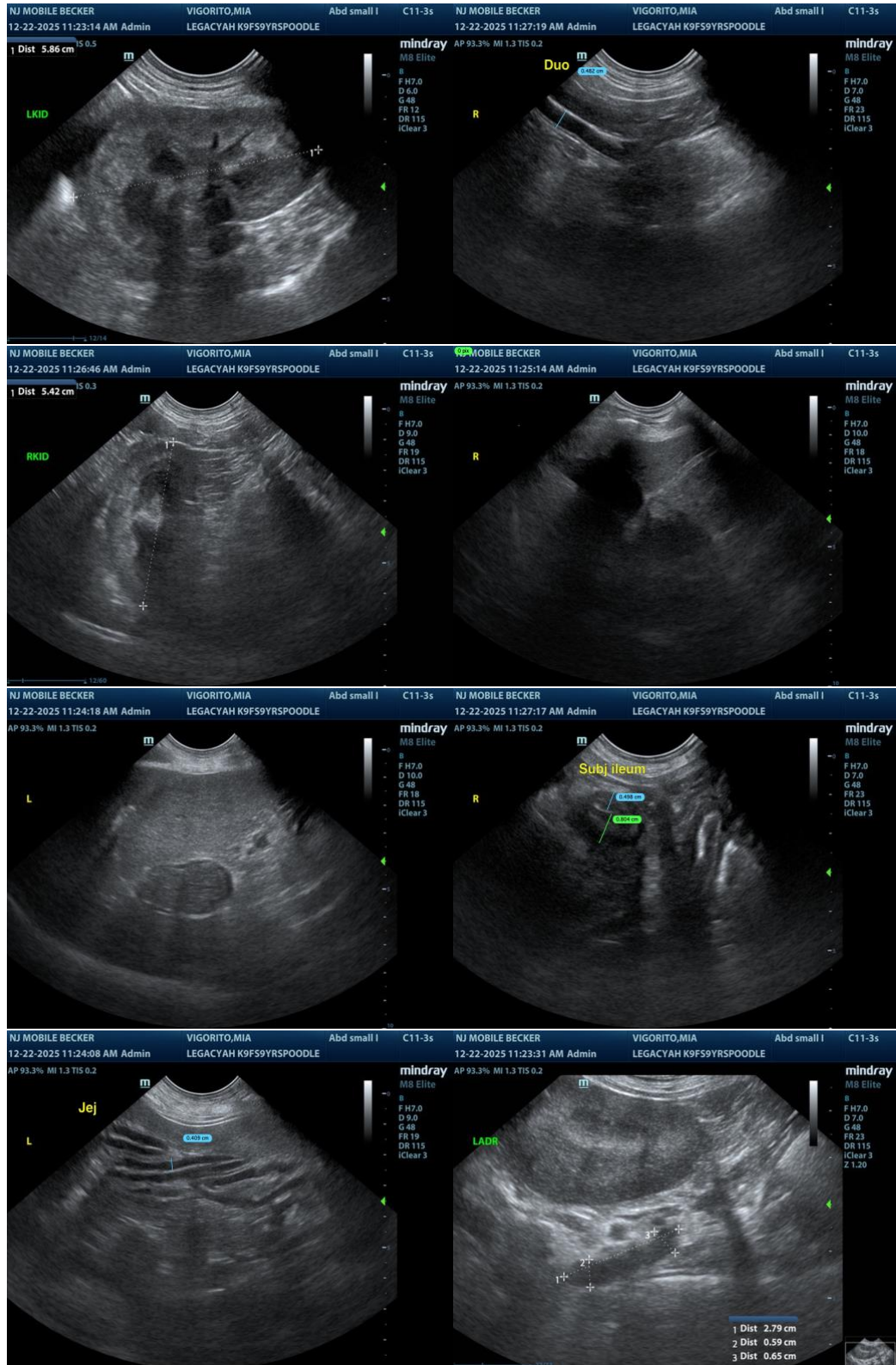
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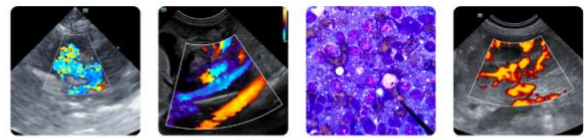
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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